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Section 1. GHS Overview
**Greenville Health System Overview**

Greenville Health System (GHS) is an academic health system that is the largest not-for-profit health care delivery system in South Carolina and is committed to medical excellence through research, patient care and education. GHS offers patients an innovative network of clinical integration, expertise and technologies through its eight medical campuses, tertiary medical center, research and education facilities, community hospitals, physician practices and numerous specialty services throughout the Upstate. The 1,358-bed system is home to 16 medical residency and fellowship programs, and comprises more than 15,000 employees. GHS also is home to the University of South Carolina School of Medicine Greenville, a joint effort of USC and GHS. The system also has a peer-reviewed medical journal, *GHS Proceedings*. This semi-annual publication appears primarily online and includes unpublished original research, review articles, case studies, editorials and book reviews. Its mission is to provide high-quality publications on healthcare innovation and delivery.

GHS has adopted a regional organizational model, with each region wielding much autonomy over how services are delivered there. The model supports smaller work units that can promote innovation and collaboration at and across all levels of the system. GHS has four geographic regions: Central, Eastern, Southern and Western, each led by a physician-administrator dyad. This structure reflects a commitment to becoming a fully integrated, clinician-run organization focused on patient-centered care, as the dyad team is responsible for understanding the unique clinical needs of the region and managing GHS resources effectively and efficiently to meet those needs. In addition to the physician-administrator team, a second dyad consists of a close tie between the doctor and a nurse executive; this dyad is responsible for developing interprofessional practice.

GHS is part of the not-for-profit South Carolina Health Company. Greenville Health System Chief Executive Officer Michael C. Riordan and Palmetto Health Chief Executive Officer Charles D. Beaman, Jr. serve as Co-CEOs of the health company. Senior leadership reports to the Co-CEOs and is referred to as our Executive Cabinet. The new health company has the scale, scope and resources required to address the critical health issues of the people it serves. As a mission-driven organization committed to caring for urban, suburban and rural community members, the new company brings together the strengths of both systems to improve the patient experience, advance clinical quality and increase access to care, while addressing rising health care costs.

**Greenville Health System by the Numbers (2017 data)**

- 8 Medical campuses
- Total of 1,1518 licensed beds
- Nine residency programs with a total of 222 physician residents
- Seven fellowship programs with a total of 13 fellows
- Approximately 385 medical students
- Approximately 1,058 employed physicians
- Approximately 4,198 registered nurses
- Approximately 15,493 employees
- Over 900 volunteers
Our Facilities

Greenville Memorial Medical Campus: Includes Greenville Memorial Hospital, Children's Hospital, Roger C. Peace Hospital--Rehabilitation, and Marshall I. Pickens Hospital--Behavioral Health.

Greer Medical Campus: For more than 60 years, Greer Medical Campus has delivered patient- and family-centered care that personalizes, humanizes and demystifies the healthcare experience to our neighbors in and around Greer, Taylors and western Spartanburg County. The campus houses three major facilities: Greer Memorial Hospital (58 beds); a residential community, Cottages at Brushy Creek (144 beds); and Greer Medical Office Buildings.

Simpsonville Medical Campus (Hillcrest Memorial Hospital): Through the Simpsonville campus, residents of Fountain Inn, Gray Court, Laurens, Mauldin, and Simpsonville have access to the complete range of health services offered by Greenville Health System. Specializing in short stay and outpatient surgical procedures, Hillcrest Memorial Hospital offers the latest technology and an experienced surgical team. (43 beds)

North Greenville Hospital: Located in Travelers Rest, SC, North Greenville Hospital is a 45-bed facility designated for adult long term acute care (LTACH). Long Term Acute Care is for patients 17 and over who require an extended hospital stay of 14 days or more. Long Term Acute Care is not the same as sub-acute or nursing home care. Rather, it is a hospital where patients with complex medical conditions can receive additional care until they are ready to go home.

Patewood Medical Campus: Patewood Memorial Hospital (36 beds) provides a location for those patients having elective inpatient surgery, and provides a family-centered care in a short stay surgical hospital. The campus also includes an outpatient surgery center, primary care offices, children’s outpatient center, and other various outpatient laboratory and imaging services.

Laurens County Memorial Hospital: Acute care, general medical and surgical hospital in Clinton, SC (87 beds)

Oconee Medical Center: Acute care, general medical and surgical hospital in Seneca, SC (169 beds)

Greenville Memorial Medical Campus Services

Greenville Memorial Hospital (GMH)
A 710-bed regional referral and academic center. GMH was granted Magnet designation from the American Nurses Credentialing Center. Magnet is the highest level of recognition an organization can receive for high-quality nursing.

Children’s Hospital
With 150 board-certified doctors representing more than 30 pediatric sub-specialties, the Children’s Hospital is the only one dedicated to caring for children in upstate South Carolina, western North Carolina, and northeastern Georgia. Whether it is a rare form of cancer, diabetes, or a learning disability, our specially trained team delivers innovative, compassionate care in a child-friendly setting. And with many inpatient and outpatient services not available elsewhere in the region, we treat over 80,000 infants, children, and adolescents a year. Our experience and expertise, technology and scope of services— that’s what sets the Children's Hospital apart.

Neonatal Intensive Care Unit (NICU)
With a Level III Neonatal Intensive Care Unit (NICU), Greenville Hospital System offers the region’s largest, most advanced level of specialty care for premature or critically ill infants. The 80-bed NICU at GHS Children’s Hospital cares for more than 800 infants each year. As part of the state’s premier perinatal center, we’re ready every day—all day—with the latest technology and monitoring equipment
specially designed for tiny babies. In addition, our on-site neonatal doctors are available around the clock and backed by the area’s largest number of pediatric subspecialists to serve the 750 babies treated here annually. And when it’s time to bring babies home, our Children’s Hospital is one of the few nationwide with a program to teach parents how to care for children with special needs. The NICU has provided care for sick babies in our region for more than 20 years.

**Pediatric Intensive Care Unit (PICU)**
Critically ill infants, children and adolescents up to age 18 receive constant care, sophisticated monitoring and specialized therapies in our Pediatric Intensive Care Unit (PICU) at Children’s Hospital of Greenville Health System (GHS). The PICU at GHS Children’s Hospital centers around twelve ICU beds located in a separate unit on the fifth floor of the Children's Hospital tower. The PICU team includes four in-house, American-board-certified pediatric critical care physicians as well as in-house pediatric resident physicians.

**GHS Heart & Vascular Institute**
The institute is composed of board certified physicians, certified physician extenders, certified nurses and technicians who offer state-of-the-art care in the fields of adult and pediatric cardiology, cardiac and vascular surgery, and vascular and endovascular medicine. The area’s only non-invasive vascular lab and the area’s only vascular medicine specialty practice provide a wide array advanced circulatory diagnostic services. Five cardiac catheterization labs and separate electrophysiology and pacing labs offer the most extensive cardiac and vascular diagnostic services in the state. GHS Division of Cardiothoracic Surgery offers a wide breadth of procedures, including use of the latest techniques, prostheses and quality care protocols.

**Orthopedic Services**
Greenville Health System has formed a partnership with Steadman Hawkins Clinic of the Carolinas, a leader in orthopedic care. With one of the finest sports medicine programs in the region, our experts provide a full range of state-of-the-art services. Multi-disciplinary teams of orthopedic specialists, some among the nation’s most experienced, deliver high-quality care to weekend warriors as well as to famous athletes. From sports conditioning to non-invasive treatment options and the latest rehabilitation techniques, we help people of all ages and from all walks of life. Offices are located across the Upstate.

**Emergency Trauma Center**
Greenville Health System provides the most extensive emergency services in the Upstate, including a regional referral center for the most severe injuries and illnesses. Emergency services are provided by a team of board-certified emergency medicine physicians supported by specially trained nursing staff and emergency technicians. Emergency services include the following: The only Level I Trauma Center in Greenville; the Upstate’s only Children’s Emergency Center; Greenville's only Chest Pain Center to provide special care and observation for potential heart attack victims; the Upstate’s only Pediatric Intensive Care Unit to treat the most severe injuries and illnesses in children; and Greenville’s only Level III Neonatal Intensive Care Unit (NICU) for the highest level of care for critically ill newborns. GMH is verified as a Level I Adult Trauma Center and Level II Pediatric Trauma Center by the American College of Surgeons. This achievement recognizes dedication to providing optimal care for injured patients. National verification is voluntary and a step above state designation; GMH has been a state-designated Level 1 Adult Trauma Center since 1998.

**Academic Medical Programs**
Residency programs in the Greenville Health System Division for Academic Services offer primary care experience as well as specialty and sub-specialty rotations found in university programs. Residents receive a broad-based education – with a personal touch—from attending faculty and community physicians. While volume, technology, professional expertise, and research are important, personal care and customer service are emphasized as well.

GHS Medical Residency & Fellowship Programs:
- Emergency Medicine
- Family Medicine
- General Surgery
• Internal Medicine
• Medicine-Pediatrics
• Obstetrics-Gynecology
• Orthopaedic Surgery
• Pediatrics
• Psychiatry
• Child & Adolescent Psychiatry Fellowship
• Colon & Rectal Surgery Fellowship
• Developmental/Behavioral Pediatrics
• Maternal-Fetal Medicine Fellowship
• Minimally Invasive Surgery
• Orthopaedic Sports Medicine Fellowship
• Orthopaedic Total Joint Arthroplasty Fellowship
• Primary Care Sports Medicine
• Vascular Surgery
Mission and Vision Statement

**Mission**

Heal compassionately. Teach innovatively. Improve constantly.

**Vision**

Transform health care for the benefit of the people and communicates we serve.

**Values**

Together we serve with integrity, respect, trust and openness.
GHS’ Commitment of Excellence uses evidence based leadership practices to help reach our goals for continued success. Each star in the logo represents a pillar – people, service, quality, growth, finance or academics. Pillars help us think about and organize the work we do at GHS. Commitment to Excellence builds on our strong foundation of service excellence and patient and family centered care. “Hardwiring” these practices throughout our team will make GHS an even better place to work, practice medicine and receive care.

**Pillars**

**People** – Sustain strong employee commitment

**Service** – Improve patient satisfaction

**Quality** – Improve clinical quality and safety

**Growth** – Achieve budgeted net revenue

**Finance** – Achieve budgeted operating margin

**Academics** – Strengthen academic affiliations
Standards of Behavior

At Greenville Hospital System, we hold ourselves accountable to high standards of behavior. These standards are observable, measurable and apply system-wide to all departments and roles, clinical or non-clinical.

**Compassion** guides our interactions with patients, families, other customers, vendors and co-workers. In addition to following all other policies, as an integral member of the GHS team, we demonstrate compassion by exhibiting the standards of behavior listed below in our day-to-day activities.

**Together, we will:**

- **C**ommunicate professionally.
- **O**bserve good hand hygiene.
- **M**aintain clean and quiet surroundings.
- **P**rotect privacy and confidentiality.
- **A**ssist patients, families and other customers.
- **S**mile and greet everyone.
- **S**ecure a safe environment.
- **I**dentify ourselves and wear our name badges.
- **O**ffer support and demonstrate teamwork to co-workers.
- **N**ote problems and take responsibility to solve them.
- **I**dentify ourselves and wear our name badges.
- **O**ffer support and demonstrate teamwork to co-workers.
- **N**ote problems and take responsibility to solve them.
Commitment to Positive Employee Relations

GHS is committed to understanding and protecting the interests of its most valued resource its employees. To accomplish this objective requires developing and maintaining constructive and positive relationships in all areas of personal interaction. To provide a work environment that encourages employees to perform effectively and efficiently, GHS strives to fulfill the following responsibilities:

- Ensure that employment decisions and continued relations are free from preferential treatment and/or discrimination
- Establish two-way communication through which employees are given the opportunity to be heard, feel free to ask questions and seek discussion, and receive honest, thoughtful responses to concerns and recommendations
- Maintain competitive salary ranges and employee benefit programs
- Provide opportunities for advancement by making positions available to qualified internal candidates
- Provide work conditions that are as safe and healthy as possible and promote employee health and wellness
- Monitor and utilize the most appropriate equipment, materials/supplies, and services
- Encourage personal and professional growth and recognize accomplishments
- Value each individual's unique talents, abilities, and contributions to the GHS healthcare team and honor special achievements

At the same time, each employee can contribute to establishing and maintaining a positive work environment by meeting these responsibilities and expectations:

- Demonstrate dependability, accuracy, pride, and loyalty in performing daily responsibilities
- Strive to exceed the expectations of our patients, their families, and other customers
- Exhibit courteous conduct and a neat, professional appearance
- Practice sensitive, honest communications and confidentiality when appropriate
- Respond to, and be supportive of, change in a continually evolving healthcare environment
- Observe safety, infection control, and employee health regulations and requirements
- Meet organizational and job-specific educational requirements
- Respect the values, beliefs, attitudes, and expectations of others
- Communicate openly, ask questions, and voice concerns to improve the system
- Continuous attention to these responsibilities results in a positive relationship between GHS and its community of employees. Organizational and individual needs can best be met through a close working relationship based on trust, a genuine spirit of teamwork, open communication, and enthusiasm

Organizational and individual needs can best be met through a close working relationship based on trust, a genuine spirit of teamwork, open communication, and enthusiasm.
Employee Benefits

Health Insurance:  GHS Value Health Plan
- Administered by Blue Cross Blue Shield (BCBSSC), a Preferred Provider Organization (PPO)
- Available to full-time and part-time employees and eligible dependents
- The preferred provider network is through the GHS Network (myHealthFirst); outside Greenville county preferred provider network is through BCBSSC (800) 922-1185 or www.SouthCarolinaBlues.com
- A higher benefit is paid for using “preferred providers” and in some cases, no benefit is paid for services obtained outside the preferred provider network
- Newly hired employees have a thirty-one day waiting period before coverage is effective

Prescription Drug Benefit Summary
- Administered by Envision Rx Options
- Participants of the Greenville Hospital System health plan have flexibility and convenience when utilizing their prescription drug benefit by filling their prescription either via mail-order, at participating pharmacies, or at GHS Upstate Pharmacy locations.
- Participants of the plan will save money by filling prescriptions at GHS Upstate Pharmacy locations or via mail-order.

Dental Plan
- Administered by BCBSSC
- Available to full-time and part-time employees and their eligible dependents
- Newly hired employees have a thirty-one day waiting period before coverage is effective
- The dental plan, administered by BCBSSC, lets you receive care from any certified dental provider. However, if your dentist is in the BCBSSC network, you will not have to pay charges over the BCBSSC reimbursement amount (reasonable and customary).

Vision Plan
- Administered by VSP
- Available to all employees and members of their immediate family

GHS Retirement Savings Plan
- 403(b) Plan
  - At GHS, all employees are automatically enrolled in the 403(b) Retirement Savings Plan. Your initial contribution is approximately 3% of your eligible earnings. Newly hired employees are enrolled approximately 30 days after their first paycheck. Your contributions are deducted from your paycheck before federal and state taxes.
  - You can opt out or make changes to your contribution amount at any time. Call Prudential Customer Service at 1-877-778-2100. If you opt out of automatic enrollment, but still want to contribute to the 403(b) Plan, you must contribute a minimum of 1% of your eligible earnings. IRS rules determine the maximum contribution limit.
You also may be able to contribute to the Roth option. Roth contributions are deducted after federal and state taxes. GHS may match your contributions to the 403(b) Plan. The match amount will depend on GHS’ financial performance during the previous fiscal year. The matching contribution is vested immediately.

- **401(a) Plan**
  - All GHS employees are enrolled in the 401(a) Plan. GHS makes an annual employer contribution of 3% of your eligible earnings. If you have contributed to the 403(b) plan, any matching contribution also is made to this account. The Employer Contribution has a three-year vesting schedule. This means that you must work at least 1,000 hours in each of the three plan years before you are vested.

**Group Basic Life and Accidental Death and Dismemberment (AD&D) Insurance**

- Basic life insurance helps provide financial protection by promising to pay a benefit in the event of an eligible member’s covered death. This insurance coverage can help your family members meet daily expenses, maintain their standard of living, pay off debt, secure your children’s education and more in the event of your passing.
- An AD&D policy pays benefits to your beneficiaries if your cause of death is an accident. Additionally, it also pays you benefits for the loss of limbs because of an accident.
- Full-time employees are automatically enrolled in a Basic Life and AD&D plan. This coverage is equal to two times base annual salary (maximum $500,000).
- Coverage is effective the first day of the month following 30 days of employment or the first day of the month following change to an eligible status.
- The imputed value of group life insurance greater than $50,000 appears on your pay stub as IMP LIFE. Such an amount is considered taxable income.

**Short- and Long-term Disability Insurance**

- Full-time employees are automatically enrolled in a Short- and Long-term Disability plan that is 100% employer paid.

**Stipend**

- PGY-1  $21.00/hour ($43,680/yr)
- PGY-2  $22.00/hour ($45,760/yr)

**Other Benefits**

- Please consult the benefits website for the most up-to-date, comprehensive information [https://mybensite.com/greenvillehr/](https://mybensite.com/greenvillehr/)
Section 2. Department of Pharmacy Overview
Mission Statement

To collaborate with other healthcare providers in order to improve patient outcomes through optimal medication management

Vision Statement

1. Improve the efficiency, safety, and quality of patient care through:
   - Expansion of pharmacy clinical services
   - Proficient use of pharmacy automation and technology
   - Pharmacy education and research programs

2. Provide a challenging and enriching work environment for our staff
Pharmacy Scope of Services

The Department of Pharmacy strives to offer high quality patient care and education to patients and healthcare providers. The pharmacy follows a decentralized model, supports clinical patient care rounding services, and participates in organizational and departmental support programs.

Distributive Inpatient Services
- Unit-based drug distribution system (Omnicell Medication Dispensing System)
- Computerized pharmacy operation and patient information system (Epic)
- USP <797> compliant cleanroom for sterile compounding
- Decentralized pharmacy service with four satellite pharmacies
- Specialized pediatric pharmacy within The Children's Hospital
- Specialized pharmacy within the Marshall I. Pickens Hospital
- Services provided 24 hours/day, 365 days/year

Distributive Outpatient Services
- Upstate Retail Pharmacy
  - 9 locations: GMMC, Eastside, Cross Creek, Center for Family Medicine, Greer, IMA, Boiling Springs, Seneca, and Oconee
- Cancer Centers of the Carolinas Infusion Centers
  - 8 locations: Farris, Grove Commons, Eastside, Greer, Spartanburg, Clinton, Easley, and Seneca

Pharmacy Automation
- Omnicell Medication Dispensing System
- Talyst Carousels
- Talyst Autopharm inventory and workflow management
- Pharmacy Keeper medication tracking
- BAXA EM 2400 automated TPN compounder with ABACUS software

Clinical Services
- Clinical rounding with teaching services including - internal medicine, cardiology, medical critical care, surgical critical care, cardiovascular surgery critical care, neurocritical care, hospitalist service, infectious diseases, neonatal intensive care, pediatric intensive care, pediatric hematology/oncology, psychiatry, family medicine, emergency medicine, and ambulatory care
- Drug Information service

Residency Programs
- PGY2 Critical Care – This residency program is designed to optimize clinical patient care and education skills. Experience will be gained through literature evaluation and application, direct patient care, educational programs, and precepting.
- PGY1 Pharmacy Practice – This residency program serves to advance the individual's understanding of pharmacy operations, clinical patient care skills, knowledge, and application of the literature. Residents also gain experience in educating others through lectures, presentations, and precepting.

Academic Affiliation
- Onsite campus for the University of South Carolina College of Pharmacy P3 academic year
- Major rotation site for IPPE and APPE rotations from Palmetto Experiential Education Partnership and Presbyterian College of Pharmacy
- Onsite School of Medicine – University of South Carolina – Greenville
- Onsite School of Nursing – Clemson University
GMMC Pharmacy Organizational Chart

COO GMMC
Ric Ransom

Director of Pharmacy
John Pearson

Compliance Pharmacists
(UMG Practices)

Clinical Director of Pharmacy
Doug Furmanek

Clinical Director Oncology Services
Lise Langston

Clinical Director Upstate Medical Pharmacy (Retail)
Steve Ranck

Pharmacy Manager (Operations)
Jay Terry

Pharmacy Supervisor
John Howard

Pharmacy Supervisor
Alyson Burns

Pharmacy Supervisor
Dana Wright

Pharmacy Supervisor
Vacant

Pharmacy Supervisor (Night)
Robert Gibson

Admin Associate
Donna Taylor
Section 3. ASHP Residency Accreditation Overview
ASHP Regulations on Accreditation of Pharmacy Residencies

I. Introduction

ASHP believes that postgraduate residency programs are the best source of highly qualified pharmacy manpower and that it has an obligation to support residencies through the development of standards and a program of accreditation. To ensure adherence to the principles and philosophy of such standards, ASHP administers an accreditation program. For purposes of accreditation, a pharmacy residency is considered to be a postgraduate program of organized education and training that meets the requirements of applicable standards set forth and approved by ASHP and, as applicable, its partners in residency program development.

II. Definitions (Accreditation Status)

A. **Accreditation**: the act of granting approval to a postgraduate residency program after the program has met set requirements and has been reviewed and evaluated through an official process [document review, site survey, review and evaluation by the Commission on Credentialing (COC)]. An approved program is in an “ASHP-accredited” status.

B. **Pre-candidate**: the status that may be granted to a program that has submitted a completed application indicating intent to seek “candidate” status. Programs may be in a pre-candidate status for no more than two iterations of the Resident Matching Program (RMP). One of the purposes of this status is to assist the program in recruiting a resident through participation in the RMP. If a program in pre-candidate status is not successful in recruiting a resident within two iterations of the RMP, the status may be extended for one additional iteration of the RMP. By the conclusion of this status, the program must have submitted an application for accreditation or this designation will be removed and not granted to the same program again. Programs in this status must submit an application for accreditation when training of the first resident begins.
C. **Candidate:** the status granted to a program that has a resident(s) in training, has applied to ASHP for accreditation, and is awaiting the official site survey, and review and evaluation by the COC.

D. **Conditional accreditation:** the status granted to a program that is not in substantial compliance with the applicable accreditation standard, as usually evidenced by the degree of severity of non-compliance and/or partial compliance findings. Programs must remedy identified problem areas and may undergo a subsequent on-site survey at the discretion of the COC.

III. **Definitions (Program Personnel)**

A. **Preceptor:** an expert pharmacist who gives practical experience and training to a pharmacy resident. Preceptors have responsibility for the evaluation of resident performance.

B. **Residency program director (RPD):** the pharmacist responsible for direction, conduct, and oversight of the residency program. In a multiple-site residency, the residency program director is a pharmacist designated in a written agreement between the sponsoring organization and all of the program sites.

C. **Site coordinator:** an individual in a multiple-site residency program who is designated to oversee and coordinate the program’s implementation at an individual site that is used for more than 25% of the learning experiences. This individual may also serve as a preceptor in the program. A site coordinator must:
   1. be a licensed pharmacist who meets the criteria identified in the appropriate pharmacy residency accreditation standard;
   2. implement and adhere to the appropriate residency accreditation standards, regulations and guidance documents in conjunction with the residency program director;
   3. practice at the site at least ten hours per week;
   4. have the ability to teach effectively in a clinical or administrative practice environment; and
   5. have the ability to direct and monitor residents’ and preceptors’ activities at the site with the RPD’s direction.

D. **Designee**
   1. An individual designated by the RPD to perform duties as allowed by the standard.

IV. **Definitions (Sponsorship and Residency Program Site)**

A. **Sponsoring Organization:** A hospital, health-system, college of pharmacy,
A corporation or other business entity that assumes ultimate responsibility for coordinating and administering the residency program. The sponsoring organization is charged with ensuring that residents’ experiences are educationally sound and are conducted in a quality practice environment. The sponsoring organization is also responsible for submitting the accreditation application and ensuring periodic evaluations of the program are conducted. If several organizations share responsibility for the financial and management aspects of the residency (e.g., school of pharmacy, health-system, individual site), the organizations must mutually designate one organization as the sponsoring organization. The sponsoring organization may or may not provide financial support. This relationship must be agreed to in writing and signed by all parties (i.e., affiliation agreement) and comply with the Standard 5 of the applicable residency accreditation standard.

B. **Site:** the actual practice location where the residency training experience occurs.

C. **Single-site residency:** In a single-site residency, a minimum of 60% of the resident’s training program occurs at the main practice site; however, residents may spend time in learning experiences off-site as long as they do not exceed 25% of the residency program at any other site.

   a. As adapted to community-based programs, in a single-site residency, a minimum of 40% of the resident’s training program occurs at the designated home-base site within one organization. If more than 25% of the remainder of the residency is conducted at one different site, the program will be considered a multiple-site program.

D. **Multiple-site residency:** a residency structure in which multiple organizations or practice sites are involved in the residency program and does not meet the definition for a single site residency program.

   a. To conduct a multiple-site residency there must be a compelling reason for offering the training in a multiple-site format (that is, the program is improved substantially in some manner). For example:
      1. RPD has expertise, however the site needs development (for example, site has a good variety of patients, and potentially good preceptors, however the preceptors may need some oversight related to the residency program; or services need to be more fully developed);
      2. quality of preceptorship is enhanced by adding multiple sites;
      3. increased variety of patients/disease states to allow wider scope of patient interactions for residents;
      4. increased administrative efficiency to develop more sites to handle more residents across multiple sites/geographic areas;
      5. synergy of the multiple sites increases the quality of the overall program;
6. allows the program to meet all of the requirements (that could not be done in a single site alone); and
7. ability to increase the number of residents in a quality program.

b. A multiple-site residency program conducted in multiple hospitals that are part of a health-system that is considering CMS pass-through funding should conduct a thorough review of 42CFR413.85 and have a discussion with the finance department to ensure eligibility for CMS funding.

c. In a multiple-site residency program, a sponsoring organization must be identified to assume ultimate responsibility for maintaining authority and responsibility for the program’s quality. This includes:
   1. designating a single residency program director (RPD);
   2. establishing a common residency purpose statement to which all residents at all sites are trained;
   3. assuring a core program structure and consistent required learning experiences;
   4. assuring the core required learning experiences are comparable in scope, depth, and complexity for all residents, if home based at separate sites;
   5. assuring a uniform evaluation process and common evaluation tools are used across all sites;
   6. assuring there are consistent requirements for successful completion of the program;
   7. designating a site coordinator to oversee and coordinate the program’s implementation at each site that is used for more than 25% of the learning experiences in the program (for one or more residents); and,
   8. assuring the program has an established, formalized approach to communication that includes at a minimum the RPD and site coordinators to coordinate the conduct of the program across all sites.

d. Programs that are managed by one corporate entity but are separated by distances requiring independent site surveys are considered to be separate residency programs and are therefore not multi-site.

V. Definitions (Survey Team)

A. **Lead Surveyor**: an expert pharmacist designated by ASHP’s Director, Residency Accreditation Services, who coordinates and conducts the accreditation site survey in conjunction with a practitioner surveyor.

B. **Practitioner Surveyor**: a pharmacist who is a subject matter expert and is typically an experienced residency program director in the residency area being surveyed (i.e., PGY1 or PGY2) who is trained to assist the lead surveyor in conducting an
VI. Authority

The program for accreditation of postgraduate residency programs is established by authority of the Board of Directors of ASHP and is implemented by the COC. All matters of policy relating to the accreditation of programs will be submitted for approval to the ASHP Board of Directors. The COC shall review and evaluate applications and site survey reports submitted, and shall be authorized to take action on all applications for accreditation in accordance with the policies and procedures set forth herein. The minutes of the COC shall be submitted to the Board of Directors for review and action as appropriate.

VII. Accreditation Procedures

The accreditation program shall be conducted as a service of ASHP to any organization voluntarily requesting evaluation of its residency program.

A. Application

a. Application forms are available on the ASHP website (www.ashp.org). The application must be signed by the residency program director, the pharmacist executive of the practice site, and the sponsoring organization’s administrator. Applications should be submitted, along with the supporting documents specified in the application instructions, to ASHP’s Accreditation Services Office (asd@ashp.org) or mailed to ASHP, 4500 East West Highway, Suite 900, Bethesda, MD 20814. A duplicate copy should be retained for the applicant’s files.

b. The Vice President, Accreditation Services Office, or designee will acknowledge receipt of the application, and review it for completeness and to make a preliminary judgment about conformance to the basic requirements of the applicable accreditation standard(s). If the program fails to meet the criteria of the accreditation standard(s) in some fundamental way, the Vice President or designee will notify the signatories of the application accordingly and advise that the application has not been accepted.

c. From the time an organization’s application for pre-candidate status or for accreditation has been accepted by the Vice President, Accreditation Services Office, or designee, the program will be in either a pre-candidate or candidate status, respectively.

d. Application for accreditation (candidate status) may be made as soon as a resident has begun training, but not sooner.
e. Application for pre-candidate status may be made at any time prior to a resident beginning training.

B. Initial Site Survey

a. An accreditation survey team shall be assembled to conduct a site survey of the program, the organization and the pharmacy services. The survey team shall generally consist of at least two individuals, the lead surveyor and the ASHP-designated practitioner surveyor.

b. Upon the selection of the survey team, surveyors and programs must disclose potential conflict(s) of interest to ASHP’s Vice President, Accreditation Services Office, who shall take appropriate actions to manage any conflict(s).

c. For an initial site survey and at a mutually acceptable time (but not prior to the eighth month of the first residency year) ASHP will send the survey team to review the residency program, organization, and pharmacy services. Instructions for preparation for the site survey (e.g., list of documents to be made available to the survey team and suggested itinerary for the surveyors) will be sent to the residency program director well in advance of the site survey.

d. Records (to include, residents’ applications, residents’ acceptance letters, residents’ plans, all evaluations, residents’ projects, and copies of certificates) for residents trained by an ASHP-accredited program must be maintained and available to the survey team for review. These records may be maintained electronically, as long as they can be easily accessed, if requested by the survey team.

e. For multiple-site residency programs, the survey team will determine which sites will be visited during the site survey.

f. A current resident or immediate past resident must be available during the accreditation survey.

g. After concluding its site survey evaluation, the survey team will present a verbal report of its findings to the organization’s administrator, residency program director, and pharmacist executive.

C. Scheduling of Reaccreditation Site Surveys

a. Sites with single programs:
   Reaccreditation survey visits will be scheduled within 12 months of the 6-year anniversary of the original site survey.
b. Sites with multiple programs that submit a new program application:
   1. If the application is submitted within 3 years of the most recent survey visit, the survey will be scheduled per normal scheduling procedures (i.e., within the first year of the program’s existence) with the survey itinerary to be determined by the lead surveyor assigned to the program. Subsequent site survey visits for the organization will be scheduled to accommodate review of all programs at the site during a single survey visit. Every effort will be made to schedule the combined survey such that no program will be reviewed for reaccreditation earlier than 3 years after their initial accreditation date or 3 years beyond the normal 6-year accreditation cycle.

   2. If the application is submitted greater than 3 years after the most recent survey visit, the survey visit will include a review of the new program and all existing programs during a single visit.

D. The Survey Report and Follow-up

a. Following the site survey, the survey team will prepare a written report, citing areas of noncompliance, partial compliance, and consultative recommendations. The written report will be sent to the residency program director, pharmacist executive, and organization’s administrator within approximately 30 days of the survey.

b. The program must prepare and submit to ASHP, within 75 days of the end of the survey, an action plan and supporting documentation outlining how the program will address areas of noncompliance and partial compliance. This action plan will be signed by the residency program director, pharmacist executive, and the organization’s administrator.

c. Any written comments and supporting documentation that individuals from the program wish to make regarding the accuracy of the survey report must be submitted to the Vice President, Accreditation Services Office, within 10 business days of receiving the report. Comments regarding the report’s accuracy must set forth the specific reasons for the disagreement with the survey report.

d. The program’s residency accreditation application file, the surveyors’ report, and written comments received from the program in response to the surveyors’ findings will be reviewed by the COC. Typically, programs surveyed between May 15 and November 30 will be reviewed and evaluated at the following March meeting of the COC, and those surveyed between December 1 and May 15 will be reviewed and evaluated at the following August COC meeting.

e. Notice of action taken regarding accreditation status will be sent to the residency program director, pharmacist executive, and organization’s administrator, as soon
as the Board of Directors has reviewed and accepted the COC meeting minutes. The report will indicate that ASHP has acted either (a) to accredit the program for a period not to exceed 6 years, (b) to accredit conditionally, or (c) to withhold accreditation. Additional reports to monitor compliance with accreditation standards may be requested at this time.

E. Accreditation

a. The COC will not recommend accreditation of a program until it has been in operation for one year and has had at least one graduate.

b. If accreditation is granted, it shall be retroactive to the date on which ASHP’s Vice President, Accreditation Services Office, received a valid and complete application for candidate status.

c. Failure of the program to submit reports as requested may result in accreditation being withheld.

d. A program granted accreditation will continue in an accredited status until the COC recommends further action.

e. A certificate of accreditation will be issued to a program that has become accredited. However, the certificate remains the property of ASHP and shall be returned to ASHP when accreditation is withdrawn or the program is discontinued.

f. Once the program is accredited, any reference by the program to accreditation by ASHP in residency promotional materials (e.g., catalogs, bulletins, web sites, or other form of publicity) and formal program documents including certificates must include the following statement: The (residency program type, such as PGY-1 Pharmacy Residency) conducted by (organization name, city, and state) is accredited by ASHP. Programs accredited by ASHP in partnership with other associations, must include the following statement: The (residency program type, such as PGY-1 Pharmacy Residency) conducted by (organization name, city, and state) is accredited by ASHP, in partnership with (association name). The appropriate ASHP accredited logo may be used in conjunction with the above statements. Refer to the ASHP website for current instructions on logo use.

VIII. Continuing Accreditation

A. ASHP regards evaluation of accredited residency programs as a continuous process; accordingly, the COC shall request that directors of accredited programs submit periodic written status reports to assist the COC in evaluating the continued conformance of individual programs to the applicable accreditation standard(s).
Written reports shall be required from program directors at least every 3 years. To maintain accreditation, programs must comply with all requests from ASHP for written reports.

B. Directors of accredited programs (and also those in the accreditation process: pre-candidate and candidate) must submit written notification of substantive changes to the residency program to ASHP’s Vice President, Accreditation Services Office, within 30 days of the change. Substantive changes include changes to leadership (e.g. changes in residency program director or pharmacist executive), content and construct of the program, and organizational ownership and accreditation. Residency program directors of multiple-site programs must get approval from ASHP’s Accreditation Services Office prior to adding or removing a site. Directors of accredited programs must submit written notification of any adverse change in licensure or accreditation statuses with organizations or agencies including, but not limited to, TJC, DNV-GL, BOP, DOH, NCQA, URAQ, CMS, FDA, DEA, etc. Any substantive change in the organization of a program may be considered justification for re-evaluation of the program and/or a site survey.

C. The COC will evaluate the credentials of each new residency program director using the requirements outlined in the applicable accreditation standard(s), and ASHP will notify the new program director of the results of the evaluation.

D. When requested annually, residency program directors must provide ASHP’s Vice President, Accreditation Services Office, a list of names of residents who have completed the program’s requirements that year. This list must be provided through ASHP-approved technology systems (i.e., PharmAcademic).

E. Unless exempted by the COC, all postgraduate year one and postgraduate year two residency programs in pre-candidate, candidate, conditional accreditation, or accredited status must participate in the Resident Matching Program conducted by ASHP. The COC may make recommendations regarding exemptions to this requirement.

F. All programs in the accreditation process must use ASHP-approved technology systems to support and maintain the application process (i.e., PhORCAS) and residency program management (i.e., PharmAcademic).

IX. Reaccreditation

A. Accredited programs will be re-examined by site survey every 6 years. Schedule adjustments may be made in order to accommodate the addition of new programs. (See Section VII.C.)
B. Records (to include, residents’ applications, residents’ acceptance letters, residents’ plans, all evaluations, residents’ projects, and copies of signed and dated certificates) for residents trained by an ASHP-accredited program since the last site survey (i.e., up to six years) must be maintained and available to the survey team for review. These records may be maintained electronically, as long as they can be easily accessed, if requested by the survey team.

C. A current resident or a recent past resident must be available on site during the reaccreditation survey.

D. ASHP may accredit the program for a period not to exceed 6 years, award conditional accreditation, or withdraw accreditation.

E. The COC, on behalf of ASHP, may request written reports at any time between the 6-year site survey intervals. Failure of the program to submit reports as requested may result in reaccreditation being delayed or withheld, conditional accreditation, or withdrawal of accreditation.

X. Quality Improvement

Following a site survey, ASHP’s Vice President, Accreditation Services Office, will send the program director a thank-you letter and will provide a mechanism to evaluate the site survey team and process. This is an opportunity for the residency program director and pharmacist executive to provide feedback on the survey process and information for quality improvement of the accreditation process. Programs may submit constructive verbal or written comments to ASHP at any time (see paragraph VII.A.a. above, for address).

XI. Accreditation Fees

A. An application fee shall be established by ASHP and shall be assessed to the program at the time of application for pre-candidate or candidate status.

B. An annual accreditation fee, established by ASHP, shall be assessed for accredited residency programs and those programs in a pre-candidate, candidate, or conditional status. The annual fee is based on a calendar year. This fee begins as soon as a program has filed an application for accreditation (it will be prorated for the first year, based on the number of months remaining in the calendar year, from point of application). The fee schedule is posted on the ASHP web site.

C. When there are multiple residents in a program and they are home-based (i.e., where a resident spends the majority of the year) in separate sites, or if a residency is conducted at multiple sites (sites where residents spend greater than 25% of the program time at one other site), the program will be assessed one-half of the annual fee for one program for each of the additional sites -- in addition to the base fee.
D. Programs that are managed by one corporate entity but are separated by distances requiring independent site surveys are considered to be separate residency programs and will be assessed annual fees separately.

XII. Withdrawal of Accreditation

A. Accreditation of a program may be withdrawn by ASHP for any of the reasons stated below.
   1. Accredited programs that no longer meet the requirements of the applicable accreditation standard(s) shall have accreditation withdrawn. In the event that an accreditation standard is revised, all accredited programs will be expected to meet the revised standard within 1 year.
   2. Inactive programs:
      a. For sites with one residency program: accredited programs without a resident in training for a period of three consecutive years shall have accreditation withdrawn at the beginning of the fourth year. Annual accreditation fees must be paid.
      b. For sites with more than one residency program: a program may remain vacant up to five years and maintain accredited status provided the residency program director for the program without a resident in training remains the same, the organization maintains at least one other ASHP-accredited program actively training residents during this time, and the program pays their annual fees. If the program director does not remain the same, the program shall have accreditation withdrawn at the beginning of the fourth year.
   3. A program makes false or misleading statements about the status, condition, or category of its accreditation.
   4. An accredited program fails to submit periodic written status reports as required or requested.
   5. An accredited program that is required to participate in the Resident Matching Program and fails to do so. ASHP may grant exceptions to the requirement to participate in the Resident Matching Program.
   6. A program that fails to submit appropriate annual accreditation fees as invoiced.

B. ASHP shall not withdraw accreditation without first notifying the residency program director of the specific reasons. The program shall be granted an appropriate period of time to correct the deficiencies.

C. Withdrawal of program accreditation may occur at any point during the residency year.
D. The program shall have the right to appeal the final decision of ASHP.

E. If accreditation is withdrawn, to regain accreditation the program may submit a new application and must undergo re-evaluation.

F. Programs may voluntarily withdraw from the accreditation process and/or forfeit accreditation at any time by notifying the Vice President, Accreditation Services Office, in writing. When notified, the Vice President, Accreditation Service Office, will report these programs to the COC and the ASHP Board.

XIII. Appeal of Decision

A. **Notification of intent to appeal.** In the event that a program is not accredited, is not reaccredited, is placed in a conditional status, or if accreditation is withdrawn, the residency program director, the pharmacist executive, or the organization’s administrator (hereafter referred to as the appellants) may appeal the decision to an appeal board on the grounds that the accreditation decision was arbitrary, prejudiced, biased, capricious, or based on incorrect application of the standard(s) to the program. An appellant must notify the Vice President, Accreditation Services Office, of the program’s intent to appeal, by registered or certified mail, within 10 business days after receipt of the notice. The appellant must state clearly the grounds upon which the appeal is being made. The appellant shall then have an additional 30 days to prepare for its presentation to an appeal board.

B. **Appeal board.** On receipt of an appeal notice, the Vice President, Accreditation Services Office, shall contact the ASHP General Counsel. The office of the ASHP General Counsel will proceed to constitute an *ad hoc* appeal board. The appeal board shall consist of one member of ASHP’s Board of Directors, to be appointed by the President of ASHP, who shall serve as Chair and two program directors of accredited pharmacy residency programs, neither of whom is a member of the COC, one to be recommended by the appellant and one by the Chair of the COC. The President of ASHP will appoint a health care administrator in an *ex officio* capacity. The General Counsel of ASHP shall serve as Secretary of the appeal board. The Vice President, Accreditation Services Office, shall represent the COC at the hearing in an *ex officio* capacity. As soon as recommendations for appointments to the appeal board have been made, ASHP General Counsel will contact all parties to confirm their appointment and the hearing date. The ASHP General Counsel will immediately forward copies of all of the written documentation considered by the COC in rendering its decision to the ASHP Board of Directors. ASHP General Counsel will send the documentation to the appeal board members.

C. **Potential conflict of interest.** All members of the appeal board will complete an ASHP “Disclosure Report” form regarding professional and business interests prior to
formal appointment to the appeal board. The appeal board Chair will take appropriate action to manage potential conflicts.

D. The hearing. The appeal board shall be convened in no less than 30 days and no more than 60 days from the date of receipt of an appeal notice by the Vice President, Accreditation Services Office. ASHP General Counsel shall notify appellants and appeal board members, at least 30 days in advance, of the date, time, and place of the hearing. The program filing the appeal may be represented at the hearing by one or more appropriate officials and shall be given the opportunity at such hearing to present written, or written and oral, evidence and arguments intended to refute or overcome the findings and decision of the COC. The appeal board shall advise the appellant organization of the appeal board’s decision, by registered or certified mail, within 10 business days of the date of the hearing. The decision of the appeal board shall be final and binding on both the appellant and ASHP.

E. Appeal board expenses. The appellant shall be responsible for all expenses incurred by its own representatives at the appeal board hearing and shall pay all reasonable travel, living, and incidental expenses incurred by its appointee to the appeal board. Expenses incurred by the board member, COC-selected program director, and health care administrator shall be borne by ASHP.

Approved by the ASHP Board of Directors on April 12, 2018.
Developed by the ASHP Commission on Credentialing March 5, 2018.
Supersedes the previous regulations on accreditation approved on September 29, 2017.
Introduction

Purpose of this Standard: the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs (hereinafter the Standard) establishes criteria for training pharmacists to achieve professional competence in the delivery of patient-centered care and pharmacy services. A PGY1 pharmacy residency is a prerequisite for postgraduate year two (PGY2) pharmacy residencies.

PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Application of the Standard: the requirements serve as the basis for evaluating a PGY1 residency program for accreditation, both foreign and domestic.

Throughout the Standard use of the auxiliary verbs will and must implies an absolute requirement, whereas use of should and may denotes a recommended guideline.

The Standard describes the criteria used in evaluation of practice sites that apply for accreditation. The accreditation program is conducted under the authority of the ASHP Board of Directors and is supported through formal partnerships with several other pharmacy associations. The ASHP Regulations on Accreditation of Pharmacy Residencies\(^1\) describes the policies governing the accreditation program and procedures for seeking accreditation.

Overview of the Standards for PGY1 Pharmacy Residencies
The following explains the rationale and importance of the areas selected for inclusion in the standards.

Standard 1: Requirements and Selection of Residents
This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-level practice, committed to attaining the program’s educational goals and objectives, and supportive of the organization’s mission and values.

Standard 2: Responsibilities of the Program to the Resident
It is important that pharmacy residency programs provide an exemplary environment for residents’ learning. This area indicates policies that must be in place to help protect residents and organizations
during unusual situations that may arise with residency programs (e.g. extended leaves, dismissal, duty hours).

**Standard 3: Design and Conduct of the Residency Program**
It is important that residents’ training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients’ needs. Proper design and implementation of programs helps ensure successful residency programs.

**Standard 4: Requirements of the Residency Program Director and Preceptors**
The residency program director (RPD) and preceptors are critical to the residency program’s success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

**Standard 5: Requirements of the Site Conducting the Residency Program**
It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other United States of America-applied standards, and will have sufficient resources to achieve the purposes of the residency program.

**Standard 6: Pharmacy Services**
When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents’ expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy’s role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.
Standard 1: Requirements and Selection of Residents

1.1 The residency program director or designee must evaluate the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria.

1.2 The predetermined criteria and procedure used to evaluate applicants’ qualifications must be used by all involved in the evaluation and ranking of applicants.

1.3 Applicants to pharmacy residencies should be graduates or candidates for graduation of an accredited pharmacy degree program (or one in process of pursuing accreditation), or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five-year pharmacy degree program.

1.4 Applicants to pharmacy residencies must be licensed or eligible for licensure (or equivalent designation for the country conducting the residency, e.g., registered) in the state, country, or jurisdiction in which the program is conducted.

1.5 Consequences of residents’ failure to obtain appropriate licensure (or equivalent process) either prior to or within 90 days of the start date of the residency must be addressed in written policy of the residency program.

1.6 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents’ ability to complete the residency program and for dismissal from the residency program.

1.6.a. These policies must be reviewed with residents and be consistent with the organization’s human resources policies.

Standard 2: Responsibilities of the Program to the Resident

2.1 Programs must be a minimum of twelve months and a full-time practice commitment or equivalent.

2.1.a. Non-traditional residency programs must describe the program’s design and length used to meet the required educational competency areas, goals, and objectives.

2.2 Programs must comply with the ASHP Duty-Hour Requirements for Pharmacy Residencies.

2.3 All programs in the ASHP accreditation process must adhere to the Rules for the ASHP Pharmacy Resident Matching Program, unless exempted by the ASHP Commission on Credentialing.

2.4 The residency program director (RPD) must provide residents who are accepted into the program with a letter outlining their acceptance to the program.

2.4.a. Information on the pre-employment requirements for their organization (e.g., licensure and human resources requirements, such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend) must be provided.

2.4.b. Acceptance by residents of these terms and conditions, requirements for successful completion, and expectations of the residency program must be documented prior to the
beginning of the residency.

2.5 The residency program must provide qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of the standards.

2.6 The residency program must provide residents an area in which to work, references, an appropriate level of relevant technology (e.g., clinical information systems, workstations, databases), access to extramural educational opportunities (e.g., a pharmacy association meeting, a regional residency conference), and sufficient financial support to fulfill the responsibilities of the program.

2.7 The RPD will award a certificate of residency only to those who complete the program’s requirements.
   2.7.a. Completion of the program’s requirements must be documented.

2.8 The certificate provided to residents who complete the program’s requirements must be issued in accordance with the provisions of the ASHP Regulations on Accreditation of Pharmacy Residencies, and signed by the RPD and the chief executive officer of the organization or an appropriate executive with ultimate authority over the residency.
   2.8.a. Reference must be made in the certificate of the residency that the program is accredited by ASHP.

2.9 The RPD must maintain the program’s compliance with the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies throughout the accreditation cycle.

Standard 3: Design and Conduct of the Residency Program

3.1 Residency Purpose and Description
The residency program must be designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the remainder of the standards.

PGY1 Program Purpose: PGY1 pharmacy residency programs build on pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

3.2 Competency Areas, Educational Goals and Objectives
   3.2.a. The program’s educational goals and objectives must support achievement of the residency’s purpose.
   3.2.b. The following competency areas and all associated educational goals and objectives are required by the Standard and must be included in the program’s design:
          (1) patient care;
          (2) advancing practice and improving patient care;
          (3) leadership and management; and,
          (4) teaching, education, and dissemination of knowledge.
   3.2.c. Programs may select additional competency areas that are required for their program. If so, they must be required for all residents in that program. Elective competency areas may be selected for specific residents only.
3.3 Resident Learning

3.3.a. Program Structure
3.3.a.(1) A written description of the structure of the program must be documented formally.
   3.3.a.(1)(a) The description must include required learning experiences and the length of time for each experience.
   3.3.a.(1)(b) Elective experiences must also be listed in the program’s design.
3.3.a.(2) The program’s structure must facilitate achievement of the program’s educational goals and objectives.
3.3.a.(3) The structure must permit residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems.
3.3.a.(4) Residency programs that are based in certain practice settings (e.g., long-term care, acute care, ambulatory care, hospice, pediatric hospital, home care) must ensure that the program’s learning experiences meet the above requirements for diversity, variety, and complexity.
3.3.a.(5) No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient disease state and population (e.g., critical care, oncology, cardiology).
3.3.a.(6) Residents must spend two thirds or more of the program in direct patient care activities.

3.3.b. Orientation
Residency program directors must orient residents to the residency program.

3.3.c. Learning Experiences
3.3.c.(1) Learning experience descriptions must be documented and include:
   3.3.c.(1)(a) a general description, including the practice area and the roles of pharmacists in the practice area;
   3.3.c.(1)(b) expectations of residents;
   3.3.c.(1)(c) educational goals and objectives assigned to the learning experience;
   3.3.c.(1)(d) for each objective, a list of learning activities that will facilitate its achievement; and,
   3.3.c.(1)(e) a description of evaluations that must be completed by preceptors and residents.
3.3.c.(2) Preceptors must orient residents to their learning experience using the learning experience description.
3.3.c.(3) During learning experiences, preceptors will use the four preceptor roles as needed based on residents’ needs.
3.3.c.(4) Residents must progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care.
3.4 Evaluation

The extent of residents’ progression toward achievement of the program’s required educational goals and objectives must be evaluated.

3.4.a. Initial assessment

3.4.a.(1) At the beginning of the residency, the RPD in conjunction with preceptors, must assess each resident’s entering knowledge and skills related to the educational goals and objectives.

3.4.a.(2) The results of residents’ initial assessments must be documented by the program director or designee in each resident’s development plan by the end of the orientation period and taken into consideration when determining residents’ learning experiences, learning activities, evaluations, and other changes to the program’s overall plan.

3.4.b. Formative (on-going, regular) assessment

3.4.b.(1) Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive.

3.4.b.(2) Preceptors must make appropriate adjustments to residents’ learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.

3.4.c. Summative evaluation

3.4.c.(1) At the end of each learning experience, residents must receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria.

3.4.c.(2) For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months.

3.4.c.(3) If more than one preceptor is assigned to a learning experience, all preceptors must provide input into residents’ evaluations.

3.4.c.(4) For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations.

3.4.c.(5) Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience.

3.4.c.(6) Residents must complete and discuss an evaluation of each learning experience at the end of the learning experience.

3.4.d. Residents’ development plans

3.4.d.(1) Each resident must have a resident development plan documented by the RPD or designee.

3.4.d.(2) On a quarterly basis, the RPD or designee must assess residents’ progress and determine if the development plan needs to be adjusted.

3.4.d.(3) The development plan and any adjustments must be documented and shared with all preceptors.
3.5 Continuous Residency Program Improvement

3.5.a. The RPD, residency advisory committee (RAC), and pharmacy executive must engage in an on-going process of assessment of the residency program including a formal annual program evaluation.

3.5.b. The RPD or designee must develop and implement program improvement activities to respond to the results of the assessment of the residency program.

3.5.c. The residency program’s continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY1 pharmacy residency program through graduate tracking.

3.5.c.(1) Information tracked must include initial employment, and may include changes in employment, board certification, surveys of past graduates, or other applicable information.

Standard 4: Requirements of the Residency Program Director and Preceptors

4.1 Program Leadership Requirements

4.1.a. Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.

4.1.b. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.

4.1.c. The RPD may delegate, with oversight, to one or more individuals [e.g., residency program coordinator(s)] administrative duties/activities for the conduct of the residency program.

4.1.d. For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:

4.1.e.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.

4.1.e.(2) The agreement must include definition of:

4.1.e.(2)(a) responsibilities of the RPD; and,
4.1.e.(2)(b) RPD’s accountability to the organizations and/or practice site(s).

4.2 Residency Program Directors’ Eligibility

RPDs must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:

• have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
• have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or
• without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience.

4.3 Residency Program Directors’ Qualifications

RPDs serve as role models for pharmacy practice, as evidenced by:

4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;

4.3.b. demonstrating ongoing professionalism and contribution to the profession;
4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization; and,

4.4 Residency Program Leadership Responsibilities
  RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:
  4.4.a. organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;
  4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;
  4.4.c. implementing use of criteria for appointment and reappointment of preceptors;
  4.4.d. evaluation, skills assessment, and development of preceptors in the program;
  4.4.e. creating and implementing a preceptor development plan for the residency program;
  4.4.f. continuous residency program improvement in conjunction with the residency advisory committee; and,
  4.4.g. working with pharmacy administration.

4.5 Appointment or Selection of Residency Program Preceptors
  4.5.a. Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.
  4.5.b. RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

4.6 Pharmacist Preceptors’ Eligibility
  Pharmacist preceptors must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:
  • have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
  • have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
  • without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

4.7 Preceptors’ Responsibilities
  Preceptors serve as role models for learning experiences. They must:
  4.7.a. contribute to the success of residents and the program;
  4.7.b. provide learning experiences in accordance with Standard 3;
  4.7.c. participate actively in the residency program’s continuous quality improvement processes;
  4.7.d. demonstrate practice expertise, preceptor skills, and strive to continuously improve;
  4.7.e. adhere to residency program and department policies pertaining to residents and services; and,
  4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

4.8 Preceptors’ Qualifications
  Preceptors must demonstrate the ability to precept residents’ learning experiences by meeting one or more qualifying characteristics in all of the following six areas:
  4.8.a. demonstrating the ability to precept residents’ learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
4.8.b. the ability to assess residents’ performance;
4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;
4.8.d. an established, active practice in the area for which they serve as preceptor;
4.8.e. maintenance of continuity of practice during the time of residents’ learning experiences; and,
4.8.f. ongoing professionalism, including a personal commitment to advancing the profession.

4.9 Preceptors-in-Training
4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must:
   4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor; and,
   4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

4.10 Non-pharmacist preceptors
When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:
4.10.a. the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,
4.10.b.a. pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

**Standard 5: Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program**

5.1 As appropriate, residency programs must be conducted only in practice settings that have sought and accepted outside appraisal of facilities and patient care practices. The external appraisal must be conducted by a recognized organization appropriate to the practice setting.

5.2 Residency programs must be conducted only in those practice settings where staff are committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and United States of America-applied practice and operational standards.

5.3 Two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites (e.g., college of pharmacy, health system), may offer a pharmacy residency.
5.3.a. Sponsoring organizations must maintain authority and responsibility for the quality of their residency programs.
5.3.b. Sponsoring organizations may delegate day-to-day responsibility for the residency program to a practice site; however, the sponsoring organization must ensure that the residency program meets accreditation requirements.
5.3.b.(1) Some method of evaluation must be in place to ensure the purpose of the residency and the terms of the agreement are being met.
5.3.c. A mechanism must be documented that designates and empowers an individual to be responsible for directing the residency program and for achieving consensus on the evaluation and ranking of applicants for the residency.
5.3.d. Sponsoring organizations and practice sites must have signed agreement(s) that define clearly the responsibilities for all aspects of the residency program.
5.3.e. Each of the practice sites that provide residency training must meet the requirements set forth in Standard 5.2 and the pharmacy’s service requirements in Standard 6.

5.4 Multiple-site residency programs must be in compliance with the ASHP Accreditation Policy for Multiple-Site Residency Programs.

**Standard 6: Pharmacy Services**

The most current edition of the ASHP Best Practices for Health-System Pharmacy, available at www.ashp.org, and, when necessary, other pharmacy association guides to professional practice and other relevant standards (e.g., NIOSH, OSHA, EPA) that apply to specific practices sites will be used to evaluate any patient care sites or other practice operations providing pharmacy residency training.

6.1 Pharmacist Executive -

The pharmacy must be led and managed by a professional, legally qualified pharmacist.

6.2 The pharmacy must be an integral part of the health-care delivery system at the practice site in which the residency program is offered, as evidenced by the following:

6.2.a. the scope and quality of pharmacy services provided to patients at the practice site is based upon the mission of the pharmacy department and an assessment of pharmacy services needed to provide care to patients served by the practice site;

6.2.b. the practice site includes pharmacy in the planning of patient care services;

6.2.c. the scope of pharmacy services is documented and evidenced in practice and quality measures;

6.2.d. pharmacy services extend to all areas of the practice site in which medications for patients are prescribed, dispensed, administered, and monitored;

6.2.e. pharmacists are responsible for the procurement, preparation, distribution, and control of all medications used; and,

6.2.f. pharmacists are responsible for collaborating with other health professionals to ensure safe medication-use systems and optimal drug therapy.

6.3 The pharmacist executive must provide effective leadership and management for the achievement of short- and long-term goals of the pharmacy and the organization for medication-use and medication-use policies.

6.4 The pharmacist executive must ensure that the following elements associated with a well-managed pharmacy are in place (as appropriate to the practice setting):

6.4.a. a pharmacy mission statement;

6.4.b. a well-defined pharmacy organizational structure;

6.4.c. current policies and procedures which are available readily to staff participating in service provision;

6.4.d. position descriptions for all categories of pharmacy personnel, including residents;

6.4.e. procedures to document patient care outcomes data;

6.4.f. procedures to ensure medication-use systems (ordering, dispensing, administration, and monitoring) are safe and effective;

6.4.g. procedures to ensure clinical pharmacy services are safe and effective; and,

6.4.h. a staff complement that is competent to perform the duties and responsibilities assigned (e.g., clinical and distributive services).
6.5 Pharmacy leaders ensure pharmacy’s compliance with:
   6.5.a. all applicable contemporary federal, state, and local laws, codes, statutes, and regulations
governing pharmacy practice unique to the practice site; and,
   6.5.b. current practice standards and guidelines of the United States of America.

6.6 The medication distribution system includes the following components (as applicable to the practice
setting):
   6.6.a. effective use of personnel (e.g., technicians);
   6.6.b. a unit-dose drug distribution service;
   6.6.c. an intravenous admixture and sterile product service;
   6.6.d. a research pharmacy including an investigational drug service;
   6.6.e. an extemporaneous compounding service;
   6.6.f. a system for handling hazardous drugs;
   6.6.g. a system for the safe use of all medications, (e.g., drug samples, high alert, look-alike/sound-
alike, emergency preparedness programs, medical emergencies);
   6.6.h. a secure system for the use of controlled substances;
   6.6.i. a controlled floor-stock system for medications administered;
   6.6.j. an outpatient drug distribution service including a patient assessment and counseling area;
   and,
   6.6.k. a system ensuring accountability and optimization for the use of safe medication-use system
technologies.

6.7 The following patient care services and activities are provided by pharmacists in collaboration with
other health-care professionals to optimize medication therapy for patients:
   6.7.a. membership on interdisciplinary teams in patient care areas;
   6.7.b. prospective participation in the development of individualized medication regimens and
   treatment plans;
   6.7.c. implementation and monitoring of treatment plans for patients;
   6.7.d. identification and responsibility for resolution of medication-related problems;
   6.7.e. review of the appropriateness and safety of medication prescriptions/orders;
   6.7.f. development of treatment protocols, care bundles, order sets, and other systematic
   approaches to therapies involving medications for patients;
   6.7.g. participation as a provider of individual and population-based patient care services and
disease state management, initiating and modifying drug therapy, based on collaborative
practice agreements or other treatment protocols;
   6.7.h. a system to identify appropriately trained and experienced pharmacists and ensure quality
care is provided, including when pharmacists are practicing under collaborative practice
agreements (e.g., complete credentialing and privileging for pharmacists providing patient
care service);
   6.7.i. documentation of significant patient care recommendations and resulting actions,
treatment plans, and progress notes in the appropriate section of patients’ permanent
medical records;
   6.7.j. medication administration consistent with laws, regulations, and practice site policy;
   6.7.k. disease prevention and wellness promotion programs (e.g., smoking cessation,
immunization);
   6.7.l. a system to ensure and support continuity-of-care during patient care transitions; and,
6.7.m. drug use policy activities including, but not limited to, the following (as applicable to the practice setting):
   6.7.m.(1) developing and maintaining an evidence-based formulary;
   6.7.m.(2) educating health care providers on timely medication-related matters and medication policies;
   6.7.m.(3) development and monitoring of evidence-based medication-use guidelines, policies, and order sets;
   6.7.m.(4) managing adverse drug event monitoring, resolution, reporting, and prevention programs; and,
   6.7.m.(5) managing selection, procurement, storage, and dispensing of medications used within the organization.

6.8 The pharmacy practice must have personnel, facilities, and other resources to carry out a broad scope of pharmacy services (as applicable to the practice setting). The pharmacy’s:
   6.8.a.(1) facilities are designed, constructed, organized, and equipped to promote safe and efficient work;
   6.8.a.(2) professional, technical, and clerical staff complement is sufficient and diverse enough to ensure that the department can provide the level of service required by all patients served; and,
   6.8.a.(3) resources can accommodate the training of the current and future workforce (e.g., residents, students, technicians, and others).

6.9 Continuous Quality Improvement
   6.9.a. Pharmacy department personnel must engage in an on-going process to assess the quality of pharmacy services.
   6.9.b. Pharmacy department personnel must develop and implement pharmacy services improvement initiatives to respond to assessment results.
   6.9.c. The pharmacy department’s assessment and improvement process must include assessing and developing skills of the of pharmacy department’s staff.
**Glossary**

**Assessment.** Measurement of progress on achievement of educational objectives.

**Certification.** A voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. This formal recognition is granted to designate to the public that the individual has attained the requisite level of knowledge, skill, or experience in a well-defined, often specialized, area of the total discipline. Certification usually requires initial assessment and periodic reassessments of the individual's qualifications.

**Clinical pharmacist.** Clinical pharmacists work directly with physicians, other health professionals, and patients to ensure that the medications prescribed for patients contribute to the best possible health outcomes. Clinical pharmacists practice in health care settings where they have frequent and regular interactions with physicians and other health professionals, contributing to better coordination of care. *(American College of Clinical Pharmacy)*

**Competency area.** Category of residency graduates' capabilities.

**Complex condition.** Patients with complex conditions are those who are being treated with high-risk medications, high numbers of medications, and/or have multiple disease states.

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

**Educational Goal.** Broad statement of abilities.

**Educational Objective.** Observable, measurable statement describing what residents will be able to do as a result of participating in the residency program.

**Evaluation.** Judgment regarding quality of learning.

**Formative assessment.** On-going feedback to residents regarding their progress on achievement of educational objectives for the purpose of improving learning.

**Interdisciplinary team.** A team composed of members from different professions and occupations with varied and specialized knowledge, skills, and methods. The team members integrate their observations, bodies of expertise, and spheres of decision making to coordinate, collaborate, and communicate with one another in order to optimize care for a patient or group of patients. *(Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academy Press; 2001.)*

**Multiple-site residency.** A residency site structure in which multiple organizations or practice sites are involved in the residency program. Examples include programs in which: residents spend greater than 25% of the program away from the sponsoring organization/main site at another single site; or there are multiple residents in a program and they are home-based in separate sites.
1. To run a multiple-site residency there must be a compelling reason for offering the training in a multiple-site format (that is, the program is improved substantially in some manner). For example:
   a. RPD has expertise, however the site needs development (for example, site has a good variety of patients, and potentially good preceptors, however the preceptors may need some oversight related to the residency program; or services need to be more fully developed);
   b. quality of preceptorship is enhanced by adding multiple sites;
   c. increased variety of patients/disease states to allow wider scope of patient interactions for residents;
   d. increased administrative efficiency to develop more sites to handle more residents across multiple sites/geographic areas;
   e. synergy of the multiple sites increases the quality of the overall program;
   f. allows the program to meet all of the requirements (that could not be done in a single site alone); and,
   g. ability to increase the number of residents in a quality program.

2. A multiple-site residency program conducted in multiple hospitals that are part of a health-system that is considering CMS pass-through funding should conduct a thorough review of 42CFR413.85 and have a discussion with the finance department to ensure eligibility for CMS funding.

3. In a multiple-site residency program, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program. This includes:
   a. designating a single residency program director (RPD);
   b. establishing a common residency purpose statement to which all residents at all sites are trained;
   c. ensuring a program structure and consistent required learning experiences;
   d. ensuring the required learning experiences are comparable in scope, depth, and complexity for all residents, if home based at separate sites;
   e. ensuring a uniform evaluation process and common evaluation tools are used across all sites;
   f. ensuring there are consistent requirements for successful completion of the program;
   g. designating a site coordinator to oversee and coordinate the program’s implementation at each site that is used for more than 25% of the learning experiences in the program (for one or more residents); and,
   h. ensuring the program has an established, formalized approach to communication that includes at a minimum the RPD and site coordinators to coordinate the conduct of the program across all sites.

**Non-traditional residency:** Residency program that meets requirements of a 12-month residency program in a different timeframe.

**Pharmacist Executive.** The person who has ultimate responsibility for the residency practice site/pharmacy in which the residency program is conducted. (In some settings this person is referred to, for example, as the director of pharmacy, the pharmacist-in-charge, the chief of pharmacy services) In a multiple-site residency, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program.

**Preceptor.** An expert pharmacist who gives practical experience and training to a pharmacy resident. Preceptors have responsibility for the evaluation of residents’ performance.
**Preceptor-in-training.** Pharmacists who are new to precepting residents who have not yet met the qualification for a preceptor in an accredited program. Through coaching and a development plan, they may be a preceptor for a learning experience and become full preceptors within two years.

**Residency program director.** The pharmacist responsible for direction, conduct, and oversight of the residency program. In a multiple-site residency, the residency program director is a pharmacist designated in a written agreement between the sponsoring organization and all of the program sites.

**Resident’s Development Plan.** Record of modifications to residents’ program based on their learning needs.

**Self-evaluation.** A process of reflecting on one’s progress on learning and/or performance to determine strengths, weaknesses, and actions to address them.

**Service commitments.** Clinical and operational practice activities. May be defined in terms of the number of hours, types of activities, and a set of educational goals and objectives.

**Single-site residency.** A residency site structure in which the practice site assumes total responsibility for the residency program. In a single-site residency, the majority of the resident’s training program occurs at the site; however, the resident may spend assigned time in short elective learning experiences off-site.

**Site.** The actual practice location where the residency experience occurs.

**Site Coordinator.** A preceptor in a multiple-site residency program who is designated to oversee and coordinate the program’s implementation at an individual site that is used for more than 25% of the learning experiences. This individual may also serve as a preceptor in the program. A site coordinator must:

1. be a licensed pharmacist who meets the minimum requirements to serve as a preceptor (meets the criteria identified in Principle 5.9 of the appropriate pharmacy residency accreditation standard);
2. practice at the site at least ten hours per week;
3. have the ability to teach effectively in a clinical practice environment; and,
4. have the ability to direct and monitor residents’ and preceptors’ activities at the site (with the RPD’s direction).

**Sponsoring organization.** The organization assuming ultimate responsibility for the coordination and administration of the residency program. The sponsoring organization is charged with ensuring that residents’ experiences are educationally sound and are conducted in a quality practice environment. The sponsoring organization is also responsible for submitting the accreditation application and ensuring periodic evaluations are conducted. If several organizations share responsibility for the financial and management aspects of the residency (e.g., school of pharmacy, health-system, and individual site), the organizations must mutually designate one organization as the sponsoring organization.

**Staffing.** See “Service commitments.”

**Summative evaluation.** Final judgment and determination regarding quality of learning.
References


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

Introduction

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

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

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

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:
  o Health and functional status.
  o Risk factors.
  o Health data.
  o 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 Patient 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.
  - Recommendation is persuasive.
  - Presentation of recommendation accords patient’s right to refuse treatment.
  - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
  - Creates an atmosphere of collaboration.
  - Skillfully defuses negative reactions.
  - Communication conveys expertise.
  - Communication is assertive but not aggressive.
  - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.

- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
Medication orders are clear and concise.
Activity complies with the health system’s policies and procedures.
Tests correspond with the recommended monitoring plan.
Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
- Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
Criteria:
- Selects appropriate direct patient care activities for documentation.
- Documentation is clear.
- Documentation is written in time to be useful.
- Documentation follows the health system’s policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise.

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.
Criteria:
- Gives priority to patient care activities.
- Plans prospectively.
- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner.
- Determines barriers to patient compliance and makes appropriate adjustments.

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

Objective R1.2.1: (Applying) Manage transitions of care effectively.
Criteria:
- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Conducts medication reconciliation when necessary.
- Participates in thorough medication reconciliation.
• Follows up on all identified drug-related problems.
• Participates effectively in medication education.
• Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
• Follows up with patient in a timely and caring manner.
• Provides additional effective monitoring and education, as appropriate.
• Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.

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

Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization’s policies and procedures.
Criteria:
• Correctly interprets appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
  o Identifying, clarifying, verifying, and correcting any medication order errors.
  o Considering complete patient-specific information.
  o Identifying existing or potential drug therapy problems.
  o Determining an appropriate solution to an identified problem.
  o Securing consensus from the prescriber for modifications to therapy.
  o Ensuring that the solution is implemented.
• Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
  o When required, accurately calibrating equipment.
  o Ensuring that solutions are appropriately concentrated, without incompatibilities; stable; and appropriately stored.
  o Adhering to appropriate safety and quality assurance practices.
  o Preparing labels that conform to the health system’s policies and procedures.
  o Ensuring that medication has all necessary and appropriate ancillary labels.
  o Inspecting the final medication before dispensing.
• When dispensing medication products:
  o Follows the organization’s policies and procedures.
  o Ensures the patient receives the medication(s) as ordered.
  o Ensures the integrity of medication dispensed.
  o Provides any necessary written and/or verbal counseling.
  o 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).
  o Selects direct instruction when learners need background content.
  o Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.
  o Selects coaching when learners are prepared to perform a skill under supervision.
  o Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.
Criteria:
• Instructs students, technicians, or others as appropriate.
• Models skills, including “thinking out loud,” so learners can “observe” critical-thinking skills.
• Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
• Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.

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

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Section 4. GHS PGY1 Pharmacy Residency Program Overview
PGY-1 Pharmacy Residency Program
Description of Global Requirements

PGY1 Program Purpose
PGY1 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Learning Experience Structure
Required Core Rotations of one calendar month each

Core Rotations:
- Adult Internal Medicine
- Adult Critical Care
- Ambulatory Care +/- Transitions of Care
- Drug Information
- Infectious Disease (ID Consult Service or Stewardship)
- Pediatrics (choice of Hem/Onc, PICU, NICU)
- Preceptorship Rotation

Elective Rotations:
- Adult Oncology
- Cardiology
- Drug Information
- Emergency Medicine
- Infectious Disease
- Internal Medicine – Family Medicine
- Internal Medicine – Hospitalists Service
- Pediatrics
- Practice Management
- Psychiatry
- Others based on resident interest, including repeating a previous rotation but with a different emphasis

Longitudinal Rotations:
- Drug Information & Medication Use Evaluation (MUE)
- On-Call / Clinical Pharmacokinetic Service
- Practice Management
- Research Project (to be presented at the Southeastern Residency Conference - SERC)
- Teaching Certificate Program
PGY-1 Pharmacy Residency Program
Description of Global Requirements

Participation in Residency Orientation Program
- A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions. Returning residents (e.g., internal PGY2 resident) may be excused from many of the scheduled sessions.

Clinical Rotations
- Clinical rotations will be evaluated using the outcomes, goals and objectives approved by ASHP for the PGY1 Pharmacy Residency Program. In general, rotations are 1 calendar month in length, with the exception of longitudinal experiences. Schedules will be designed to meet the requirements of the residency program and resident's practice area interests. New, elective, or distance rotation experiences must be approved by Residency Program Director.

Staffing Experience
- Residents will be required to participate in department’s operational pharmacy practice experience to ensure that each resident can function independently as a pharmacist. Each resident will be given basic order entry, distribution, and operations training during the orientation month of the residency. Residents will be scheduled to work in area(s) that they have trained and the experience will occur approximately every 3 weeks. Residents will be evaluated periodically to ensure accurate/efficient participation in the operational model and adherence to departmental/institutional policy and procedures.

Participation in Clinical Pharmacy On-Call Program
- Each resident will participate in the department’s Clinical Pharmacy Consult Service. The goal is for the resident to gain experience in evaluating and making therapeutic recommendations for patients outside of their assigned services. Each resident will have a faculty back-up with whom individual situations must be discussed before making recommendations. Specific procedures/schedules are outlined in the section entitled Resident On-Call Process.

Resident Seminar Presentation
- Each resident will present one seminar during the residency program, approximately one hour in length. A seminar presentation schedule will be developed by the Residency Program Directors. Seminars are usually scheduled between September and November. The goal of the seminar is to improve the resident's communication skills and 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 (selected by the resident), and should involve a therapeutic or practice management controversy, clinical or practice management research, or other therapeutic area.

Resident Research Projects
- Each resident will complete a formal IRB-approved research project during the residency year. Each year, a list of potential projects will be generated/approved by pharmacy management and clinical pharmacy faculty. This list will be distributed to the residents for review and selection. The resident may also select a project of interest, not on the pre-selected list, with approval from the Residency Program Director. The resident will present the results of their research project at the Southeastern Residency Conference in the spring, see below.

Presentation at the Southeastern Residency Conference (SERC)
- The Southeastern Residency Conference (SERC) is held in the spring of the year and is a forum where residents share experiences and expertise. Each resident will make a brief presentation on their research project and will be evaluated by preceptors and residents attending the conference. The resident will participate in a practice session with GHS preceptors prior to SERC attendance.
Preparation of a Manuscript Acceptable for Publication

- All residents write at least one manuscript suitable for publication in a peer-reviewed biomedical journal. The resident must be first author and be responsible for submission/revisions to a journal.
- At a minimum, all residents will submit manuscripts for publication in GHS Proceedings. The journal is published electronically twice a year [http://university.ghs.org/proceedings/current]. More information, including instructions for submission, can be found online at [http://hsc.ghs.org/proceedings/].

Participation in Teaching/Preceptorship Activities

- Resident involvement in teaching activities fosters development and refinement of the resident's communication skills, builds confidence, and promotes the effectiveness of the resident as a teacher. Residents will serve as co-preceptors with faculty members for the for P4 clerkship students, participate in in-services and didactic lectures, as well as other activities deemed valuable by the Residency Program Director.

Participation in the Teaching Certificate Program

- GHS residents will obtain a teaching certificate through Presbyterian College of Pharmacy. This program is designed for residents who are interested in enhancing skills needed in an academic environment. The purpose of the program is to prepare pharmacy residents to serve as educators, either in full-time or adjunct faculty positions.

Evaluation of PharmD Student Grand Rounds

- Each resident will serve, along with faculty members, in the role of evaluator of Student Grand Rounds presentations. This provides the opportunity for residents to improve their evaluation skills. The resident will actively participate in the verbal and written evaluation of the student immediately following the seminar.

Center for Family Medicine (CFM) Noon Conference Lecture

- Each resident will deliver a presentation to medicine residents at the Center for Family Medicine in the spring. The family medicine faculty request certain topics be covered, and must be case-based and provide medication therapy management pearls and guideline updates related to the disease state/topic being presented.

“Know your medications” Presentation at GHS HeartLife

- The “Know Your Medications” presentation is a 1 hour overview of cardiac medications for an audience of patients and/or family members enrolled in HeartLife. This presentation is provided every 2-3 months. The presenter is responsible for adding or editing the presentation based on up to date evidence based medicine that is pertinent to the audience within the 1 hour time presentation time. Each resident will deliver one presentation over the course of the year.
- GHS HeartLife is an outpatient cardiac rehabilitation program. Patients may enroll in HeartLife following an inpatient admission or with their outpatient provider’s referral. It is recommended for patients with stable angina, heart surgery, post-MI, balloon angioplasty/stent, valve surgery, and CHF. HeartLife is offered at the Life Center, Greer, Laurens, and Oconee hospitals.

Active Participation in the Successful Completion of a Medication Use Evaluation

- Each resident is required to participate in a Medication Use Evaluation (MUE); usually conducted in support of patient care at the Medical Center. Residents participating in MUEs will follow the policies and procedures determined by the Drug Information Service. Satisfactory performance as determined by the Drug Information Center Manager or his/her designee is required for successful completion of the program.
Participation in Recruitment Efforts
  o Each resident will assist with the recruitment efforts of the residency program through various events including the ASHP Midyear Residency Showcase. 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.

Additional Experiences
  o Additional experiences or projects deemed valuable to the resident’s development as a pharmacy practitioner or necessary to the goals of the pharmacy department may be assigned by the Residency Program Director. The Residency Program Director may designate a member of pharmacy management or clinical faculty to serve a mentor the resident on these projects.
GHS Pharmacy Residency Program
Residency Advisory Committee (RAC)

The Residency Advisory Committee is established in accordance with the American Society of Health-Systems Pharmacists (ASHP) Accreditation Standards for Postgraduate Year One (PGY1) and Postgraduate Year Two (PGY2) Pharmacy Residency Programs.

Committee Purposes
The purpose of the RAC is to serve as the primary decision making body and advisory board for the residency program.

Committee Goals, Responsibilities, and Functions
In conjunction with the Residency Program Directors (RPDs), the RAC shall:
1. Ensure program compliance with ASHP accreditation standards
2. Maintain, review and approve the yearly residency manual
3. Provide guidance for program conduct
4. Maintain educational learning experiences of the program, consistent with current ASHP competency areas, goals, and objectives (Resident Learning System, RLS)
5. Oversight of resident progression (and related documentation of completed requirements) within the program, including corrective action plans and dismissals as necessary
6. Establish program application requirements, procedures, and review processes for resident selection and recruitment
7. Provide oversight of the criteria and methods for appointment, evaluation and development of preceptors
8. Create and implement a preceptor development plan
9. Conduct an annual program evaluation
10. Maintain continuous quality assurance and improvement
11. Communicate program decisions to residents, preceptors, and the Department of Pharmacy

Membership
The RAC is comprised of the following members:
- Lucy Crosby, PGY1 RPD
- Alyson Ghizzoni-Burns
- Bethany Lynch
- Jessica Odom
- Kristin Welborn
- Doug Furmanek, PGY2 RPD and ex officio

Meetings and Minutes
The RAC will meet, at a minimum, quarterly, but more frequently as called by the RPD. Meeting minutes will be maintained by the RPD(s).
Section 5. Policies and Procedures
PGY-1 Pharmacy Residency Program
Professional Practice Requirements

Licensure
All residents within the Department of Pharmacy must be licensed by the South Carolina Board of Pharmacy. It is preferred that licensure be obtained by **August 31st**. In the event licensure is not obtained by August 31, the resident’s eligibility to remain in the program will be determined as follows:

- If the resident has not passed his/her licensure examination first attempt (NAPLEX or MPJE), he/she will be given 1 additional attempt to pass.
  - If a passing score is obtained on the second attempt by the resident AND licensure is obtained within 90 days of the residency start date: The resident may graduate on schedule.
  - If a passing score is obtained on the second attempt by the resident BUT licensure is not obtained within 90 days of the residency start date: The residency year will be extended accordingly.
- If the resident does NOT obtain a passing score on the second attempt of either examination: The resident will be dismissed from the program, and his/her employment status will change to “pharmacy intern.” The candidate may re-apply for the next residency class if so desired.

Questions regarding licensure should be addressed to:
South Carolina Board of Pharmacy
PO Box 11927
Columbia, SC 29211-1927
(803) 896-4700

ID Badges
Photo identification cards are issued during orientation and should be displayed prominently while residents are on the hospital premises. These cards provide access to parking facilities and certain areas of the institution. The cards also provide access to the library after hours. Identification cards are not to be loaned or transferred. The Badge Office is responsible for issuing replacement cards should your original become lost or inoperative. There is a charge for replacing lost or stolen cards.

Keys
Residents will be assigned department access keys for the resident office (#18) and pharmacy satellites (#22). In the event a key is lost, the resident must file a police report with Engineering.

Office Space
Residents of the Department of Pharmacy are allocated office space in the hospital. Each resident will have a desk complete with computer and telephone access. One phone within the office will be dedicated for time and attendance (clocking in).

Computer Access
Residents are provided a password to access GHS-related clinical and non-clinical applications and email. This logon and password are assigned by the Information Services department and will work on any computer that is on the hospital network. Email should be checked no less than daily as this will serve as a primary mode of communication for meetings, notifications, etc. Residents will be given remote access in order to access email and other medical databases off-campus. Computers
and other electronic devices should remain locked while idle/not in use to prevent disclosure of protected health information.

**Photocopy Privileges**
Copiers are located in Pharmacy Administration area, Clinical Pharmacy office area, and in the Memorial campus library. Residents will be provided with an access number to make copies in the library.

**Presentation Equipment**
The Greenville Health System has audio/visual access for presentations as needed.
Appearance / Dress Code

Employees are expected to dress in an appropriate manner while working at GHS. Personal appearance shall support patient care, create a healthy and safe environment, and not offend patients, visitors, or other employees. The department of pharmacy follows the GHS policy “S-104-06: Personal Appearance, Dress, and Uniform Policy”. Please reference this policy for a list of specific standards that apply throughout GHS. Employees whose appearance does not meet hospital or department standards may be required to change clothes or to address other appearance issues. Failure to follow these guidelines may result in disciplinary action up to and including termination of employment.

Residents may wear appropriate scrub attire when in the staffing model on weekends and holidays only.

Labcoats should be worn at any time in a direct patient care area, unless prohibited by the specific unit (e.g. NICU).

Harassment

It is the policy of GHS to foster a work environment which is free from any form of intimidation, such as bullying behaviors, harassment, or discrimination based on race, ethnicity, color, religion, sex, age, national origin, political belief, marital status, uniformed service, veteran status, sexual orientation, gender identity or expression, or physical or mental disability, as well as any other form of harassment prohibited by federal, state, or local law, regulation, or ordinance. Harassing conduct in the workplace, whether physical or verbal, lawful or unlawful, and including harassing or discriminatory slurs, jokes or degrading comments, are strictly prohibited.

If you believe that you have been harassed, you should immediately report the incident to your supervisor, the Human Resources Coordinator assigned to your area, the Corporate Compliance Department, any member of management, or call the Compliance Hot Line at 1-888-243-3611. A thorough investigation of the facts will be made and the issue resolved as quickly as possible.

Any act or threat of retaliation or revenge resulting from a complaint filed in good faith will not be tolerated by GHS. All information obtained during the process of filing a harassment complaint will be handled with sensitivity and discretion.

Please reference the following policy for additional information - S-104-11 Harassment

Workplace Violence

GHS is committed to maintaining a safe, healthy, and efficient working environment where employees, patients, patient family and visitors, and invitees of GHS are free from the threat of workplace violence. In keeping with this policy, GHS prohibits any employee from engaging in any act, either on company premises, or during the performance of work-related duties:

- Threatens the safety of an employee and/or customer
- Affects or threatens to affect the health, life, or well-being of an employee and/or customer negatively
- Results in or threatens to result in damage to GHS, employee, or customer property
Such acts include, but are not limited to:

- Threatening, intimidating, coercing, harassing, assaulting, or committing battery upon an employee or customer
- Sexually harassing an employee or customer
- Carrying open or concealed weapons into company property
- Allowing unauthorized persons access to the building or restricted or sensitive areas without management permission
- Using, duplicating, or possessing keys to GHS buildings or offices without authorization
- Stealing, or attempting to steal, GHS property, an employee, or customer
- Damaging, or attempting to damage, property of GHS, an employee, or customer

All employees are encouraged to take an active role in creating a safe work environment at GHS. Employees should report any act of workplace violence to their supervisor or Security immediately.

Please reference the following policy for additional information - S-104-05 Workplace Violence

**Personal Business / Telephone Calls/ Internet/ Mail**

While you are at work, receiving personal visitors, the transaction of personal business, and the use of telephones, electronic mail, or the Internet for private purposes is not appropriate. When it occasionally becomes necessary for personal telephone usage, it must not detract from your work or limit the availability of telephone service for business purposes. In no case may the telephone be used to place or accept private long-distance calls charged to GHS. The receipt and mailing of personal mail also is not appropriate. The GHS mail service is not staffed to handle personal mail of GHS staff.

GHS is committed to providing an environment that encourages the use of computers and electronic information as essential tools to support its mission. It is the responsibility of each employee to ensure that this technology is used for proper business purposes and in a manner that does not compromise the confidentiality of proprietary or other sensitive information.

Please reference the following policy for additional information – Policy 9010 Personal Use of Telephone/Internet at Work

**E-mail Procedures**

GHS provides authorized users with electronic communication tools, including an e-mail system. Please refer to the “S-104-09 Electronic Mail (E-mail)” policy for general examples of acceptable and unacceptable uses of the GHS e-mail system. Any employee who violates this policy may be subject to corrective action, up to and including termination. Others that may violate this policy may be subject to loss of e-mail privileges at GHS and additional administrative or legal action as appropriate.

For tips on appropriate email etiquette, please reference the following policy appendix - S-104-09.A1 E-mail Etiquette
Telephone and Voice Mail Procedures

All information stored in, transmitted by, or received through GHS' telephonic systems is the property of GHS and is intended only for job-related purposes. Authorized representatives of GHS may monitor the use of GHS' telephonic systems that may include the interception and monitoring of oral communications and voice mail from time to time to ensure that such use is consistent with GHS' policies and interests.

All voice mail messages are the property of GHS. Employee voice mail communications are not considered private, despite any such designation either by the sender or the recipient. GHS reserves the right to monitor its voice mail system, including an employee's voice mailbox, at its discretion in the ordinary course of business. Please note that in certain situations, GHS may be compelled to access and disclose messages sent over its voice mail system. The existence of passwords and "message delete" functions do not restrict or eliminate GHS' ability or right to access voice mail communications. Employees shall not share a voice mail password, provide voice mail access to an unauthorized user, or access another user's voice mail without authorization. Employees shall not post, display, or make easily available any information, including, but not limited to, passwords, that may allow unauthorized users access to confidential information. Offensive, demeaning, or disruptive messages are prohibited. This includes, but is not limited to, messages that are inconsistent with GHS' policies concerning equal employment opportunity and harassment.

Cell Phones and Smartphones

In an effort to maintain a safe environment for patients, visitors, and employees by minimizing unnecessary distractions, it is the policy of GHS to limit the use of personal cell phones and other portable communication devices during worked time. Cell phones and other portable communication devices should never be used in any way that would distract from patient care or customer service.

Personal cell phone use should be limited to bare minimum. Use may be allowed if attempting to use electronic drug information resources for patient care in the case that hospital computers are unavailable for use.

Use of Bluetooth devices of any nature or earbuds (headphones) for any reason are prohibited. These devices create a barrier to communication with other employees or patients in the hospital.

Use of cell phone cameras is included in the policy "S-50-03 Releasing Information to the Media" and other policies that specify that patients may only be photographed for officially approved uses and must provide written consent before being photographed.

Please reference the following policy for additional information – Policy 8027 Cellphones/Smartphones

Internet Procedures

- GHS' network, including its connection to the Internet, is intended only for business-related purposes. Any unauthorized use of the Internet is strictly prohibited. Unauthorized use includes, but is not limited to, connecting to, posting, or downloading pornographic material; engaging in inappropriate use of instant messaging, computer "hacking" and
other related activities; and/or attempting to disable or compromise the security of information contained on GHS’ computers.

- GHS recognizes that from time to time employees may need to use the Internet or e-mail for personal needs during break periods and before or after work. These occasions should be kept to a minimum and should not be excessive, unreasonable, or interfere with the performance of an employee’s job duties.

- Internet messages should be treated as non-confidential. Anything sent through the Internet passes through a number of computer systems, all with different levels of security. The confidentiality of messages may be compromised at any point along the way unless the messages are encrypted.

- Because postings placed on the Internet may specifically identify the message as coming from GHS, make certain before posting such information that they reflect the standards and policies of GHS. Under no circumstances shall information of a confidential, sensitive, or otherwise proprietary nature be placed on the Internet.

- Subscriptions to news groups and mailing lists are permitted when the subscriptions are for a work-related purpose. Any other subscriptions are prohibited.

- Information posted or viewed on the Internet may constitute published material. Therefore, reproduction of information posted or otherwise available over the Internet may be done only by express permission from the author or copyright holder.

- Unless the previous approval of management has been obtained, users may not establish Internet or other external network connections that could allow unauthorized individuals to gain access to the GHS’ systems and information. These connections include the establishment of hosts with public modem dial-ins, World Wide Web home pages, and File Transfer Protocol (FTP).

- All files downloaded from the Internet must be checked for possible computer viruses. If the employee is uncertain whether his/her virus-checking software is current, the Information Services Help Desk representative must be consulted before downloading.

- Offensive, demeaning, or disruptive messages are prohibited. This includes, but is not limited to, messages that are inconsistent with GHS’ policies concerning equal employment opportunity and harassment.

- Employees are prohibited from downloading and installing software on to GHS owned computers. This includes, but is not limited to, installing or downloading games, screen savers, music, file sharing utilities, and any other program that might interfere with the normal business operation of the computer.

**Social Media**

Common sense is the best guide should individuals decide to post information in any way relating to GHS. Employees should contact their supervisor, Human Resources, or the Office of Corporate Integrity if they are unsure about any particular posting. For instance, if you are writing about GHS operations where you have responsibility and your posting could be construed by a reader as being made on behalf of GHS, you should make sure your supervisor is comfortable with your taking that action.

Employees should be mindful that their actions on the Internet have consequences. GHS reserves the right to discipline or terminate the employment of any person whose actions on the Internet result in a disruption of their coworkers’ ability to perform their job duties or compromises the integrity of GHS as a professional, compassionate, trustworthy healthcare organization who treats all patients with respect and dignity, regardless of their race, sex, color, religion, creed, ability to pay, political views, or other characteristics.

Please reference the following policy for additional information – S-104-12 Social Media and Social Networking
Time & Attendance

The GHS Time and Attendance System provides for the secure and electronic recording for clocked transactions, correcting errors, recording paid time off and other non-clocked pays, and approving employee time and attendance data for payroll processing.

Residents who are scheduled to work a shift must clock-in at the start of the shift. This clock-in will follow the tardiness guidelines as outlined above. Residents who are not working a scheduled shift are required to clock-in during the day. A missed clock-in for the day counts as one missed clock transaction. Residents are subject to random audits for tardiness and early departures. Non-compliance with clocking in may result in disciplinary action.

Procedure to clock in:
- Only use an appropriate departmental Time and Attendance phone to clock in
  - Central Pharmacy – 2 Phones: just inside the front door; on the back of the column near the VC4 carousel
  - Resident office – middle desk on right side of room
  - 2nd floor/OR – On the OR side near the hood
  - 4th floor – left side of the room between the two workstations
  - 5th floor – in the “pit” on the bedside table
  - Peds – at the technician workstation
  - MIPH
- At an appropriate departmental Time and Attendance phone, dial the Time and Attendance number
  - Some phones will automatically dial
  - Others require you to press the feature button (or Fx) button and the speed dial number assigned (usually 3)
- You will be prompted to enter a 10 digit ID number
  - Enter your employee ID number and the last 5 digits of your SSN
- You will be prompted to enter a clock code
  - Press 1
- If done correctly you will hear “Clock-in accepted”

Please reference the following policy for additional information – Policy 8026 Time and Attendance

Resident Call-Outs

There is a designated “Administrator on Call” to handle all staff call-outs, 24 hours a day, 7 days a week. The Administrator on Call phone number is 864-361-4564.

The procedure for residents to call out is to:
1. Call the Administrator on Call number and speak to person on call. Answer questions, such as why you’re calling out (sick vs FMLA), where you are scheduled to work that day, and anticipated duration of leave (ie, fever during flu season)
2. Call RPD office phone and relay the same info above (okay to leave message)
3. Notify preceptor via phone or email if you are on rotation that day

Your absence will be marked “PTU” on the schedule. Any time away from work that is recorded as PTU will result in an occurrence of an unscheduled absence and may result in disciplinary action. Please reference the following pharmacy policy for additional information – Policy 8010 Paid Time Off.
Disciplinary Action / Dismissal Policy

The policies and procedures of the Greenville Hospital System are established to provide a work environment that facilitates productivity and satisfactory working relationships while promoting the delivery of high-quality healthcare and customer service. Employee disciplinary action may be necessary when established standards of behavior are not followed. An effective disciplinary action is not punitive. Instead, the disciplinary action should emphasize correcting the problem while maintaining the employee's dignity and self-respect. However, there may be an occasion when the behavior involved requires immediate discharge. The Greenville Health System reserves the right to determine whether immediate discharge is appropriate.

Dismissal of the pharmacy practice resident may occur if any of the following conditions exist:

- Any violation of the GHS organization policy for dismissal (see organization and department policy)
- Exhibiting inappropriate behavior
  - Recklessly providing information to healthcare providers without confirmation from preceptors (written or verbal)
  - Prescribing medications without the approval of the resident/attending physician
  - Providing false patient care information when presenting patients to either the program director, preceptor, or other healthcare team member
- Failure to thrive in the residency program
  - Unable to complete projects and patient care responsibilities in a timely manner, affecting the quality of care patients receive
  - Does not take individual responsibility for their work
- If the resident is unable to meet the terms and conditions of the residency program

Requirements for Residency Certificate

- To be granted a certificate, the resident must:
  - Achieve 85% assigned residency objectives as determined by RAC
  - Satisfactorily complete all rotations as determined by RAC
  - Satisfactorily complete all major assignments, projects, and presentations as outlined in the residency notebook/orientation materials
- The Residency Advisory Committee (RAC) may consider extenuating circumstances in deciding whether or not to grant a residency certificate to an individual.
- Residents who are terminated from employment due to disciplinary action will not receive a residency certificate.
Duty Hours
Prior to July 2013, accredited residency programs were required to follow the duty hour standards of the Accreditation Council for Graduate Medical Education (ACGME). However, effective July 1, 2013, programs are required to comply with the Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standard for Pharmacy Residencies approved in April 2012. The GHS Pharmacy Residency Programs (PGY-1 and PGY-2) adhere to those standards. For the complete regulations, refer to the Duty Hours Appendix in the ASHP Accreditation Standard document. In summary:

- Duty hours are limited to 80-hours per week, averaged over four weeks. Moonlighting, both internal and external, counts toward the weekly limit. In addition, program directors must ensure that external and internal moonlighting does not interfere with the resident's achievement of the program's educational goals and objectives.
- One day in seven free from all patient care and educational obligations, averaged over four weeks.
- Adequate rest between duty periods: Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
- A 16-hour limit on continuous duty time, with an additional period up to two hours permitted for transitions of care or educational activities.
- In-house call no more than once every three nights, averaged over four weeks.

Staffing Obligations
Pharmacy residents will staff every third weekend. The primary function of the pharmacy residency program is education of the resident. The staffing component should serve to enhance the resident’s education and staffing obligations should not compromise the welfare of the resident or patients. The service obligations of the residents should not detract from the primary mission of education. Staffing will follow the Duty Hours requirements as stated above.

Duty Hour Calculation (6/22/15): Assuming an average of 10 hr days M-F and 8 hours of staffing every third weekend and averaging over 4 weeks.

\[
\frac{((10\text{hrs} \times 5 \text{ days}) \times 4 \text{ weeks}) + (8\text{hrs} \times 2 \text{ days for staffing weekend})}{4 \text{ weeks}} = 54 \text{ hrs/week}
\]

22 days on duty out of 30 averages to 1.9 days off every 7 days

Internal Staffing: Extra Shifts/Overtime/“Freelance”
Residents are permitted to pick up extra/overtime shifts beginning in the second half of the year (January through June) under the following conditions:

1. The duty hours restrictions set forth by ASHP are not violated as a result of the extra shift
2. The resident is in good standing with the residency responsibilities
3. The program director (RPD) has authorized the resident to cover the shift
4. The shift does not conflict with a clinical rotation or normally scheduled workday
5. The available shift is in an area the resident is trained to work

Residents do not get overtime-freelance pay, they get pharmacist base pay. A Secondary job code must be completed prior to the overtime shift. The resident may not submit PTO from a rotation in order to pick up an extra shift that same week.
External Employment Policy
The residency program is considered to be the primary employment of each resident. The responsibilities of the resident do not coincide with the normal 9:00 AM to 5:00 PM scheduled forty hour work week. In many instances, odd hours of coverage (i.e. weekends, evenings) are necessary to insure high quality of pharmacy services at Greenville Hospital System. Fluctuations in workload, cross coverage, change of service, unusual service demands or patient loads, on-call, etc, may all dictate the hours of resident service.

External employment, if sought, should be carefully chosen to accommodate variation in service responsibilities to GHS. Working additional hours for GHS is considered outside employment. All outside employment must be approved by the Residency Program Director. Successful completion of the residency program is a function of successful completion of all the program’s requirements, which dictate the primary schedule of the resident. Practice, teaching and service requirements take precedence over scheduling for external employment.
Resident Paid Time Off (PTO)

Paid Time Off (PTO) is compensation for time away from work during regularly scheduled hours. PTO is accrued for the purposes of vacation, holidays, illness, and approved GHS leaves of absence.

Accrual of PTO begins upon hire and is accrued at a rate of 7.69 hours per pay period. Although PTO is accrued at the same rate as hospital employees, it is important to remember that the residency is an educational program. In order to complete all residency requirements, it will be impossible for all accrued PTO to be granted.

Each resident will be approved for up to 15 days of paid time off (PTO) for the entire year, none of which can be taken in the last 2 weeks of the program. These days include all vacation, sick leave, interview days, and meetings beyond required meeting attendance.

If the 15 days of PTO need to be exceeded, the resident may be expected to make these up on weekends through staffing or through extension of the residency program. This will be determined by the RPD in conjunction with RAC.

All PTO requests must be submitted in advance as follows:

- Block PTO requests (greater than 3 scheduled adjacent work days) must be submitted a minimum of 2 months in advance of the date(s) needed for PTO.
- Non-blocked PTO requests (less than or equal to 3 scheduled adjacent work days) must be submitted a minimum of 1 month in advance of date needed for PTO.

Upcoming for August 2018, a new PTO request software will be going live (Qgenda). Training and instructions will be given at an upcoming staff meeting.

Requests for PTO are made using the Resident PTO Request form. All applicable sections of the form must be completed.

- The completed form should first be submitted to the affected rotation preceptor for initial approval. The request may be approved or denied based on the ability to achieve rotation objectives. Vacation days should be limited to a maximum of two days per rotation whenever possible. If more than two PTO days are required, the rotation may need to be extended in order to achieve rotation objectives.
- Once the preceptor has approved and signed the PTO request, the PTO form should be submitted to the residency program director (RPD). The RPD will grant PTO based on clinical coverage, departmental staffing needs, resident precepting requirements, committee responsibilities, and appropriate progress on projects and presentations.
- The residents will be allowed to take a maximum of 40 hours of PTO in one month. Situations that require the resident to be off more than 40 hours in any given month will be reviewed on a case by case basis and may be approved at the discretion of the RPD.

Time off for job/residency interviews must be taken as PTO.

GHS observes seven holidays: New Year’s Day, Martin Luther King Day, Memorial Day, Independence Day (July 4), Labor Day, Thanksgiving Day, and Christmas Day. Residents are required to work one major holiday (Thanksgiving, Christmas, or New Years) and one minor holiday (Martin Luther King, Memorial Day, or Labor Day).

Residents not scheduled to work a holiday may choose to either (1) use PTO if they wish to observe the holiday or (2) come in to work. For holidays that fall on a weekday and the resident
wishes to work, the rotation preceptor should be consulted to see if clinical service coverage is required. The resident may use the extra time as an "office day" only if the rotation preceptor approves.

**Educational/Professional Leave (EDU)**
Educational Leave (EDU) is compensation for time away from work (daily duties) required for residency-related business (for example, attendance at professional meetings). For all EDU leave, a PTO request form should be completed with the reason as "Professional." The same process applies as the PTO process above.

If the EDU leave falls during a period in which the resident is scheduled on call, the preceptor backup is to be notified that he/she will be taking primary call. A plan for primary call handoff shall be discussed at that time.

**Operation Shift Switches**
Residents may trade operational shifts (weekends/holidays) among themselves in order to get time off for a weekend. A PTO request form should be completed in the section "Operations Shift Changes." Both the scheduled resident and covered resident should sign the form.

**Extended Leave**
If the resident needs to be off for an extended period due to a FMLA qualifying event (Refer to GHS FMLA Policy), then an individualized plan will be developed to assure that the residency requirements are successfully met prior to completion of the residency. The extended leave may result in the residency being extended by an equivalent amount of time.
GHS Pharmacy Department
Resident – Leave / Paid Time Off / Operations Shift Change Request

Name: _______________________________  Date Submitted:__________________

Type of Leave Requested:

☐ Professional/EDU Event_________________________________
☐ PTO Reason: Holiday; Vacation; Family/Medical Leave; Jury Duty; Other:__________
☐ Operations/Staffing Shift Changes Only

Dates:
Non-Block Time (list dates requested) _________________________________
Block Time: _______________________ through _______________________

Do these dates include operations shifts?  ☐ Yes (complete below)  ☐ No

<table>
<thead>
<tr>
<th>Date</th>
<th>Shift and Location</th>
<th>Person Scheduled</th>
<th>Person Covering</th>
<th>Coveree’s Signature</th>
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Are you on call?  ☐ No  ☐ Yes -- coverage to switch to ________________________
Are you on a rotation(s):  ☐ Yes (complete below)  ☐ No

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<tr>
<th>Rotation</th>
<th>Date</th>
<th>Preceptor</th>
<th>Preceptor Signature</th>
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Clinical service coverage:  Service________________ Coverage________________

Number of days off rotation/Number of days on rotation = _____/______ (_______ %)

Are you precepting students:  ☐ Yes (complete below)  ☐ No

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<thead>
<tr>
<th>Dates</th>
<th>Student</th>
<th>Service</th>
<th>Coverage Requested</th>
<th>Coverage by</th>
<th>Initials</th>
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Are you on committees that will meet while you are away:  ☐ Yes (complete below)  ☐ No

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<tr>
<th>Date</th>
<th>Committee</th>
<th>Pertinent Pharmacy Issues</th>
<th>Coverage by</th>
<th>Initials</th>
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_________________________           ________________________________     ___________
Employee Signature    RPD approval                      Date
Section 6. Clinical Rotations
ACADEMIA / AMBULATORY CARE ELECTIVE LEARNING EXPERIENCE

Preceptor:
Jennifer N. Clements, Pharm.D., FCCP BCPS, CDE, BCACP
Associate Professor
Coordinator of Postgraduate Education
Department of Pharmacy Practice
Presbyterian College School of Pharmacy
307 North Broad Street
Clinton, South Carolina 29325
Work: 864-938-3879
Cell: 864-567-4847
Email: jclements@presby.edu

Sites:
Presbyterian College School of Pharmacy (academia)
307 North Broad Street
Clinton, South Carolina

Laurens Family Medicine (clinical)
106 Parkview Drive
Laurens, South Carolina

Description:
The academia / ambulatory care learning experience is a four-week clinical rotation, offered at Presbyterian College School of Pharmacy and Laurens Family Medicine. The resident will be able to develop knowledge and skill in various aspects of academia and ambulatory care. The learning experience emphasizes: (1) components of a clinical faculty position (i.e., clinical practice, teaching, scholarship, service); (2) direct patient care of ambulatory patients with a variety of chronic disease states; and (3) role as a practitioner, teacher, researcher, educator, and scholar throughout the learning experience.

In the clinical practice setting, the resident will be expected to gain proficiency through direct patient care experience for common disease including, but not limited to:

- Cardiac rhythm disorders
- Cardiovascular diseases
- Diabetes mellitus
- Dyslipidemia
- Gastrointestinal disorders
- Hypertension
- Musculoskeletal disorders
- Neurologic disorders
- Pain management
- Psychiatric disorders
- Pulmonary diseases
- Renal diseases
- Venous thromboembolism

Goals/Objectives:
Topic discussions and planned activities will help the resident develop knowledge, skills, and abilities in clinical practice and the academic setting. During the learning experience, the resident will focus on the goals and objectives outlined below by performing activities that are associated with each objective. The resident will gradually assume responsibility for direct patient care and independence for academic activities. The resident must devise efficient strategies for prioritizing and
accomplishing the required activities in four weeks. Achievement of the goals is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and goals/objectives assigned to the learning experience.

The objectives have been selected and will be evaluated during this learning experience. These outcomes, goals, and objectives can be retrieved through PharmAcademic.

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Goals and Objectives</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1 Patient Care</td>
<td><strong>Goal R1.1</strong></td>
<td>In collaboration with 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.</td>
</tr>
<tr>
<td>R1.1.1</td>
<td>(Applying) Interact effectively with health care teams to manage patients’ medication therapy.</td>
<td>Arrange introductions with team members. Plan to assist with pharmacy-specific patient care needs. Organize day to allow for patient care activities with team as priority.</td>
</tr>
<tr>
<td>R1.1.2 R1.1.3</td>
<td>(Applying) Interact effective with patients, family members, and caregivers. (Applying) Collect information on which to base safe and effective medication therapy.</td>
<td>Demonstrate respectful and collaborative community skills. Educate patients, family members, and caregivers on devices and medications. Distinguish appropriate source to gather pertinent patient data. Analyze validity of information presented from different sources to develop a sound therapeutic plan. Examine and maintain patient-specific profiles.</td>
</tr>
<tr>
<td>R1.1.4</td>
<td>(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.</td>
<td>Analyze patient-specific profiles and pertinent clinical data on scheduled basis at clinical practice site. Examine information through direct patient care/interviews.</td>
</tr>
<tr>
<td>R1.1.5 R1.1.7</td>
<td>(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans). (Applying) Document direct patient care activities appropriate in the medical record or where appropriate.</td>
<td>Establish patient-specific therapeutic goals, using national guidelines and other evidence. Determine a patient-centered therapeutic plan, including drug, dose, route, and frequency, with appropriate monitoring parameters. Construct a clear and concise SOAP note, following patient encounters and/or telephone calls with physician co-signature (or routed to physician).</td>
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<tr>
<td>R1.1.8</td>
<td>(Applying) Demonstrate responsibility to patients.</td>
<td>Identify medication-related problems with all patient interactions. Participate in community service project with preceptor.</td>
</tr>
<tr>
<td>R2 Advancing Practice and Improving Patient Care</td>
<td><strong>Goal R2.1</strong></td>
<td>Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.</td>
</tr>
<tr>
<td>R2.1.1</td>
<td>(Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.</td>
<td>Write one new drug review to be distributed to the practice.</td>
</tr>
<tr>
<td>Competency Area</td>
<td>Goal</td>
<td>Objective</td>
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<td>R2.2</td>
<td>Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system</td>
<td>R2.2.5</td>
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<th>Competency Area</th>
<th>Goal</th>
<th>Objective</th>
<th>Task Details</th>
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<tbody>
<tr>
<td>R3.1</td>
<td>Demonstrate leadership skills.</td>
<td>R3.1.1</td>
<td>Applying</td>
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<td>Observe faculty during student interactions that potentially require conflict resolution. Demonstrate leadership skills with students in academic setting. Be a team member with medical providers and nurses in clinical setting.</td>
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<td>R3.1.2</td>
<td>Applying</td>
<td>Apply a process of on-going self-evaluation and personal performance improvement.</td>
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<td>Summarize strengths and areas of improvement for both settings – academia and clinical practice. Evaluate one’s progress with goals and objectives.</td>
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</table>

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Goal</th>
<th>Objective</th>
<th>Task Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>R4.1</td>
<td>Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups),</td>
<td>R4.1.1</td>
<td>Applying</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Create a didactic presentation for faculty members on an educational topic. Create a laboratory session for students within a clinical assessment course.</td>
</tr>
<tr>
<td></td>
<td>R4.1.2</td>
<td>Applying</td>
<td>Use effective presentation and teaching skills to deliver education.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Deliver a didactic presentation to faculty members on an educational topic. Demonstrate effective oral and written communication skills with students. Facilitate small group discussion and laboratory sessions among students.</td>
</tr>
<tr>
<td></td>
<td>R4.1.3</td>
<td>Applying</td>
<td>Use effective written communication to disseminate knowledge.</td>
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<tr>
<td></td>
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<td></td>
<td>Respond to drug information requests from patients, caregivers, health care professionals or the public. Review drug information questions with preceptor prior to responding to requestor. Perform weekly topic discussions with preceptor.</td>
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<tr>
<td></td>
<td>R4.1.4</td>
<td>Applying</td>
<td>Appropriately assess effectiveness of education.</td>
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<td></td>
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<td></td>
<td>Construct assessment questions from didactic presentation. Write a reflection on delivery of didactic presentation.</td>
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</table>

**Preceptor Interaction:**
- On the first day of the learning experience, the resident will receive a monthly calendar of planned activities. The resident will also be given the opportunity to clarify any information in the syllabus and monthly schedule.
- The resident will be evaluated on a weekly basis, but formal evaluations will occur after week 2 and at the end of week 4. If the resident is deficient in a specific area, then the resident may be dismissed from the academic learning evaluation with a poor evaluation. If the resident has concerns regarding his/her performance at any point during the
rotation, he or she has the responsibility to ask the preceptor for assessment. There is no reason for a resident to be
confused or concerned about his or her standing on the academic learning experience.

• The resident will have daily interaction with the preceptor at either practice site, depending on the planned activities.

Communication:
• Daily / As-Needed Meetings: The resident is expected to prioritize activities and projects during these times.
• Email: The resident should utilize email to send electronic copies of activities to the preceptor; the deadline for
activities and projects is 5 pm on the specific day.

Expected Progression:
• Day 1: Preceptor will review learning activities, expectations, and calendar with the resident.
• Week 1: The resident will work specifically with the preceptor daily, model the preceptor’s role as a faculty member,
balancing responsibilities in clinical practice, teaching, scholarship, and service.
• Weeks 2-3: The resident is expected to function 50% of time as an independent faculty member, balancing
responsibilities in clinical practice, teaching, scholarship, and service.
• Week 4: The resident is expected to function 100% of time faculty member, balancing responsibilities in clinical
practice, teaching, scholarship, and service.

Evaluation Strategy:
• PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the
resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and
preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of
the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic
following this discussion.
• Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an
overall generalized evaluation of performance.
• Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point
of the experience. Specific, criteria based comments should be included to provide the resident with information they
can use to improve performance in the remaining time spent in the learning experience.
• Summative evaluations: These evaluations summarize the resident’s performance after the experience. Specific,
criteria based comments should be included to provide the resident with information they can use to improve
performance in subsequent learning experiences.

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Description</th>
<th>Who</th>
<th>When</th>
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<tbody>
<tr>
<td>Formative</td>
<td>Snapshot of objectives</td>
<td>Preceptor</td>
<td>End of Week 2</td>
</tr>
<tr>
<td>Formative Self-evaluation</td>
<td>Snapshot of objectives</td>
<td>Resident</td>
<td>End of Week 2</td>
</tr>
<tr>
<td>Formative</td>
<td>Snapshot of objectives</td>
<td>Preceptor</td>
<td>End of Week 4</td>
</tr>
<tr>
<td>Formative Self-evaluation</td>
<td>Snapshot of objectives</td>
<td>Resident</td>
<td>End of Week 4</td>
</tr>
<tr>
<td>Summative</td>
<td>Snapshot of objectives</td>
<td>Preceptor</td>
<td>End of Week 4</td>
</tr>
<tr>
<td>Summative Self-evaluation</td>
<td></td>
<td>Resident</td>
<td>End of Week 4</td>
</tr>
<tr>
<td>Preceptor/Experience Evaluation</td>
<td></td>
<td>Resident</td>
<td>End of Week 4</td>
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</tbody>
</table>
**Antimicrobial Stewardship Program PGY-1 Rotation Goals and Objectives**

**Rotation Description:**
The Adult Antimicrobial Stewardship Program (ASP) rotation is a one month clinical rotation, offered year round by the GHS Department of Pharmacy Services. The GHS Antimicrobial Stewardship Program focuses on providing optimal antimicrobial therapy for all patients at GHS. Appropriate pharmacotherapy of infectious diseases is stressed. The major goal for the resident is to learn principles of antimicrobial therapy that can be applied to any future practice area. To facilitate the learning process, the resident should identify a few personal educational goals related to antimicrobial stewardship one week prior to the rotation beginning.

**Preceptor:**
Carmen M. Faulkner-Fennell, PharmD, BCPS (AQ-ID)
Clinical Pharmacy Specialist, Antimicrobial Stewardship Program
Phone: (864) 455-3738
Pager: Telmediq® for HIPPA Compliant Patient Communication
Email: cfaulkner@ghs.org

**Disease States/Patient Populations Exposed To:**
The Adult Antimicrobial Stewardship rotation primarily deals with an inpatient population suffering from infectious diseases. Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience including, but not limited to:

- Antimicrobial susceptibility testing and interpretation
- Principles of antimicrobial stewardship
- Meningitis/Encephalitis
- Bacteremia/Endocarditis
- Catheter related infections
- Respiratory infections
- Febrile neutropenia
- Fungal infections
- Viral infections
- Urinary tract infections
- Intra-abdominal infections
- *Clostridium difficile* infections

The resident is expected to understand the pharmacotherapy related to any disease states encountered on rotation within this setting. The preceptor is available for consultation and topic discussions through the communication methods outlined below. Resident learning is predicated not only on the above responsibilities but upon acceptance of personal responsibilities and dedication to direct patient care and project management.

**Rotation Goals & Objectives (See RLS objectives associated with below RLS goals):**
The goals selected to be taught and evaluated during this learning experience include:

**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.
  - Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
  - Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
  - Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
  - Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
  - Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
  - Objective R1.1.8: (Applying) Demonstrate responsibility to patients.
  - Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.
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 R2.1.4: (Applying) Participate in medication event reporting and monitoring.
  - Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.
  - Objective R2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.

**Rotation Activities:**
The activities assigned to this rotation reflect the activities that an antimicrobial stewardship pharmacist is expected to perform. These activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience. Differentiations in levels of involvement of students compared to residents will be indicated in parentheses beside the activity.

<table>
<thead>
<tr>
<th>Activity</th>
<th>RLS Objectives Covered</th>
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<tbody>
<tr>
<td>• Attend and participate in all required meetings with and topic discussion with preceptor and other personnel (Residents and Students)</td>
<td>R1.1.1</td>
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<tr>
<td>• Active participation/interaction in Antimicrobial Stewardship Rounds and with other allied health professionals (Students and Residents)</td>
<td>R1.1.3</td>
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<td>• Prioritize patient care responsibilities with regard to time management with other rotation and outside the rotation responsibilities. (Students &amp; Residents)</td>
<td>R1.1.4</td>
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<td>• Triage, research, and respond to drug information questions from the healthcare team in regards to patient care. (Residents)</td>
<td>R1.1.5</td>
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<td>• Identify, evaluate, and interpret medical literature when responding to pharmacotherapy/drug information inquiries. (Residents)</td>
<td>R1.1.6</td>
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<tr>
<td>• Accurately gather, organize, and analyze patient specific information for those identified as needing AST review utilizing AST reports and lists as available in EPIC. Discuss antimicrobial stewardship-related problems and interventions with preceptor daily. (Students &amp; Residents)</td>
<td>R1.1.7</td>
</tr>
<tr>
<td>• Obtain information from medical record including laboratory data, diagnostic tests, vital signs, physician's orders, progress notes, and consult notes. (Students &amp; Residents)</td>
<td>R1.1.8</td>
</tr>
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<td>• Demonstrate respect for patients, patient family members and other health care professionals. (Students &amp; Residents)</td>
<td>R1.2.1</td>
</tr>
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<td>• Show assertiveness and independence by undertaking self-directed responsibilities and articulating personal viewpoint. (Students &amp; Residents)</td>
<td>R2.1.3</td>
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<td>• Participate in any preparations required for Board of Pharmacy, DHEC, or Joint Commission visits as needed. (Students &amp; Residents)</td>
<td>R2.1.4</td>
</tr>
<tr>
<td>• Participate in additional departmental quality improvement projects, including MUE, formulary reviews, etc. as assigned. (Residents)</td>
<td>R1.1.1</td>
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<td>• Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs (Resident)</td>
<td>R1.1.3</td>
</tr>
<tr>
<td>• Prepare and present an agenda item at a bi-monthly Antimicrobial Subcommittee Meeting as opportunities are available (Students and Residents)</td>
<td>R1.1.4</td>
</tr>
<tr>
<td>• Attend and actively participate by asking questions in student clinical pearl presentations (Students &amp; Residents)</td>
<td>R1.1.5</td>
</tr>
<tr>
<td>• Provide in-service education to physicians, nurses, pharmacists and other health care practitioners when available (Residents)</td>
<td>R1.1.6</td>
</tr>
<tr>
<td>• Analyze the patient medical record / medication profiles to address any antimicrobial stewardship interventions that are needed (Students and Residents)</td>
<td>R1.1.7</td>
</tr>
<tr>
<td>• Design, recommend, monitor, and re-evaluate patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine (Students and Residents – residents are more independent in recommendations)</td>
<td>R1.1.8</td>
</tr>
<tr>
<td>• Actively provide recommendations to clinicians with preceptor direction during ASP</td>
<td>R2.1.1</td>
</tr>
</tbody>
</table>
- Assess the appropriateness of the patient's antimicrobial regimen based on indications for use, MOA, safety, efficacy, accessibility, cost and compliance. (Students & Residents)
- Document direct patient-care activities appropriately in EPIC and the patient's medical record via Antimicrobial Stewardship iVents and progress notes as needed (Residents)
- Attend the Antimicrobial Subcommittee meeting or the Infection Prevention meeting (which ever meets during the rotation month) (Residents and Students)
- Attend and participate when opportunities available any other ASP related meetings as deemed a valuable learning experience by the preceptor
- Attend at least one ASP committee meeting at a GHS facility as available
- Write one Antimicrobial Stewardship Corner ~250 word articles for the monthly Medical Staff Times newsletter
- Complete the assigned facility associated C.diff case reviews for the GMH campus and other campuses as assigned
- Other: projects deemed valuable by the preceptor (MUE, data collection for ongoing projects, formal drug information question write-up, formulary reviews for Antimicrobial Subcommittee and P & T, 20-30 minute in-service to a medical team and/or pharmacy staff, (Residents are assigned 1-3 other projects based on size and scope and Students are assigned 1 other project)
- Actively participate in ASP topic discussions with preceptor (Students & Residents)
- Attend resident and student journal clubs as available and be prepared to ask questions. It is expected that articles are read prior to the presentations (Residents)
- Lead assigned topic discussions when students on rotation (Residents)
- Supervise/oversee/co-precept students as needed (Residents)

Preceptor Interaction:
- On the first day of rotation or prior, the resident will receive dates/times for specific meetings/discussions have been scheduled and/or preceptor is not available.
- All meetings, including topic discussions, must be scheduled with preceptor in advance via Outlook Calendar requests.
- Preceptor will schedule midpoint and final evaluations
- Patient care questions can be discussed with the preceptor on a scheduled and PRN basis

Communication:
- Daily/PRN meetings: Residents are expected to prioritize questions/projects to discuss during these times
- Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday)
- Office phone: Appropriate for non-urgent questions
- Pager: Residents to page preceptor for urgent / emergency situations pertaining to patient care.
- Personal phone number: Provided to resident at time of learning experience for emergency issues and other communication as discussed with the preceptor. Any texts regarding patient information should be sent via Telmediq.

Expected Progression of Resident Responsibility on Rotation:
(Length of time spent in each phase will be customized based upon resident's abilities and timing of learning experience during the training year)

- **Day 1:** Preceptor will review learning activities, expectations, assignments, and important dates with resident. Outlook will be utilized appropriately to schedule time with the preceptor.
- **Week 1:** Resident will be responsible for reviewing the positive blood culture list, the stewardship navigator patients, and begin the retrospective reviews of the facility associated C.diff cases on the GMH campus. The urine culture list and other patient lists will be added to the resident review as proficiency is demonstrated. Preceptor will define expectations for presentations, projects and assignments, and attend ASP rounds as available with the resident, and model/facilitate pharmacist's role in the setting of ASP.
• **Week 2 – Week 4:** Resident is expected to work independently on rotation learning activities, be responsible for reviewing the ASP lists as assigned, provide pharmacotherapy recommendations serving as the primary pharmacist on the ASP, and be prepared for all topic and patient discussions. The preceptor will no longer attend ASP rounds, but will facilitate the resident as the primary ASP pharmacist. The resident will schedule times/rooms for all topic discussions the week prior to the discussion.

**Code of Conduct:**
- All projects, monographs, etc. completed for the rotation will be submitted to the preceptor in an editable format
- Deadlines for all projects and assignments will be discussed and set by the resident and preceptor. Residents should seek feedback **PRIOR** to the due date at a **minimum of 2 working days for the preceptor**
- Mobile phones are permitted for professional use while rounding, during meetings, etc, however social texting, social media, shopping, etc are not permitted. Place phones on silent or vibrate when in meetings

**Evaluation Strategy:**
- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- **Formative evaluations:** These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- **Midpoint evaluations:** These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- **Summative evaluations:** These evaluations summarize the resident’s performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Description</th>
<th>Who</th>
<th>When</th>
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</thead>
<tbody>
<tr>
<td>Formative + Formative Self</td>
<td>Projects and Assignments</td>
<td>Preceptor &amp; Resident</td>
<td>Throughout the project process</td>
</tr>
<tr>
<td>Formative + Formative Self</td>
<td>Presentations</td>
<td>Preceptor &amp; Resident</td>
<td>Following presentations</td>
</tr>
<tr>
<td>Summative + Summative Self</td>
<td>Midpoint Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of week 2</td>
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<tr>
<td>Summative + Summative Self</td>
<td>Final Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of learning experience</td>
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<tr>
<td>Preceptor, Learning Experience</td>
<td>Preceptor, Learning Experience</td>
<td>Resident</td>
<td>End of learning experience</td>
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</table>
Resident Goals and Objectives for the Cardiology Experience

Preceptor       John Howard, PharmD, BCPS       Sarah Bush
Office          (864) 455.1328                  (864) 455.7965
Pager           (864) 455.9500, mailbox 5021    (864) 455.9500, mailbox 5013
E-mail          jhoward@ghs.org                sbush@ghs.org

Rotation Description:
The Cardiology Teaching Service (MTS) rotation is a calendar month acute care clinical rotation, offered year round by the GHS Department of Pharmacy Services. Time will be spent with the Cardiology Teaching Service (CTS) and Cardiovascular Surgery Service.

The CTS service consists of a cardiology teaching service team. The team consist of a cardiologist attending, (2) upper level medicine residents, and a PharmD. It may also include: interns (a 1st year medical resident) and/or medical student(s). This team directly admits and provides cardiovascular consult services for inpatients on all units with multiple medical problems not limited to the heart.

The Cardiovascular Surgery/Pulmonary Service is a multi-disciplinary service comprised of a pulmonary/critical care board certified attending physician, respiratory therapist, nurse practitioner and clinical pharmacy specialist. This team provides management for postoperative cardiovascular or thoracic surgery patients in a 20-bed CVICU, post-operative patients on the floor, and select private pulmonary patients. The GHS Heart Institute performs more than 4,000 cardiovascular surgeries per year including aneurysm repairs, coronary artery bypass grafting, valve repair/replacement, MAZE procedures, and surgical ventricle restoration.

Disease States/Patient Populations Exposed To:
The Cardiology Experience covers a diverse population of adult and geriatric patients. Disease states encountered may include (but are not limited to): Acute Coronary Syndromes, Anticoagulation, Aortic Dissection and Aneurysm, Aortic Stenosis, Arrhythmias (Atrial & Ventricular), Post-operative Atrial Fibrillation, Blood Conservation, Cerebrovascular Disease, Coronary Artery Bypass Grafting, Coronary Artery Disease, Dyslipidemia, Heart Failure, Hypertension, Peripheral Arterial Disease, Valvular Heart Disease, and Venous Thromboembolism

Rotation Goals & Objectives (See RLS objectives associated with below RLS goals):
The goals selected to be taught and evaluated during this learning experience include:

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.
  - Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.
  - Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
  - Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
  - Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

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

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

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

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

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 R2.1.4: (Applying) Participate in medication event reporting and monitoring.

Rotation Activities:
The activities assigned to this rotation reflect the expected activities a pharmacist working in a multidisciplinary rounding service environment performs. The cardiology experience resident, clinical pharmacy specialist, attending physician, and medical residents work collaboratively to provide the highest level of care. These activities also help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience. Differentiations in levels of involvement of students compared to residents will be indicated in parentheses beside the activity.
<table>
<thead>
<tr>
<th>Task</th>
<th>R1.1.1</th>
<th>R1.1.2</th>
<th>R1.1.3</th>
<th>R1.1.4</th>
<th>R1.1.5</th>
<th>R1.1.6</th>
<th>R1.1.7</th>
<th>R1.1.8</th>
<th>R1.2.1</th>
<th>R2.1.4</th>
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<tbody>
<tr>
<td>Participate in daily independent patient care rounds. (Students &amp;</td>
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<td>Ensure continuity of care upon admission, transferred to different</td>
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<td>levels of care throughout the medical center by communicating</td>
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<td>outgoing plans and follow-up to the covering PharmD. (Residents)</td>
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<td>Prioritize patient care responsibilities with regard to time</td>
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<td>management with other responsibilities. (Students &amp; Residents)</td>
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<td>Triage, research, and respond to drug information questions from the</td>
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<td>healthcare team in regards to patient care. (Residents)</td>
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<td>Identify, evaluate, and interpret medical literature when</td>
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<td>responding to pharmacotherapy/drug information inquiries. (Residents)</td>
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<td>Accurately gather, organize, and analyze patient specific</td>
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<td>information on assigned patients prior to rounds. Discuss</td>
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<td>medication-related problems with preceptor daily. (Students &amp;</td>
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<td>Obtain information from medical record including laboratory data,</td>
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<td>diagnostic tests, vital signs, physician’s orders, progress notes,</td>
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<td>and consult notes. (Students &amp; Residents)</td>
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<td>Make appropriate recommendations to adhere to Core Measures for</td>
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<td>acute myocardial infarction, heart failure, pneumonia, and</td>
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<td>surgical care improvement/ surgical infection prevention. (Students</td>
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<td>Demonstrate respect for patients and other health care</td>
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<td>Participate in any Joint Commission preparations (Students &amp;</td>
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<td>Participate in any audits for Board of Pharmacy, DHEC, or Joint</td>
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<td>Participate in additional departmental projects, including MUE,</td>
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<td>etc. as the need arises. (Resident)</td>
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<td>Appropriately and accurately determines, investigates, reports,</td>
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<td>Perform medication reconciliation in concordance with hospital</td>
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<td>standard procedures when appropriate. (Students and Residents)</td>
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<td>Provide and document education when indicated to patients for</td>
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<td>hospital or discharge medications. (Students &amp; Residents)</td>
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<td>Give one (1) 5-minute presentation (with handout/pocketcard) to the</td>
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<td>request. (Students &amp; Residents)</td>
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<td>Provide and document therapeutic drug monitoring services for</td>
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<td>patients receiving drugs requiring monitoring including, but not</td>
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<td>limited to, aminoglycosides and vancomycin. (Students &amp; Residents)</td>
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<td>Assess the appropriateness of the patient’s medication regimen</td>
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<td>cost and compliance. (Students &amp; Residents)</td>
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<td>Evaluate patient medication regimens for appropriate use of</td>
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<td>Prepare and deliver one (1) journal club presentation to clinical</td>
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<td>staff and students. (Students &amp; Residents)</td>
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</table>
• Perform and schedule weekly topic discussions with preceptor. (Students & Residents)
• Lead weekly topic discussions when student is on rotation. (Residents)
• Supervise/oversee/co-precept students as needed. (Residents)

Preceptor Interaction:
The student and resident will have daily interaction with the preceptor and participate in CTS rounds, generally 0830-1200 daily. Students and residents may also attend various morning reports, noon conferences, and grand rounds as topics apply to the rotation objectives. They should also anticipate that each afternoon will be set aside for topic discussions, patient review, and independent completion of longitudinal projects/assignments.

Communication:
• Daily/PRN meetings: Residents are expected to prioritize questions and problems to discuss during these times
• Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday)
• Office phone: Appropriate for increasingly urgent questions, such as patient care issues or other time-sensitive problems
• Pager & personal phone number: Residents are to page/call the preceptor ONLY for urgent situations in which an immediate response is needed and preceptor is NOT answering office phone. The preceptor’s personal phone should also be utilized for on-call questions that arise after hours.

Expected Progression of Resident Responsibility on Rotation:
*Length of time spent in each phase will be customized based upon resident’s abilities and timing of learning experience during the training year*

• Day 1: The preceptor will review learning activities, expectations, and calendar with resident.
• Week 1: The resident is expected to work up all assigned patients. The preceptor will attend rounds with the resident, modeling the pharmacist’s role on the rounding team.
• Weeks 2-4: The resident is expected to work independently on rotation learning activities and have daily patient discussions with the preceptor.

Evaluation Strategy:
• PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
• Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
• Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
• Summative evaluations: These evaluations summarize the resident’s performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.
<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Description</th>
<th>Who</th>
<th>When</th>
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<tbody>
<tr>
<td>Formative + Formative Self</td>
<td>Journal Club Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>Following journal club presentation</td>
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<tr>
<td>Summative + Summative Self</td>
<td>Midpoint Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of week 2</td>
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<tr>
<td>Summative + Summative Self</td>
<td>Final Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of learning experience</td>
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<tr>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Resident</td>
<td>End of learning experience</td>
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Resident Goals and Objectives for Pulmonary Critical Care ICU

Preceptor:
Douglas L. Furmanek, PharmD, BCPS
Clinical Pharmacy Specialist, Critical Care
Phone: (864) 455-4912
E-mail: dfurmanek@ghs.org

Rotation Description:
The Pulmonary Critical Care ICU clinical rotation is an introductory experience designed to give pharmacy residents an opportunity to provide pharmaceutical care to critically ill patients at Greenville Memorial Hospital. The resident will design, monitor, and evaluate evidence-based patient-specific therapies for medical ICU patients. The resident will also provide drug information and in-services to medical residents/students, as well as participate in daily pharmacotherapy topic discussions and critical care journal clubs.

Disease States/Patient Populations Exposed To:
- Acidosis/alkalosis
- Acute renal failure/CRRT
- Acute respiratory distress syndrome (ARDS)
- Adrenal insufficiency
- Anemia of critical illness
- Appropriate use of antibiotics and antifungal agents
- Contrast-induced nephropathy
- Delirium/agitation and sedation/analgesia in critically ill patients
- DVT/PE prophylaxis
- Fluid and electrolytes
- Hemodynamic monitoring and mechanical ventilation
- Inotropes/vasopressors
- Intensive insulin therapy
- Neuromuscular blockade
- Nosocomial/ventilator associated pneumonia
- Parenteral and enteral nutrition
- Sepsis and other shock states
- Stress ulcer prophylaxis and upper gastrointestinal bleed
- Various other patient-specific topics

Rotation Goals & Objectives

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
- Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers
- Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy
- Objective R1.1.4: (Analyzing) Analyze and assess information to base safe and effective medication therapy
- Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
- Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
- Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the EMR or where appropriate
- Objective R1.1.8: (Applying) Demonstrate responsibility to patients

Goal R1.2: Ensure continuity of care during patient transitions between care settings.
- Objective R1.2.1: (Applying) Manage transitions of care effectively

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
- Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.
Rotation Activities:
The activities assigned to this rotation reflect the activities a pharmacist working in the Medical ICU environment are expected to perform. These activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience. Differentiations in levels of involvement of students compared to residents will be indicated in parentheses beside the activity.

<table>
<thead>
<tr>
<th>Activities</th>
<th>RLS Objectives Covered</th>
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<tbody>
<tr>
<td>• Active participation/interaction in daily ICU rounds and with other allied health professionals (Students and Residents)</td>
<td>R1.1.1, R1.1.2, R1.1.3, R1.1.4</td>
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<tr>
<td>• Provide pharmacotherapy recommendations and drug information to the team (Residents)</td>
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<td>• Develop and maintain an effective and comprehensive patient monitoring form to identify potential pharmacotherapy interventions (Students and Residents)</td>
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<td>• Analyze the patient medical record / medication profiles to address any specific adjustments to disease state or drug – drug interactions (students and Residents)</td>
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<tr>
<td>• Design, recommend, monitor, and re-evaluate patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine (Students and Residents – residents are more independent in recommendations)</td>
<td>R1.1.5, R1.1.6, R1.1.7, R1.1.8, R1.2.1</td>
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<td>• Document direct patient-care activities appropriately in Pharmacy One Source and the patient’s medical record (Residents)</td>
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<td>• Ensure continuity of care as patients are admitted to the ICU and are transferred to different levels of care throughout the medical center by communicating outgoing plans and follow up to the covering service PharmD (Residents)</td>
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<tr>
<td>• Participate in medical emergencies – respond to CODE situations (Residents)</td>
<td>R1.1.5</td>
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Preceptor Interaction:
• On the first day of rotation, the resident will receive a calendar of dates/times for specific meetings/discussions have been scheduled and/or preceptor is not available.
• All meetings, including journal clubs and topic discussions, must be scheduled with preceptor in advance via Outlook Calendar requests
• Preceptor will schedule midpoint and final evaluations

Communication:
• Daily/PRN meetings: Residents are expected to be prepared to discuss patients or topics during these times
• Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday)
• Office phone: Appropriate for non-urgent questions
• Pager: Residents to page preceptor for urgent / emergency situations pertaining to patient care
• Personal phone number: Provided to resident at time of learning experience for emergency issues or on-call questions that arise after hours
Expected Progression of Resident Responsibility on Rotation:
(Length of time spent in each phase will be customized based upon resident's abilities and timing of learning experience during the training year)

- Day 1: Preceptor will review learning activities, expectations, and calendar with resident
- Week 1: Resident will be responsible for beginning work-up on 50% of census patients and begin presenting to preceptor daily. Preceptor will define expectations for presentations, attend and participate in team rounds with resident, and model pharmacist's role on the health care team.
- Week 2: Resident will be responsible for beginning work-up on 100% of census patients and presenting to preceptor daily or participating in assigned topic discussions. The preceptor will no longer attend rounds DAILY, but will check in on rounds 3 X a week to support the resident as the pharmacist on the team.
- Week 3 – Week 4: Resident is expected to work independently on rotation learning activities, be responsible for all patients admitted to the service, provide pharmacotherapy recommendations serving as the primary pharmacist on the ICU team, and be prepared for all topic and patient discussions. The preceptor will no longer attend rounds, but will facilitate the resident as the pharmacist on the team.

Evaluation Strategy:
- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- Summative evaluations: These evaluations summarize the resident's performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

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Resident Goals and Objectives for PGY-1 Cardiovascular Surgery Rotation

Preceptor:
Sarah Bush, PharmD, BCPS
Office: (864) 455-7965
Pager: (864) 455-9500, mailbox 5013
E-mail: sbush@ghs.org

Rotation Description:
The Cardiovascular Surgery Rotation is an elective, four-week clinical rotation, offered year round by the GHS Department of Pharmacy Services. The Cardiovascular Surgery/Pulmonary Service is a multi-disciplinary service comprised of a pulmonary/critical care board certified attending physician, respiratory therapist, nurse practitioner and clinical pharmacy specialist. This team provides management for postoperative cardiovascular or thoracic surgery patients in a 20-bed CVICU, post-operative patients on the floor, and select private pulmonary patients. The GHS Heart Institute performs more than 4,000 cardiovascular surgeries per year including aneurysm repairs, coronary artery bypass grafting, valve repair/replacement, MAZE procedures, and surgical ventricle restoration. The critical care resident, clinical pharmacy specialist, and attending physician work collaboratively with the cardiovascular surgeons to provide the highest level of post-operative care.

The clinical pharmacy specialist of the team is responsible for ensuring safe and effective medication use for all patients admitted to the service, including active participation in attending rounds daily; collaboration with staff pharmacists to assure timely medication availability; and education of patients and their family members, education of physicians and nurses.

The pharmacy resident is responsible for identifying and resolving medication therapy issues for patients and will work toward assuming care of all patients on the service throughout the learning experience.

Disease States/Patient Populations Exposed To:
Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience including, but not limited to:

- Stress ulcer prophylaxis
- Acidosis/alkalosis
- Acute renal failure/continuous renal replacement
- Delirium/agitation/sedation/analgesia in critically ill patients
- DVT/PE prophylaxis
- Intensive insulin therapy
- Fluid and electrolytes
- Mechanical ventilation
- Parenteral and enteral nutrition
- Cardiac arrhythmias
- Coronary artery bypass grafting
- Cardiogenic shock
- Hypovolemic/hemorrhagic shock
- Blood conservation strategies
- Cardiopulmonary bypass/cardioplegia
- Heart transplantation
- Aortic dissection, aortic aneurysm
- Mitral valve disease
- Aortic valve disease
• Left ventricular assist devices
• Intra-aortic balloon pump
• Contrast-induced nephropathy
• Pericardial tamponade and pericarditis
• Pulmonary edema/congestive heart failure exacerbations

Rotation Goals & Objectives

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
• Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers
• Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy
• Objective R1.1.4: (Analyzing) Analyze and assess information to base safe and effective medication therapy
• Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
• Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
• Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the EMR or where appropriate
• Objective R1.1.8: (Applying) Demonstrate responsibility to patients

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

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

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

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

Rotation Activities:
The activities assigned to this rotation reflect the activities a pharmacist working in a critical care environment are expected to perform. These activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience. Differentiations in levels of involvement of students compared to residents will be indicated in parentheses beside the activity.

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<thead>
<tr>
<th>Activities</th>
<th>RLS Objectives Covered</th>
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<tbody>
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<td>• Active participation/interaction in daily ICU rounds and with other allied health professionals (Students and Residents)</td>
<td>R1.1.1, R1.1.2, R1.1.3, R1.1.4</td>
</tr>
<tr>
<td>• Provide pharmacotherapy recommendations and drug information to the team (Residents)</td>
<td></td>
</tr>
<tr>
<td>• Develop and maintain an effective and comprehensive patient monitoring form to identify potential pharmacotherapy interventions (Students and Residents)</td>
<td></td>
</tr>
<tr>
<td>• Analyze the patient medical record / medication profiles to address any specific adjustments to disease state or drug – drug interactions (students and Residents)</td>
<td></td>
</tr>
<tr>
<td>• Design, recommend, monitor, and re-evaluate patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine (Students and Residents – residents are more independent in recommendations)</td>
<td>R1.1.5, R1.1.6, R1.1.7, R1.1.8, R1.2.1</td>
</tr>
<tr>
<td>• Document direct patient-care activities appropriately in Pharmacy One Source and</td>
<td></td>
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</tbody>
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Last Update 6/16/15
the patient's medical record (Residents)

- Ensure continuity of care as patients are admitted to the ICU and are transferred to different levels of care throughout the medical center by communicating outgoing plans and follow up to the covering service PharmD (Residents)
- Participate in medical emergencies – respond to CODE situations (Residents) R1.1.5

**Preceptor Interaction:**

- On the first day of rotation, the resident will receive a calendar of dates/times for specific meetings/discussions have been scheduled and/or preceptor is not available.
- All meetings, including journal clubs and topic discussions, must be scheduled with preceptor in advance via Outlook Calendar requests.
- Preceptor will schedule midpoint and final evaluations.

**Communication:**

- Daily/PRN meetings: Residents are expected to be prepared to discuss patients or topics during these times.
- Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday).
- Office phone: Appropriate for non-urgent questions.
- Pager: Residents to page preceptor for urgent / emergency situations pertaining to patient care.
- Personal phone number: Provided to resident at time of learning experience for emergency issues or on-call questions that arise after hours.

**Expected Progression of Resident Responsibility on Rotation:**

*Length of time spent in each phase will be customized based upon resident’s abilities and timing of learning experience during the training year*

- **Day 1:** Preceptor will review learning activities, expectations, and calendar with resident.
- **Week 1:** Resident will be responsible for beginning work-up on 50% of census patients and begin presenting to preceptor daily. Preceptor will define expectations for presentations, attend and participate in team rounds with resident, and model pharmacist’s role on the health care team.
- **Week 2:** Resident will be responsible for beginning work-up on 100% of census patients and presenting to preceptor daily or participating in assigned topic discussions. The preceptor will no longer attend rounds DAILY, but will check in on rounds 3 X a week to support the resident as the pharmacist on the team.
- **Week 3 – Week 4:** Resident is expected to work independently on rotation learning activities, be responsible for all patients admitted to the service, provide pharmacotherapy recommendations serving as the primary pharmacist on the ICU team, and be prepared for all topic and patient discussions. The preceptor will no longer attend rounds, but will facilitate the resident as the pharmacist on the team.

**Evaluation Strategy:**

- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- **Formative evaluations:** These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- **Midpoint evaluations:** These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- **Summative evaluations**: These evaluations summarize the resident’s performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

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<td>Resident</td>
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Goals and Objectives for PGY-1 Surgery Trauma ICU Rotation

Preceptor:
Kimberly Clark, PharmD
Clinical Pharmacy Specialist, Critical Care
Phone: (864) 455-7033
Pager: (864) 455-9500 ext. 5024
Email: kbclark@ghs.org

Rotation Description:
Throughout the critical care clinical rotation, the resident will have the opportunity to provide pharmaceutical care to critically ill patients on the Surgery Critical Care Teaching Service (SCCTS) at Greenville Memorial Hospital. The SCCTS is a multidisciplinary team consisting of a general surgery/critical care board certified attending physician, an upper-level surgical resident, a surgical intern, a pharmacist, and a respiratory therapist. The SCCTS is often consulted to manage neurosurgical, general surgery, trauma, and vascular patients who require intubation. In addition to the above patient populations, a variety of other medicine ICU patient disease states will be encountered while on the rotation.

Preceptor Responsibilities:
- Serve as a role model in the provision of pharmaceutical care
- Augment the resident’s current understanding of commonly encountered ICU disease states
- Help establish an evidence-based approach to the provision of pharmacotherapy to critically ill patients
- Strengthen the resident’s written and verbal communication skills
- Provide prompt and effective feedback to ensure a valuable learning experience

Disease States / Population Exposed:
Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience including, but not limited to:

- Blood conservation
- Coagulopathies
- Colloid/crystalloid resuscitation
- Damage control surgery
- Deep vein thromboembolism prophylaxis in trauma
- Glucose control
- Hypertensive crisis
- Ileus and fistulas
- Necrotizing fasciitis
- Neurogenic shock
- Neuroleptic malignant syndrome
- Neuromuscular blockade and bispectral index
- Opioid tolerance, withdrawal, and addiction
- Organ donation
- Pain and sedation management
- Pancreatitis and cholecystitis
- Peripheral nerve stimulators
- Pneumothorax, hemothorax, and chest tubes
- Spinal cord injury
- Status epilepticus and other seizures
- Substance abuse/ETOH withdrawal
- Surgical prophylaxis & wound infections
- Syndrome of inappropriate anti-diuretic hormone, diabetes insipidus, and cerebral salt-wasting
- Trauma work-up & ICU scoring systems
- Traumatic brain injury and closed head injuries (intracerebral, subdural, and subarachnoid hemorrhages)
- Ventriculostomies
- Various other patient-specific topics

The resident is expected to understand the pharmacotherapy related to any disease states encountered on rotation within this setting. The preceptor will be available for consultation and topic discussions. Resident learning is predicated not only on the above responsibilities but upon acceptance of personal responsibilities and dedication to direct patient care and team service.
Rotation Goals/Objectives (See RLS objectives associated with below RLS goals):
The goals selected to be taught and evaluated during this learning experience include:

**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.
  - Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.
  - Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
  - Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
  - Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
  - Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans).
  - Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
  - Objective R1.1.8: (Applying) Demonstrate responsibility to patients.
- Goal R1.2: Ensure continuity of care during patient transitions between care settings.
  - Objective R1.2.1: (Applying) Manage transitions of care effectively.

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

**Rotation Activities:**
The activities assigned to this rotation reflect the activities a pharmacist working in an ICU environment are expected to perform. These activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience.

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<tr>
<td>• Document direct patient-care activities appropriately in Pharmacy One Source and the patient's medical record</td>
<td>R1.1.7, R2.1.4</td>
</tr>
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<td>• Ensure continuity of care as patients are admitted to the ICU and are transferred to different levels of care throughout the medical center by communicating outgoing plans and follow up to the covering service PharmD</td>
<td>R1.1.1, R1.1.8, R1.2.1</td>
</tr>
<tr>
<td>• Prepare and deliver one journal club presentation to clinical staff and students</td>
<td>R1.1.1</td>
</tr>
<tr>
<td>• Attend and actively participate in student journal clubs and presentations</td>
<td></td>
</tr>
<tr>
<td>• Provide in-service education to physicians, nurses, and other health care practitioners</td>
<td></td>
</tr>
<tr>
<td>• Perform weekly topic discussions with preceptor</td>
<td></td>
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<tr>
<td>• Lead weekly topic discussions when requested by preceptor</td>
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<tr>
<td>• Participation in MUE/ICU process improvement when applicable</td>
<td></td>
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</tbody>
</table>
• Manage time effectively to fulfill practice responsibilities – cover all required service patients, be prompt and prepared for all patient / topic discussions, complete all assignments

Preceptor Interaction:
• On the first day of rotation, the resident will receive a calendar of dates/times for specific meetings/discussions/evaluations that have been scheduled and/or dates/times preceptor is not available
• Preceptor will be available most mornings to discuss patient interventions
• Preceptor will be available most afternoons for patient presentations and topic discussions

Communication:
• Daily/PRN meetings: Residents are expected to be prepared to discuss patients or topics during these times
• Email: Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday). Preferred for non-urgent issues and questions.
• Office phone: Appropriate for non-urgent questions
• Personal phone number: Provided to resident at time of learning experience for urgent / emergency situations pertaining to patient care or on-call questions that arise after hours

Expected Progression of Resident Responsibility on Rotation:
(Length of time spent in each phase will be customized based upon resident’s abilities and timing of learning experience during the training year)
• Day 1: Preceptor will review learning activities, expectations, and calendar with resident
• Week 1: Resident will be responsible for beginning work-up on all census patients and begin presenting to preceptor daily. Preceptor will define expectations for presentations, attend and participate in team rounds with resident, and model pharmacist’s role on the health care team.
• Week 2 – Week 4: Resident is expected to work independently on rotation learning activities, be responsible for all patients admitted to the service, provide pharmacotherapy recommendations serving as the primary pharmacist on the ICU team, and be prepared for all topic and patient discussions. The preceptor will no longer attend rounds, but will facilitate the resident as the pharmacist on the team.

Evaluation Strategy:
• PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
• Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
• Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
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<td>In-service Evaluation</td>
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<td>Formative + Formative Self</td>
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</table>
Resident Goals and Objectives for Neurocritical Care Rotation

Preceptor:
Michael J. Wagner, PharmD
Clinical Pharmacy Specialist, Critical Care
Phone: (864) 455-5176
E-mail: mwagner6@ghs.org

Rotation Description:
The Neurocritical Care service at Greenville Memorial Hospital is a multi-disciplinary teaching service consisting of neurointensivists, nurse practitioners, a clinical pharmacy specialist, and medical students/interns/residents. This clinical rotation will provide exposure to various neurological disease states including acute ischemic stroke, intracerebral hemorrhage, status epilepticus, meningitis, intracranial hypertension, toxic encephalopathy, cerebral venous sinus thrombosis, and neuromuscular emergencies. Residents will be responsible for designing and monitoring drug regimens for these critically ill patients. Other services provided by the resident may include researching drug information for the team as requested, pharmacokinetic evaluation / dosing, and patient education as needed.

Disease States/Patient Populations Exposed To:
- Acidosis/alkalosis
- Acute renal failure/CRRT
- Adrenal insufficiency
- Anemia of critical illness
- Appropriate use of antibiotics and antifungal agents
- Contrast-induced nephropathy
- Delirium/agitation and sedation/analgesia in critically ill patients
- DVT/PE prophylaxis
- Fluid and electrolytes
- Hemorrhagic stroke
- Hemodynamic monitoring and mechanical ventilation
- Hypertensive Crisis
- Inotropes/vasopressors
- Intensive insulin therapy
- Ischemic Stroke
- Myasthenia Gravis
- Neuromuscular blockade
- Neuroleptic malignant syndrome
- Nosocomial/ventilator associated pneumonia
- Parenteral and enteral nutrition
- Sepsis and other shock states
- Status Epilepticus and other seizures
- Stress ulcer prophylaxis and upper gastrointestinal bleed
- Syndrome of inappropriate anti-diuretic hormone, diabetes insipidus, and cerebral salt-wasting
- Various other patient-specific topics

Rotation Goals & Objectives

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
- Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers
- Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy
- Objective R1.1.4: (Analyzing) Analyze and assess information to base safe and effective medication therapy
- Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
- Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
- Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the EMR or where appropriate
- Objective R1.1.8: (Applying) Demonstrate responsibility to patients
Goal R1.2: Ensure continuity of care during patient transitions between care settings.
- Objective R1.2.1: (Applying) Manage transitions of care effectively

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
- Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.

Rotation Activities:
The activities assigned to this rotation reflect the activities a pharmacist working in the Medical/Neurological ICU environment are expected to perform. These activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience. Differentiations in levels of involvement of students compared to residents will be indicated in parentheses beside the activity.

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<td>• Design, recommend, monitor, and re-evaluate patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine (Students and Residents – residents are more independent in recommendations)</td>
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<td>• Participate in medical emergencies – respond to CODE situations (Residents)</td>
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Preceptor Interaction:
- On the first day of rotation, the resident will receive a calendar of dates/times for specific meetings/discussions have been scheduled and/or preceptor is not available.
- All meetings, including journal clubs and topic discussions, must be scheduled with preceptor in advance via Outlook Calendar requests
- Preceptor will schedule midpoint and final evaluations

Communication:
- Daily/PRN meetings: Residents are expected to be prepared to discuss patients or topics during these times
- Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday)
- Office phone: Appropriate for non-urgent questions

Last Update 5/16/15
- Pager: Residents to page preceptor for urgent / emergency situations pertaining to patient care
- Personal phone number: Provided to resident at time of learning experience for emergency issues or on-call questions that arise after hours

**Expected Progression of Resident Responsibility on Rotation:**

*(Length of time spent in each phase will be customized based upon resident's abilities and timing of learning experience during the training year)*

- **Day 1:** Preceptor will review learning activities, expectations, and calendar with resident
- **Week 1:** Resident will be responsible for beginning work-up on all census patients and begin presenting to preceptor daily. Preceptor will define expectations for presentations, attend and participate in team rounds with resident, and model pharmacist's role on the health care team.
- **Week 2 – Week 3:** Resident is expected to work independently on rotation learning activities, be responsible for all patients admitted to the service, provide pharmacotherapy recommendations serving as the primary pharmacist on the ICU team, and be prepared for all topic and patient discussions. The preceptor will no longer attend rounds DAILY, but will check in on rounds 3 X a week to support the resident as the pharmacist on the team.
- **Week 4:** Resident is expected to work independently on rotation learning activities, be responsible for all patients admitted to the service, provide pharmacotherapy recommendations serving as the primary pharmacist on the ICU team, and be prepared for all topic and patient discussions. The preceptor will no longer attend rounds, but will facilitate the resident as the pharmacist on the team.

**Evaluation Strategy:**

- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- **Formative evaluations:** These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
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Resident Goals and Objectives for Drug Information Rotation

Preceptor:
Lucy Crosby, PharmD, BCPS
Office: (864) 455-7948
Pager: (864) 455-9500, mailbox 5012
E-mail: lcrosby@ghs.org

Rotation Description:
The Drug Information Service is a four-week clinical rotation, offered year round by the GHS Department of Pharmacy Services. The resident will be able to identify and appropriately utilize tertiary, secondary, and primary resources when researching and answering drug information requests from various health care professionals. Special emphasis will be placed on (1) critically analyzing available literature, (2) communicating a comprehensive, accurate, and unbiased response, and (3) providing education to health care professionals.

Disease States/Patient Populations Exposed To:
Drug information requests may pertain to a diverse range of patient ages (adults and pediatrics) and disease states, including (but not limited to): Alzheimer's disease, asthma, cancer, COPD, diabetes, heart disease, HIV/AIDS, hypertension, influenza/pneumonia, kidney disease, liver disease, metabolic syndrome, obesity, Parkinson's disease, septicemia, stroke

Rotation Goals & Objectives (See RLS objectives associated with below RLS goals):
The goals selected to be taught and evaluated during this learning experience include:

**Competency Area R1: Patient Care**
- Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.
  - Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

**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.
  - Objective R2.1.2 (Applying) Participate in a medication-use evaluation.
  - Objective R2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.
  - Objective R2.1.4: (Applying) Participate in medication event reporting and monitoring.
- 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.
  - Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.
  - Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.
  - Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.
  - Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.
  - Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.

**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 R4.1.3: (Applying) Use effective written communication to disseminate knowledge.
Rotation Activities:
The activities assigned to this rotation reflect the activities a pharmacist working in the drug information environment are expected to perform. These activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience.

<table>
<thead>
<tr>
<th>Activity</th>
<th>RLS Objectives Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Triage, research, and respond to daily drug information requests from patients, caregivers, health care professionals or the public</td>
<td></td>
</tr>
<tr>
<td>• Review all drug information questions with preceptor prior to responding to requestor</td>
<td></td>
</tr>
<tr>
<td>R4.1.3</td>
<td></td>
</tr>
<tr>
<td>• Attend at least one Pharmacy and Therapeutics (P&amp;T) Committee meeting (once monthly, TBA)</td>
<td></td>
</tr>
<tr>
<td>• Write 1 formulary drug evaluation (monograph/class review) for presentation at Pharmacy &amp; Therapeutics Committee (P&amp;T) meeting</td>
<td></td>
</tr>
<tr>
<td>• Present formulary drug evaluation to P&amp;T Committee</td>
<td></td>
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<tr>
<td>• Record minutes at 1 P&amp;T Committee meeting</td>
<td></td>
</tr>
<tr>
<td>• Write a newsletter article summarizing P&amp;T Committee proceedings for the Medical Staff Times and/or Pharmacy Department</td>
<td></td>
</tr>
<tr>
<td>• Edit online formulary (LexiComp) to reflect recent formulary changes</td>
<td></td>
</tr>
<tr>
<td>R1.3.2</td>
<td></td>
</tr>
<tr>
<td>R2.1.1</td>
<td></td>
</tr>
<tr>
<td>R2.1.3</td>
<td></td>
</tr>
<tr>
<td>R2.2.5</td>
<td></td>
</tr>
<tr>
<td>R4.1.3</td>
<td></td>
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<tr>
<td>• Design and implement a Medication Use Evaluation (MUE)</td>
<td></td>
</tr>
<tr>
<td>• Participate in additional departmental projects, including MUE, Prohibited Abbreviation Audits, etc. as the need arises</td>
<td></td>
</tr>
<tr>
<td>R2.1.2</td>
<td></td>
</tr>
<tr>
<td>R2.1.3</td>
<td></td>
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<tr>
<td>R2.2.1</td>
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<tr>
<td>R2.2.2</td>
<td></td>
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<tr>
<td>R2.2.3</td>
<td></td>
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<tr>
<td>R2.2.4</td>
<td></td>
</tr>
<tr>
<td>R2.2.5</td>
<td></td>
</tr>
<tr>
<td>• Prepare and deliver one journal club presentation to clinical staff, residents, and students</td>
<td></td>
</tr>
<tr>
<td>• Attend and actively participate in student journal clubs and presentations</td>
<td></td>
</tr>
<tr>
<td>R4.1.3</td>
<td></td>
</tr>
<tr>
<td>• Perform weekly topic discussions with preceptor</td>
<td></td>
</tr>
<tr>
<td>• Lead weekly topic discussions when students on rotation</td>
<td></td>
</tr>
<tr>
<td>R4.1.3</td>
<td></td>
</tr>
<tr>
<td>• Participate in medication event reporting and monitoring</td>
<td>2.1.4</td>
</tr>
</tbody>
</table>

Preceptor Interaction:
• On the first day of rotation, the resident will receive a calendar of dates/times when committee meetings have been scheduled and/or preceptor is not available.
• All meetings, including journal clubs and topic discussions, must be scheduled with preceptor in advance via Outlook Calendar requests
• Preceptor will schedule midpoint and final evaluations
• Drug information question reviews can be discussed with the preceptor on a PRN basis

Communication:
• Daily/PRN meetings: Residents are expected to prioritize questions/projects to discuss during these times
• Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday)
- Office phone: Appropriate for increasingly urgent questions, such as patient care issues or other time-sensitive drug information requests
- Pager & personal phone number: Residents are to page/call the preceptor ONLY for urgent situations in which an immediate response is needed and preceptor is NOT answering office phone. The preceptor's personal phone should also be utilized for on-call questions that arise after hours.

**Expected Progression of Resident Responsibility on Rotation:**
*(Length of time spent in each phase will be customized based upon resident's abilities and timing of learning experience during the training year)*

- Day 1: Preceptor will review learning activities, expectations, and calendar with resident
- Week 1: Resident is expected to schedule times/rooms for all topic discussions and journal clubs
- Weeks 1-3: Resident is expected to work independently on rotation learning activities and have preceptor approve ALL drug information requests prior to responses being given to requestor
- Week 4: Resident may respond to drug information requests after verbal approval given by preceptor (Written documentation is expected but not required before question check-off).

**Evaluation Strategy:**
- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- Summative evaluations: These evaluations summarize the resident's performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

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<tr>
<th>Evaluation Type</th>
<th>Description</th>
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<tr>
<td>Formative + Formative Self</td>
<td>Journal Club Evaluation</td>
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</tr>
<tr>
<td>Summative + Summative Self</td>
<td>Midpoint Evaluation</td>
<td>Preceptor &amp; Resident</td>
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<tr>
<td>Summative + Summative Self</td>
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<td>Preceptor &amp; Resident</td>
<td>End of learning experience</td>
</tr>
<tr>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Resident</td>
<td>End of learning experience</td>
</tr>
</tbody>
</table>
Resident Goals and Objectives for Emergency Medicine Rotation

Preceptor:
Charles Darling, PharmD, BCPS
Office: (864) 455-1601
Cell: (334) 319-2154
E-mail: cdarling@ghs.org

Rotation Description:
The Emergency Medicine rotation is a four-week clinical rotation, offered year round by the GHS Department of Pharmacy services. The resident will have an opportunity to provide pharmaceutical care to a wide range of patients from those with minor injuries to the critically ill at the Greenville Memorial Medical Campus. This rotation will expose the resident to the essential roles of the pharmacist in the Emergency Trauma Center; including optimization of medication use through interaction with the Emergency Medicine team, order review, drug therapy monitoring, participation in high-risk procedures, monitoring use of high-risk medications, medication preparation and dispensing, providing of drug information and obtaining medication histories.

Disease States/Patient Populations Exposed To:
Emergency medicine presents a wide variety of disease states including (but not limited to): acidosis/alkalosis, acute agitation, acute coronary syndrome, acute respiratory failure, acute renal failure, animal bites, anticoagulation reversal, burns, empiric management of infectious diseases, fluid and electrolyte abnormalities, headaches, hypertensive crisis, DKA/HHS, rapid sequence intubation, septicemia, shock, status epilepticus, stroke, toxicology and trauma

Rotation Goals & Objectives (See RLS objectives associated with below RLS goals):
The goals selected to be taught and evaluated during this learning experience include:

**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
  - **Objective R1.1.2:** (Applying) Interact effectively with patients, family members, and caregivers
  - **Objective R1.1.3:** (Analyzing) Collect information on which to base safe and effective medication therapy
  - **Objective R1.1.4:** (Analyzing) Analyze and assess information on which to base safe and effective medication therapy
  - **Objective R1.1.5:** (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
  - **Objective R1.1.6:** (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
  - **Objective R1.1.7:** (Applying) Document direct patient care activities appropriately in the medical record or where appropriate
  - **Objective R1.1.8:** (Applying) Demonstrate responsibility to patients
- **Goal R1.2:** Ensure continuity of care during patient transitions between care settings
  - **Objective R1.2.1:** (Applying) Manage transitions of care effectively

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

Rotation Activities:
The activities assigned to this rotation reflect the activities a pharmacist working in the drug information environment are expected to perform. These activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience.
**Preceptor Interaction:**
- On the first day of rotation, the resident will receive a calendar of dates/times when meetings and topic discussions have been scheduled and/or preceptor is not available.
- All meetings (including journal clubs) must be scheduled with preceptor in advance via Outlook Calendar requests.
- Preceptor will schedule midpoint and final evaluations.
- The resident will meet with the preceptor daily to review assigned patients and address any drug information questions that arise throughout the day.

**Communication:**
- **Daily/PRN meetings:** Residents are expected to prioritize patients issues to discuss during these times.
- **Email:** Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday).
- **Office phone:** Appropriate for increasingly urgent questions, such as patient care issues or other time-sensitive drug information requests.
- **Pager & personal phone number:** Residents are to page/call the preceptor ONLY for urgent situations in which an immediate response is needed and preceptor is NOT answering office phone. The preceptor's personal phone should also be utilized for on-call questions that arise after hours.

**Expected Progression of Resident Responsibility on Rotation:**
*(Length of time spent in each phase will be customized based upon resident’s abilities and timing of learning experience during the training year)*
- **Day 1:** Preceptor will review learning activities, expectations, and calendar with resident.
- **Week 1:** Resident is expected to schedule times/rooms for any meetings and journal clubs.
- **Weeks 1-2:** Resident is expected to work independently on rotation learning activities and have preceptor approve ALL recommendations to be offered to physicians.
- **Week 3-4:** If deemed able, the resident will continue to work independently and provide recommendations without prior approval of preceptor.

**Activity** | **RLS Objectives Covered**
--- | ---
- Attend and participate in all medical and surgical emergencies including cardiac arrest, strokes, traumas and rapid sequence intubation | R1.1.1
- Obtain medication histories | R1.1.2
- Participate in all clinical pharmacy consults including antibiotic selection and dosing, anticoagulation management and toxicology | R1.1.3
- Evaluate drug therapy for assigned patients and make recommendations to optimize outcomes in the areas of drug selection, dosing and indications for use. | R1.1.8
- Identify, prevent and resolve drug related problems | |
- Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients and health care providers | |
- Review patients’ profile (including PMH, FH, SH, laboratory values, medication history) to determine effective and appropriate pharmacotherapy to assigned patients | R1.1.4
- Document direct patient-care activities appropriately in Pharmacy OneSource | R1.1.7
- Provide in-service education to physicians, nurses, and other practitioners | R1.1.1
- Review discharge prescriptions for appropriateness and completeness | R1.1.5
- Provide discharge medication education | R1.1.8
- Determine if patients will need prior authorization prior to dispensing | R2.1.1
- Participate in medication event reporting and monitoring | R2.1.4
**Evaluation Strategy:**

- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- Summative evaluations: These evaluations summarize the resident’s performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

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<td>Journal Club Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>Following journal club presentation</td>
</tr>
<tr>
<td>Formative + Formative Self</td>
<td>In-service Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>Following In-service presentation</td>
</tr>
<tr>
<td>Summative + Summative Self</td>
<td>Midpoint Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of week 2</td>
</tr>
<tr>
<td>Summative + Summative Self</td>
<td>Final Evaluation</td>
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<tr>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Resident</td>
<td>End of learning experience</td>
</tr>
</tbody>
</table>
Resident Goals and Objectives for Family Medicine Elective

Preceptor:
Alyson Ghizzoni, PharmD
Office: (864) 455-1310
Pager: (864) 455-9500, mailbox 5080
E-mail: aghizzoni@ghs.org

Rotation Description:
Family Medicine is a four week elective rotation with the Family Medicine Teaching Service. The Family Medicine Teaching Service (FTMS) consists of an attending physician, clinical pharmacist, medical residents, interns, and students and serves the acute medical needs of patients during hospitalization. The Center for Family Medicine (CFM) provides follow-up for both acute hospitalizations and chronic disease state management within the outpatient setting.

The pharmacy resident is responsible for identifying and resolving medication therapy issues for patients and will work toward assuming care of all patients on the service throughout the learning experience. The resident will participate daily in morning report and teaching rounds, write pharmacokinetic and therapeutic consult notes as necessary, provide drug information services for the healthcare team, and participate in topic discussions/journal clubs. The resident will be responsible for providing and documenting education to discharge patients on their team, and will have the opportunity to gain experience in ambulatory care through pharmacy case management and transition of care at the CFM. Topics commonly encountered and/or discussed throughout the rotation will include both internal medicine and ambulatory care based topics.

Disease States/Patient Population Exposed To:
Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience including, but not limited to:

- Cardiovascular disorders: hypertension, heart failure, stroke, hyperlipidemia, atrial fibrillation
- Respiratory disorders: asthma, COPD
- Gastrointestinal disorders: GERD, PUD, pancreatitis, hepatitis, cirrhosis
- Endocrinologic disorders: diabetes Type I and II, thyroid disorders, DKA
- Renal disorders: acute/chronic renal failure fluid/electrolyte disorder, acid/base disorders
- Infectious diseases: UTI, pneumonia, endocarditis, skin and soft tissue infections, bone and joint infections, sepsis
- Neurological disorders: seizures, epilepsy, pain, dementia

Rotation Goals & Objectives (See RLS objectives associated with below RLS goals):
The goals selected to be taught and evaluated during this learning experience include:

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.
  - Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.
  - Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
  - Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
  - Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
  - Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

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

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

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

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 R2.1.4: (Applying) Participate in medication event reporting and monitoring.

Rotation Activities:
The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to be able to perform. These activities were also selected to help you work toward achieving specific objectives which in turn will help you achieve the goals assigned to the learning experience. There is not usually one discrete activity assigned to help achieve an objective and/or goal. The table below demonstrates the relationship between the activities the resident will perform and the goal/objectives assigned to the learning experience. Differentiations in levels of involvement of students compared to residents will be indicated in the parentheses beside the activity.

<table>
<thead>
<tr>
<th>Activity</th>
<th>RLS Objectives Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in daily rounds with medical team (Students &amp; Residents)</td>
<td>R1.1.1</td>
</tr>
<tr>
<td>Ensure continuity of care upon admission, transferred to different levels of care throughout the medical center by communicating outgoing plans and follow-up to the covering PharmD. (Residents)</td>
<td>R1.1.2 R1.1.3 R1.1.4</td>
</tr>
<tr>
<td>Involved in transition of care including discharge medication counseling on all discharge medication and follow-up clinic visits. (Students &amp; Residents)</td>
<td>R1.1.5 R1.1.6</td>
</tr>
<tr>
<td>Prioritize patient care responsibilities with regard to time management with other responsibilities. (Students &amp; Residents)</td>
<td>R1.1.7 R1.1.8</td>
</tr>
<tr>
<td>Triage, research, and respond to drug information questions from the healthcare team in regards to patient care. (Residents)</td>
<td>R1.2.1 R2.1.4</td>
</tr>
<tr>
<td>Identify, evaluate, and interpret medical literature when responding to pharmacotherapy/drug information inquiries. (Residents)</td>
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</tr>
<tr>
<td>Accurately gather, organize, and analyze patient specific information on assigned patients prior to rounds. Discuss medication-related problems with preceptor daily. (Students &amp; Residents)</td>
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</tr>
<tr>
<td>Obtain information from medical record including laboratory data, diagnostic tests, vital signs, physician’s orders, progress notes, and consult notes. (Students &amp; Residents)</td>
<td></td>
</tr>
<tr>
<td>Make appropriate recommendations to adhere to Core Measures for acute myocardial infarction, heart failure, pneumonia, and surgical care improvement/ surgical infection prevention. (Students &amp; Residents)</td>
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</tr>
<tr>
<td>Demonstrate respect for patients and other health care professionals. (Students &amp; Residents)</td>
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<tr>
<td>Show assertiveness and independence by undertaking self-directed responsibilities and articulating personal viewpoint. (Students &amp; Residents)</td>
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<tr>
<td>Participate in any Joint Commission preparations (Students &amp; Residents)</td>
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<tr>
<td>Participate in any audits for Board of Pharmacy, DHEC, or Joint Commission. (Students &amp; Residents)</td>
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</tr>
<tr>
<td>Participate in additional departmental projects, including MUE, etc. as the need arises. (Resident)</td>
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</tr>
<tr>
<td>Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs</td>
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<tr>
<td>Give one (1) – 15 minute presentation with handout (pocket card) to medical team</td>
<td>R1.1.3</td>
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</tbody>
</table>
- Provide and document therapeutic drug monitoring services for patients receiving drugs requiring monitoring including, but not limited to, aminoglycosides and vancomycin. (Students & Residents)
- Assess the appropriateness of the patient's medication regimen based on indications for use, MOA, safety, efficacy, accessibility, cost and compliance. (Students & Residents)
- Evaluate patient medication regimens for appropriate use of antibiotics. (Students & Residents)
- Provide and document education to assigned patients discharged from the hospital on discharge medications and anticoagulants. (Students & Residents)

<table>
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<tr>
<th>R1.1.4</th>
<th>R1.1.5</th>
<th>R1.1.6</th>
<th>R1.1.7</th>
<th>R1.1.8</th>
<th>R1.2.1</th>
<th>R2.1.4</th>
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- Prepare and deliver one (1) journal club presentation to clinical staff and students. (Students & Residents)
- Perform and schedule weekly topic discussions with preceptor. (Students & Residents)
- Lead weekly topic discussions when student is on rotation (Residents)
- Supervise/oversee/co-precept students as needed (grade worksheet assignments, book reviews, etc) (Residents)

**Preceptor Interaction:**
- Prior to the first day of rotation the preceptor will discuss with the resident the syllabus, expectations, and objectives for the resident during the month rotation.
- On day one, the resident will be provided with a calendar for the resident and preceptor to complete together to determine dates for topic discussions and presentations. Topics discussions will be left up to the resident's interests.
- All meetings, including journal clubs and topic discussions, must be scheduled with the preceptor in advance via Outlook Calendar requests.
- Preceptor will schedule midpoint and final evaluations.

**Communication:**
- Daily/PRN meetings: Residents are expected to prioritize questions or problems to discuss with preceptor during these times
- Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday)
- Office Phone: Appropriate for increasingly urgent questions, such as patient care issues or other time-sensitive issues.
- Pager & personal phone number: Residents are to page/call the preceptor ONLY for urgent situations in which an immediate response is needed and preceptor is NOT answering office phone. The preceptor's personal phone should also be utilized for on-call questions that arise after hours.

**Expected Progression of Resident Responsibilities on Rotation:**
(Length of time spent in each phase will be customized based upon resident’s abilities and timing of learning experience during the training year)
- Day 1: Preceptor will review learning activities, expectations, and calendar with resident
- Week 1: Resident is expected to schedule times/rooms for all topic discussions, journal club, and presentations
- Week 2-4: Resident is expected to increase independence with the medical team regarding patient care and outpatient involvement as resident’s comfort level increases throughout the month.

**Evaluation Strategy:**
PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and
The preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.

- **Formative evaluations:** These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- **Midpoint evaluations:** These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- **Summative evaluations:** These evaluations summarize the resident's performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

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<td>Midpoint Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of week 2</td>
</tr>
<tr>
<td>Formative + Formative Self</td>
<td>Medical Team Presentation Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>Following medical team presentation</td>
</tr>
<tr>
<td>Summative + Summative Self</td>
<td>Final Evaluation</td>
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<td>Resident</td>
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Resident Goals and Objectives for Pediatric Intensive Care Rotation

Preceptor:
Heather Hughes, PharmD
Office: (864) 455-3733
Cell: (864) 906-3291
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1. **General Rotation Description:**
   This rotation will provide the resident with exposure to care of the general pediatric inpatient. This one-month experience is designed to develop the resident's knowledge and skills in the pharmaceutical care of pediatric patients, with specific focus on the application of supportive care principles to this population. Participation in the multidisciplinary team approach to the care of the pediatric patient will offer the resident experience in: designing and recommending therapeutic regimens, application of pharmacokinetic principles, healthcare team interaction, patient and family education, and provision of drug information to other members of the health care team.

2. **Disease States:**
   Potential disease states that the resident will be exposed to on this rotation include (but are not limited to):
   - Asthma
   - Cystic Fibrosis
   - Meningitis/Encephalitis
   - Pneumonia
   - Reflux
   - Appendicitis
   - Skin and soft tissue infections
   - Influenza
   - Pediatric nutrition
   - Bacteremia
   - Diabetes

   The resident will acquire knowledge about the pediatric disease states through reading key articles and actively participating in topic discussions. After a brief introductory period, the resident will be responsible for all of the patients on the ward team. The PGY1 resident must make patient care a top priority, and they must develop effective strategies for accomplishing this task.

3. **Goals and Objectives to be taught and formally evaluated:**

<table>
<thead>
<tr>
<th>Competency Area R1</th>
<th>Goals and Objectives</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal R1.1</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Objective R1.1.1</td>
<td>(Applying) Interact effectively with health care teams to manage patients' medication therapy.</td>
<td>1. Arrange for introduction to all team members on the first day of rotation 2. Place priority on the delivery of patient-centered care to patients</td>
</tr>
</tbody>
</table>

Last Update 06/15/2015
| Objective R1.1.2 | (Applying) Interact effectively with patients, family members, and caregivers. | 1. As appropriate, establish collaborative professional pharmacist-patient caregiver/patient relationships  
2. Establish appropriate pharmacist-caregiver relationships (i.e. nursing staff, PT, RT, etc) |
|-----------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Objective R1.1.3| (Analyzing) Collect information on which to base safe and effective medication therapy. | 1. Distinguish appropriate source to gather pertinent patient information (i.e. electronic medical chart, physical chart, family members)  
2. Analyze the validity of information gathered from different sources  
3. Maintain patient specific profiles for all patients |
| Objective R1.1.4| (Analyzing) Analyze and assess information on which to base safe and effective medication therapy. | 1. Analyze patient specific information on a daily basis  
2. Analyze the appropriateness of each medication dose in mg/kg (if appropriate)  
3. Actively engage in patient rounds, and be prepared to answer any pharmacy related questions |
| Objective R1.1.5| (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans). | 1. Specify therapeutic goals for a patient incorporating the principles of evidence-based medicine |
| Objective R1.1.6| (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions. | 1. Develop sound recommendations for therapeutic changes to the medical team  
2. Accurately assess the patient's progress toward the goal  
3. Follow-up on any recommendations and/or any laboratory results |
| Objective R1.1.7| (Applying) Document direct patient care activities appropriately in the medical record or where appropriate. | 1. Appropriately select direct patient-care activities for documentation  
2. Use effective communication skills when documenting |
| Objective R1.1.8| (Applying) Demonstrate responsibility to patients. | 1. Make patient care top priority  
2. Attend daily rounds (9am-12pm, can vary) |
| **Goal R1.2** | Ensure continuity of care during patient transitions between care settings. | 1. Communicate effectively with members of the health care team  
2. Communicate any ongoing patient care needs, therapeutic plans, etc |

Last Update 06/15/2015
5. **Preceptor Interaction:**
   - On the first day of rotation, the resident will receive a calendar of dates/times when committee meetings have been scheduled and/or preceptor is not available.
   - Patient case reviews will be discussed with the preceptor daily following the completion of rounds.
   - All meetings, including journal clubs and topic discussions, must be scheduled with preceptor in advance via Outlook Calendar requests.
   - Preceptor will schedule midpoint and final evaluations.

6. **Communication:**
   - Daily/PRN meetings: Residents are expected to prioritize questions/projects to discuss during these times.
   - Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday).
   - Office phone: Appropriate for increasingly urgent questions, such as patient care issues or other time-sensitive drug information requests.
   - Cell phone number: Residents are to text/call the preceptor for urgent situations in which an immediate response is needed and preceptor is not answering office phone. The preceptor's personal phone should also be utilized for on-call questions that arise after hours and/or on the preceptor's scheduled day off.

7. **Expected Progression of Resident Responsibility on Rotation:**
   **(Length of time spent in each phase will be customized based upon resident's abilities and timing of learning experience during the training year)**
   - Day 1: Preceptor will review learning activities, expectations, and calendar with resident.
   - Weeks 1: Resident to work up the majority of the team's patients and discuss problems with the preceptor daily. Preceptor will be available on rounds to familiarize resident with patients as well as clinical protocols.
   - Weeks 2-4: Resident to assume responsibility for the entire service, continuing to discuss problems with the preceptor daily. Preceptor will no longer attend daily rounds, but will continue to facilitate the resident as the pharmacist on the team.

8. **Evaluation Strategy:**
   - Resitrak will be used for documenting scheduled evaluations. For ALL evaluations in Resitrak, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in Resitrak following this discussion.
   - Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
• Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.

• Summative evaluations: These evaluations summarize the resident’s performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Snapshot</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative + Formative Self</td>
<td>R1.4.1</td>
<td>Preceptor &amp; Resident</td>
<td>End of week 2 and 4</td>
</tr>
<tr>
<td>Summative + Summative Self</td>
<td></td>
<td>Preceptor &amp; Resident</td>
<td>End of week 2</td>
</tr>
<tr>
<td>Summative + Summative Self</td>
<td></td>
<td>Preceptor &amp; Resident</td>
<td>End of week 4</td>
</tr>
<tr>
<td>Preceptor, Learning Experience Evaluation</td>
<td></td>
<td>Resident</td>
<td>End of week 4</td>
</tr>
</tbody>
</table>
Hematologic Malignancies/Adult Oncology Rotation Syllabus

Preceptor
Christopher Campen
Clinical Pharmacist Hematologic Malignancies/Stem Cell Transplant
Greenville Health System
Department of Pharmacy
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Rotation Description
The Hematologic Malignancies/Adult Oncology rotation is an elective option for PGY-1 residents. This rotation involves the provision of direct pharmaceutical care to patients with a variety of hematologic malignancies including, but not limited to, leukemia, lymphoma, and multiple myeloma. Based on patient census and the interest of the resident, bone marrow transplant and/or solid tumor pharmacotherapy may be included. The resident will obtain knowledge and experience as it relates to the general principles of oncology pharmacy practice, including oncologic supportive care issues.

Rotation Activities
Patient Care
The resident will be expected to provide direct pharmaceutical care for patients on the service through the daily attendance of multidisciplinary rounds, formulation of drug therapy recommendations, and the provision of other drug information as it arises. Assessment of the resident’s ability to appropriately provide pharmaceutical care will be based on specific activities including:

- Building a patient-specific database via computer, chart, rounds, and patient/caregiver input.
- Specifying therapeutic goals for cancer patients.
- Preparing a disease-state and medication-related problem list.
- Designing and modifying patient-specific pharmacotherapeutic regimens.
- Formulating monitoring strategies for the pharmacotherapeutic plan.
- Recommending or communicating the therapeutic plan.
- Determine the presence of medication therapy problems in a cancer patient’s medication regimen.
- Redesigning or modifying pharmacotherapeutic regimens based on evaluation of monitoring data.
- Identify side effect of chemotherapeutic drugs.
- Providing concise, applicable, and timely responses to requests for drug information from caregivers and/or patients.
- Assess the effectiveness of drug information recommendations.
The resident will also be evaluated on his/her ability to work harmoniously with others on the multidisciplinary team, his/her dedication to patient care, and acceptance of responsibility for his/her own work.

**Evaluations**

Residents will be evaluated using the standard evaluation form for their residency program. Self and site evaluations should be completed by the resident at the appropriate predetermined time points.

- Residents will provide topics discussions that are of pertinent interest during the rotation in order to facilitate areas of learning that arise during rounds. The resident will also be oriented as to the oncology floors, the role of a clinical pharmacist on a hematological malignancy/stem cell transplant service and clinical research duties of the pharmacist.
- Midpoint evaluations will be completed about halfway through the 4 week rotations. The evaluation will be based on the current progress of the resident on service and the completion of their goals during the rotations.
- The final evaluation will be completed at the end of the 4 week rotation period. The focus will be to evaluate the resident’s growth as a pharmacist in the oncology setting among other healthcare providers.

**Topic Discussions**

A schedule of topic discussions will be prepared at the start of the rotation. The resident should be prepared to conduct and lead approximately two topic discussions per week. Suggested readings will be provided, although residents are responsible for performing their own literature searches as necessary for discussions and/or rounds. Topics may include, but not be limited to the following, as the residents background and/or interests permit:

**Required reviews**
- Neutropenic fever
- Tumor lysis syndrome
- Hypercalcemia of malignancy
- Chemotherapy-induced nausea and vomiting/GI toxicities
- Pain management
- Acute leukemia
- Introduction to Stem Cell Transplant

**Optional reviews dependent upon interests of resident**
- Chronic leukemias
- Non-Hodgkin’s lymphoma
- Hodgkin’s lymphoma
- Multiple myeloma
- Principles of chemotherapy
- Breast Cancer
- Colorectal Cancer
- Lung Cancer
The resident will be expected to understand the epidemiology, etiology and risk factors, pathophysiology, clinical presentation, prognosis, and treatments as they relate to the above listed topics.

**Inservice/Project**
The resident will be required to present one inservice to nursing, pharmacy, or the medical team. Alternatively, a specific project may be completed for the education of nursing, pharmacy, and/or medical team.

**Conferences**
All residents will be required to attend the Section of BMT Patient Review Conference held on Tuesdays at 3:30 pm. Tumor board occurs every Thursday at 7:00 am and is optional based on the interests of the resident.

**Cases/Discussions**
The resident will at a minimum be required to present patient cases once a week. The resident will be required to discuss at a minimum 1 disease state or supportive care topic a week.

**Other Activities**
There are optional opportunities to round with the solid tumor multidisciplinary services. There are also ample opportunities to work on case related projects for future studies and/or publications and participate in medical use evaluation of oncology drugs administered in the inpatient setting.

**References**
Articles provided during the rotation are used as a foundation for learning about hematology and transplant related topics. The reading materials will be provided during rotation for core and accessory topic discussions. Certain article readings will be required early in the rotation to have an understanding of inpatient hematology patient care.
Resident References

Neutropenic Fever
   www.nccn.org

Oncologic Emergencies: Tumor Lysis Syndrome / Hypercalcemia

Chemotherapy-Induced Nausea and Vomiting

Acute Leukemias

Introduction to Transplant
1. To be supplied
Adult Infectious Diseases Consult Service PGY-1 Rotation Goals and Objectives

Rotation Description:
The Adult Infectious Diseases Consult Service is a four-week clinical rotation, offered year round by the GHS Department of Pharmacy Services. Pharmacotherapy of infectious diseases is stressed. The major goal for the resident is to learn principles of antibiotic therapy that can be applied to any future practice area. Tailoring individual learning goals is an important aspect. To facilitate the learning process, the resident should identify a few personal educational goals one week prior to the rotation beginning.

Preceptor:
Carmen M. Faulkner-Fennell, PharmD, BCPS (AQ-ID)
Clinical Pharmacy Specialist, Infectious Diseases
Phone: (864) 455-3738
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Disease States/Patient Populations Exposed To:
The Adult Infectious Diseases Consult Service rotation deals with an inpatient population suffering from infectious diseases. Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience including, but not limited to:

- Acute renal failure/continuous renal replacement therapy
- Endocarditis/Vascular infections
- Osteomyelitis
- Meningitis/Encephalitis
- Bacteremia/Sepsis/SIRS
- Catheter related infections
- Respiratory infections
- Febrile neutropenia
- Fungal infections
- Viral infections
- HIV/AIDS
- Opportunistic infections
  - Pneumocystis jiroveci pneumonia (PJP/PCP)
  - Mycobacterium avium complex (MAC)
  - Cryptococcal meningitis
  - Toxoplasmosis
  - Cytomegalovirus (CMV)
- Urinary tract infections
- Sexually transmitted diseases (STDs)
- Intra-abdominal infections

The resident is expected to understand the pharmacotherapy related to any disease states encountered on rotation within this setting. The preceptor will be available for consultation and topic discussions. Resident learning is predicated not only on the above responsibilities but upon acceptance of personal responsibilities and dedication to direct patient care and team service.

Rotation Goals & Objectives (See RLS objectives associated with below RLS goals):
The goals selected to be taught and evaluated during this learning experience include:

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.
  - Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.
  - Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
  - Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
  - Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
  - Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
  - Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
  - Objective R1.1.8: (Applying) Demonstrate responsibility to patients.
- Goal R1.2: Ensure continuity of care during patient transitions between care settings.
  - Objective R1.2.1: (Applying) Manage transitions of care effectively.
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 R2.1.4: (Applying) Participate in medication event reporting and monitoring.

Rotation Activities:
The activities assigned to this rotation reflect the activities a pharmacist working in the inpatient infectious diseases environment are expected to perform. These activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience. Differentiations in levels of involvement of students compared to residents will be indicated in parentheses beside the activity.

<table>
<thead>
<tr>
<th>Activity</th>
<th>RLS Objectives Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend and participate in Monday morning check-out rounds at the Infectious Diseases Office in the Memorial Medical Office Building (MMOB) (Residents and Students)</td>
<td>R1.1.1 R1.1.2 R1.1.3</td>
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<tr>
<td>Active participation/interaction in Infectious Diseases Consult Service Rounds and with other allied health professionals (Students and Residents)</td>
<td>R1.1.4 R1.1.5</td>
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<tr>
<td>Prioritize patient care responsibilities with regard to time management with other responsibilities. (Students &amp; Residents)</td>
<td>R1.1.6 R1.1.7 R1.1.8</td>
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<tr>
<td>Triage, research, and respond to drug information questions from the healthcare team in regards to patient care. (Residents)</td>
<td>R1.2.1</td>
</tr>
<tr>
<td>Identify, evaluate, and interpret medical literature when responding to pharmacotherapy/drug information inquiries. (Residents)</td>
<td>R2.1.4</td>
</tr>
<tr>
<td>Accurately gather, organize, and analyze patient specific information on assigned patients prior to rounds. Discuss medication-related problems with preceptor daily. (Students &amp; Residents)</td>
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<tr>
<td>Obtain information from medical record including laboratory data, diagnostic tests, vital signs, physician's orders, progress notes, and consult notes. (Students &amp; Residents)</td>
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<tr>
<td>Make appropriate recommendations to adhere to Core Measures for pneumonia, and surgical care improvement/ surgical infection prevention. (Students &amp; Residents)</td>
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<tr>
<td>Demonstrate respect for patients, patient family members and other health care professionals. (Students &amp; Residents)</td>
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<tr>
<td>Show assertiveness and independence by undertaking self-directed responsibilities and articulating personal viewpoint. (Students &amp; Residents)</td>
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<tr>
<td>Participate in any Joint Commission preparations (Students &amp; Residents)</td>
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<tr>
<td>Participate in any audits for Board of Pharmacy, DHEC, or Joint Commission. (Students &amp; Residents)</td>
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<tr>
<td>Participate in additional departmental projects, including MUE, etc. as the need arises. (Resident)</td>
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<tr>
<td>Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs (Resident)</td>
<td>R1.1.3 R1.1.4 R1.1.5 R1.1.6</td>
</tr>
<tr>
<td>Ensure continuity of care as patients are admitted to the hospital and are transferred to different levels of care throughout the medical center by communicating outgoing plans and follow up to the covering service PharmD (Residents)</td>
<td>R1.1.7 R1.1.8 R1.2.1 R2.1.4</td>
</tr>
<tr>
<td>Prepare and present an agenda item at a bi-monthly Antimicrobial Subcommittee Meeting as opportunities are available (Students and Residents)</td>
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<tr>
<td>Attend and actively participate in student clinical pearl presentations (Students &amp; Residents)</td>
<td>R1.1.3</td>
</tr>
<tr>
<td>Provide in-service education to physicians, nurses, and other health care practitioners when available (Residents)</td>
<td>R1.1.6</td>
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<tr>
<td>Participate in AST when applicable (Residents)</td>
<td>R1.1.7</td>
</tr>
<tr>
<td>Develop and maintain an effective and comprehensive patient monitoring form to</td>
<td>R1.2.1 R2.1.4</td>
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</table>
- Identify potential pharmacotherapy interventions (Students and Residents)
- Analyze the patient medical record / medication profiles to address any specific adjustments to disease state or drug – drug interactions (Students and Residents)
- Design, recommend, monitor, and re-evaluate patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine (Students and Residents – residents are more independent in recommendations)
- Actively provide recommendations to Infectious Diseases Physicians and allied health professionals when during formal round or when formal rounding is not available (Residents)
- Provide and document therapeutic drug monitoring services for patients receiving drugs requiring monitoring including, but not limited to, aminoglycosides and vancomycin. (Students & Residents)
- Assess the appropriateness of the patient’s antimicrobial regimen based on indications for use, MOA, safety, efficacy, accessibility, cost and compliance. (Students & Residents)
- Document direct patient-care activities appropriately in Sentri7 and the patient’s medical record (Residents)
- Attend the Antimicrobial Subcommittee meeting or the Infection Prevention meeting (which ever meets during the rotation month) (Residents and Students)
- Other: special projects deemed valuable by the preceptor (MUE, data collection, formal drug information question write-up, formulary reviews for Antimicrobial Subcommittee and P & T, 20-30 minute in-service to the medical team and/or pharmacy staff, SHORT article on an infectious disease pharmacotherapy “pearl”. This should be short and similar to the one or two paragraph articles found in The Pharmacist's Letter or The Medical Letter) (Residents are assigned 1-3 other projects and Students are assigned 1 other project)
- Lead two topic discussions with preceptor (Students & Residents)
- Lead assigned topic discussions when students on rotation (Residents)
- Supervise/oversee/co-precept students as needed (grade worksheet assignments, book reviews, etc) (Residents)

Preceptor Interaction:
- On the first day of rotation, the resident will receive dates/times for specific meetings/discussions have been scheduled and/or preceptor is not available.
- All meetings, including topic discussions, must be scheduled with preceptor in advance via Outlook Calendar requests.
- Preceptor will schedule midpoint and final evaluations
- Patient care questions can be discussed with the preceptor on a PRN basis

Communication:
- Daily/PRN meetings: Residents are expected to prioritize questions/projects to discuss during these times
- Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday)
- Office phone: Appropriate for non-urgent questions
- Pager: Residents to page preceptor for urgent / emergency situations pertaining to patient care
- Personal phone number: Provided to resident at time of learning experience for emergency issues or on-call questions that arise after hours

Expected Progression of Resident Responsibility on Rotation:
*(Length of time spent in each phase will be customized based upon resident’s abilities and timing of learning experience during the training year)*
- Day 1: Preceptor will review learning activities, expectations, and dates with resident
- **Week 1**: Resident will be responsible for working-up all ID census patients and begin presenting to preceptor daily. Preceptor will define expectations for presentations, attend and participate in check-out rounds with resident as available, and model/facilitate pharmacist’s role on the health care team.
- **Week 2 – Week 4**: Resident is expected to work independently on rotation learning activities, be responsible for all patients admitted to the service, provide pharmacotherapy recommendations serving as the primary pharmacist on the Adult Inpatient Infectious Diseases Consult Service, and be prepared for all topic and patient discussions. The preceptor will no longer attend rounds, but will facilitate the resident as the pharmacist on the team. The resident will schedule times/rooms for all topic discussions the week prior to the discussion.

**Evaluation Strategy:**

- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- **Formative evaluations**: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- **Midpoint evaluations**: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- **Summative evaluations**: These evaluations summarize the resident's performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

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<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative + Formative Self</td>
<td>Projects and Assignments</td>
<td>Preceptor &amp; Resident</td>
<td>Throughout the project process</td>
</tr>
<tr>
<td>Formative + Formative Self</td>
<td>Presentations</td>
<td>Preceptor &amp; Resident</td>
<td>Following presentations</td>
</tr>
<tr>
<td>Summative + Summative Self</td>
<td>Midpoint Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of week 2</td>
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<tr>
<td>Summative + Summative Self</td>
<td>Final Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of learning experience</td>
</tr>
<tr>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Resident</td>
<td>End of learning experience</td>
</tr>
</tbody>
</table>
Resident Goals and Objectives for Adult Medicine Rotation

Preceptors:
Preceptor: Jessica Odom, PharmD, BCPS  Lindsay Snow, PharmD, BCPS  Jasmine Jennings, PharmD, BCPS  
Office:   (864) 455-1317   (864) 455-1316   (864) 455-7904  
Pager:   (864) 455-9500 mailbox 5027   (864) 455-9500 mailbox 5081   (864) 455-9500 mailbox 4907  
E-mail:    jodom@ghs.org   lsnow@ghs.org   jjennings@ghs.org

Rotation Description:
The Internal Medicine Hospitalist service is a one month acute care clinical rotation, offered year round by the GHS Department of Pharmacy Services. This rotation includes working with the Hospitalist service, which includes 7 Hospitalist physicians rounding on floor patients and 2 Hospitalist physicians rounding on ICU patients. The Hospitalist census averages about 150 patients throughout Greenville Memorial Hospitals. The resident is responsible for patient care activities on two to three nursing units including interdisciplinary discharge rounds and independent physician interaction.

Disease States/Patient Populations Exposed To:
The Hospitalist service covers a diverse population of patients over the age of 18 years including internal medicine admissions and medical consults for other specialty services. Disease states encountered may include (but are not limited to): Alzheimer’s, asthma, cancer, cellulitis, COPD, diabetes, heart disease, HIV / AIDS, hypertension, influenza & pneumonia, kidney disease, liver disease, metabolic syndrome, obesity, Parkinson’s disease, septicemia, and stroke.

Rotation Goals & Objectives (See RLS objectives associated with below RLS goals):
The goals selected to be taught and evaluated during this learning experience include:

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.
  - Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.
  - Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
  - Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
  - Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
  - Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
  - Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
  - Objective R1.1.8: (Applying) Demonstrate responsibility to patients.
- Goal R1.2: Ensure continuity of care during patient transitions between care settings.
  - Objective R1.2.1: (Applying) Manage transitions of care effectively.

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 R2.1.4: (Applying) Participate in medication event reporting and monitoring.

Rotation Activities:
The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to be able to perform. These activities were also selected to help you work toward achieving specific
objectives which in turn will help you achieve the goals assigned to the learning experience. There is not usually one discrete activity assigned to help achieve an objective and/or goal. The table below demonstrates the relationship between the activities the resident will perform and the goal/objectives assigned to the learning experience. Differentiations in levels of involvement of students compared to residents will be indicated in the parentheses beside the activity.

<table>
<thead>
<tr>
<th>Activity</th>
<th>RLS Objectives Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Participate in daily independent patient care rounds (Students &amp; Residents)</td>
<td>R1.1.1</td>
</tr>
<tr>
<td>• Ensure continuity of care upon admission, transferred to different levels of care throughout the medical center by communicating outgoing plans and follow-up to the covering PharmD. (Residents)</td>
<td>R1.1.2</td>
</tr>
<tr>
<td>• Prioritize patient care responsibilities with regard to time management with other responsibilities. (Students &amp; Residents)</td>
<td>R1.1.3</td>
</tr>
<tr>
<td>• Triage, research, and respond to drug information questions from the healthcare team in regards to patient care. (Residents)</td>
<td>R1.1.4</td>
</tr>
<tr>
<td>• Identify, evaluate, and interpret medical literature when responding to pharmacotherapy/drug information inquiries. (Residents)</td>
<td>R1.1.5</td>
</tr>
<tr>
<td>• Accurately gather, organize, and analyze patient specific information on assigned patients prior to rounds. Discuss medication-related problems with preceptor daily. (Students &amp; Residents)</td>
<td>R1.1.6</td>
</tr>
<tr>
<td>• Obtain information from medical record including laboratory data, diagnostic tests, vital signs, physician's orders, progress notes, and consult notes. (Students &amp; Residents)</td>
<td>R1.1.7</td>
</tr>
<tr>
<td>• Make appropriate recommendations to adhere to Core Measures for acute myocardial infarction, heart failure, pneumonia, and surgical care improvement/surgical infection prevention. (Students &amp; Residents)</td>
<td>R1.1.8</td>
</tr>
<tr>
<td>• Demonstrate respect for patients and other health care professionals. (Students &amp; Residents)</td>
<td>R1.2.1</td>
</tr>
<tr>
<td>• Show assertiveness and independence by undertaking self-directed responsibilities and articulating personal viewpoint. (Students &amp; Residents)</td>
<td>R2.1.4</td>
</tr>
<tr>
<td>• Participate in any Joint Commission preparations (Students &amp; Residents)</td>
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<td>• Participate in any audits for Board of Pharmacy, DHEC, or Joint Commission. (Students &amp; Residents)</td>
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<td>• Participate in additional departmental projects, including MUE, etc. as the need arises. (Resident)</td>
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<td>• Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs (Residents)</td>
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<td>• Perform medication reconciliation in concordance with hospital standard procedures when appropriate (Students and Residents)</td>
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<td>• Provide and document therapeutic drug monitoring services for patients receiving drugs requiring monitoring including, but not limited to, aminoglycosides and vancomycin. (Students &amp; Residents)</td>
<td>R1.1.1</td>
</tr>
<tr>
<td>• Assess the appropriateness of the patient’s medication regimen based on indications for use, MOA, safety, efficacy, accessibility, cost and compliance. (Students &amp; Residents)</td>
<td>R1.1.2</td>
</tr>
<tr>
<td>• Evaluate patient medication regimens for appropriate use of antibiotics. (Students &amp; Residents)</td>
<td>R1.1.3</td>
</tr>
</tbody>
</table>
- Prepare and deliver one (1) journal club presentation to clinical staff and students. (Students & Residents)
- Perform and schedule weekly topic discussions with preceptor. (Students & Residents)
- Lead weekly topic discussions when student is on rotation (Residents)
- Supervise/oversee/co-precept students as needed (grade worksheet assignments, book reviews, etc) (Residents)

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Description</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative + Formative Self</td>
<td>Journal Club Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>Following journal club presentation</td>
</tr>
<tr>
<td>Summative + Summative</td>
<td>Midpoint Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of week 2</td>
</tr>
</tbody>
</table>

Preceptor Interaction:
Daily: Morning Prerounding with preceptor/ Patient care
       Afternoon Patient/ topic discussions

Communication:
- Daily/PRN meetings: Residents are expected to prioritize questions and problems to discuss during these times
- Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday)
- Office phone: Appropriate for increasingly urgent questions, such as patient care issues or other time-sensitive problems
- Pager & personal phone number: Residents are to page/call the preceptor ONLY for urgent situations in which an immediate response is needed and preceptor is NOT answering office phone. The preceptor’s personal phone should also be utilized for on-call questions that arise after hours.

Expected Progression of Resident Responsibility on Rotation:
*(Length of time spent in each phase will be customized based upon resident’s abilities and timing of learning experience during the training year)*
- Day 1: The preceptor will review learning activities, expectations, and calendar with resident.
- Week 1: The resident is expected to work up all assigned patients. The preceptor will facilitate introductions to providers/services and model the pharmacist’s role with the Hospitalist service.
- Weeks 2-4: The resident is expected to work independently on rotation learning activities and have daily patient discussions with the preceptor.

Evaluation Strategy:
- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- Summative evaluations: These evaluations summarize the resident’s performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.
<table>
<thead>
<tr>
<th></th>
<th>Final Evaluation</th>
<th>Preceptor &amp; Resident</th>
<th>End of learning experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
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<tr>
<td>Summative + Summative</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Self</td>
<td></td>
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<tr>
<td>Preceptor, Learning</td>
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<tr>
<td>Experience Evaluation</td>
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<tr>
<td>Preceptor, Learning</td>
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<tr>
<td>Experience Evaluation</td>
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<tr>
<td>Resident</td>
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<td></td>
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<td></td>
<td>End of learning experience</td>
</tr>
</tbody>
</table>
Resident Goals and Objectives for Medicine Teaching Service (MTS) Rotation

Preceptor       Vivian Carlson, PharmD, BCPS       John Howard, PharmD, BCPS       Jasmine Jennings, PharmD, BCPS
Office          (864) 455.4629                        (864) 455.1328                        (864) 455.7904
Pager           (864) 455.9500, mailbox 4868        (864) 455.9500, mailbox 5021        (864) 455.9500, mailbox 4907
E-mail          vcarlson@ghs.org                      jhoward@ghs.org                      jjennings@ghs.org

Rotation Description:
The Medicine Teaching Service (MTS) rotation is a calendar month acute care clinical rotation, offered year round by the GHS Department of Pharmacy Services. The service consists of three (3) teaching service teams, each consisting of an internal medicine attending, (2) upper level medicine residents, (2) interns (a 1st year medical resident), a medical student(s), and a PharmD.

Disease States/Patient Populations Exposed To:
The MTS rotation covers a diverse population of adult and geriatric patients. Disease states encountered may include (but are not limited to): acid-base disorders, alcoholic liver disease, anemia, CAD, ARF/CRF, heart failure, COPD/asthma, DM – I and II, DKA, fluid/electrolyte disorders, hepatitis/cirrhosis, cerebrovascular disease, nutrition, osteoporosis, pancreatitis, peptic ulcer disease, sepsis, endocrine disorders, thromboembolic disorders, tuberculosis, pneumonia, and UTI.

Rotation Goals & Objectives (See RLS objectives associated with below RLS goals):
The goals selected to be taught and evaluated during this learning experience include:

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.
  - Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.
  - Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
  - Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
  - Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
  - Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
  - Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
  - Objective R1.1.8: (Applying) Demonstrate responsibility to patients.
- Goal R1.2: Ensure continuity of care during patient transitions between care settings.
  - Objective R1.2.1: (Applying) Manage transitions of care effectively.

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 R2.1.4: (Applying) Participate in medication event reporting and monitoring.

Last updated 6/3/2015
Rotation Activities:
The activities assigned to this rotation reflect the activities a pharmacist working in the internal medicine environment are expected to perform. These activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience. Differentiations in levels of involvement of students compared to residents will be indicated in parentheses beside the activity.

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<thead>
<tr>
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<td>• Ensure continuity of care upon admission, transferred to different levels of care throughout the medical center by communicating outgoing plans and follow-up to the covering PharmD. (Residents)</td>
<td>R1.1.2</td>
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<tr>
<td>• Prioritize patient care responsibilities with regard to time management with other responsibilities. (Students &amp; Residents)</td>
<td>R1.1.3</td>
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<td>• Triage, research, and respond to drug information questions from the healthcare team in regards to patient care. (Residents)</td>
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<tr>
<td>• Identify, evaluate, and interpret medical literature when responding to pharmacotherapy/drug information inquiries. (Residents)</td>
<td>R1.1.5</td>
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<tr>
<td>• Accurately gather, organize, and analyze patient specific information on assigned patients prior to rounds. Discuss medication-related problems with preceptor daily. (Students &amp; Residents)</td>
<td>R1.1.6</td>
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<td>• Obtain information from medical record including laboratory data, diagnostic tests, vital signs, physician’s orders, progress notes, and consult notes. (Students &amp; Residents)</td>
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<td>• Provide and document education when indicated to patients for hospital or discharge medications. (Students &amp; Residents)</td>
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<tr>
<td>• Give one (1) 5-minute presentation (with handout/pocketcard) to the medical team on a topic specific to a patient or medical team request. (Students &amp; Residents)</td>
<td>R1.1.3</td>
</tr>
<tr>
<td></td>
<td>R1.1.4</td>
</tr>
<tr>
<td></td>
<td>R1.1.5</td>
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</table>
• Provide and document therapeutic drug monitoring services for patients receiving drugs requiring monitoring including, but not limited to, aminoglycosides and vancomycin. (Students & Residents)
• Assess the appropriateness of the patient’s medication regimen based on indications for use, MOA, safety, efficacy, accessibility, cost and compliance. (Students & Residents)
• Evaluate patient medication regimens for appropriate use of antibiotics. (Students & Residents)

![Table]

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare and deliver one (1) journal club presentation to clinical staff and students. (Students &amp; Residents)</td>
<td>R1.1.4</td>
</tr>
<tr>
<td>Perform and schedule weekly topic discussions with preceptor. (Students &amp; Residents)</td>
<td>R1.1.5</td>
</tr>
<tr>
<td>Lead weekly topic discussions when student is on rotation. (Residents)</td>
<td>R1.1.6</td>
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<tr>
<td>Supervise/oversee/co-precept students as needed. (Residents)</td>
<td>R2.1.4</td>
</tr>
</tbody>
</table>

Preceptor Interaction:
The student and resident will have daily interaction with the preceptor and participate in MTS rounds, generally 0830-1200 daily. Students and residents may also attend various morning reports, noon conferences, and grand rounds as topics apply to the rotation objectives. They should also anticipate that each afternoon will be set aside for topic discussions, patient review, and independent completion of longitudinal projects/assignments.

Communication:
• Daily/PRN meetings: Residents are expected to prioritize questions and problems to discuss during these times
• Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday)
• Office phone: Appropriate for increasingly urgent questions, such as patient care issues or other time-sensitive problems
• Pager & personal phone number: Residents are to page/call the preceptor ONLY for urgent situations in which an immediate response is needed and preceptor is NOT answering office phone. The preceptor’s personal phone should also be utilized for on-call questions that arise after hours.

Expected Progression of Resident Responsibility on Rotation:
*(Length of time spent in each phase will be customized based upon resident’s abilities and timing of learning experience during the training year)*
• Day 1: The preceptor will review learning activities, expectations, and calendar with resident.
• Week 1: The resident is expected to work up all assigned patients. The preceptor will attend rounds with the resident, modeling the pharmacist’s role on the rounding team.
• Weeks 2-4: The resident is expected to work independently on rotation learning activities and have daily patient discussions with the preceptor.

Evaluation Strategy:
• PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the
residents’ self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.

- **Formative evaluations:** These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- **Midpoint evaluations:** These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- **Summative evaluations:** These evaluations summarize the resident’s performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

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<tr>
<th>Evaluation Type</th>
<th>Description</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative + Formative Self</td>
<td>Journal Club Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>Following journal club presentation</td>
</tr>
<tr>
<td>Summative + Summative Self</td>
<td>Midpoint Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of week 2</td>
</tr>
<tr>
<td>Summative + Summative Self</td>
<td>Final Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>End of learning experience</td>
</tr>
<tr>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Preceptor, Learning Experience Evaluation</td>
<td>Resident</td>
<td>End of learning experience</td>
</tr>
</tbody>
</table>
General Description
Internal Medicine (IM) is a required, four week learning experience at Patients Come First Hospital. There are 200 IM beds in the hospital, housed on 4 different units. There are two IM teaching teams. Each of the teaching teams includes an attending physician, a PGY2 or PGY3 medical resident, a primary care nurse and a clinical pharmacy specialist. Pharmacy residents and other health professionals in training also participate when assigned to IM teaching teams. Typically the IM team will be responsible for the care of approximately 20 patients.

The clinical pharmacy specialist on the team is responsible for ensuring safe and effective medication use for all patients admitted to the team. Routine responsibilities include: reconciling medications for all patients admitted to the team, addressing formal consults for non-formulary drug requests, therapeutic drug monitoring, and anticoagulation. The pharmacist will also provide drug information and education to healthcare professionals as well and patients and caregivers.

Disease States
Common disease states in which the resident will be expected to gain proficiency through direct patient care experience for common diseases including, but not limited to:

- Cardiovascular disorders
  - Hypertension, heart failure, stroke, hyperlipidemia
- Renal disorders
  - Acute renal failure, end-stage renal disease, glomerulonephrosis
- Respiratory disorders
  - COPD, asthma
- Gastrointestinal disorders
  - GERD, PUD, pancreatitis, hepatitis
- Endocrinologic disorders
  - Diabetes Mellitus, thyroid disorders, osteoporosis
- Infectious diseases
  - UTI, pneumonia, endocarditis, sepsis, skin and soft tissue infections, bone and joint infections

Topic discussions and reading key articles will be used to help develop the resident’s patient care skills for common disease states or acquiring knowledge about diseases seen infrequently on the service.
During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume responsibility for all of the patients within the assigned unit. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

Goals and objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Goals and Objectives</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency Area R1</td>
<td></td>
</tr>
<tr>
<td>Patient Care</td>
<td></td>
</tr>
<tr>
<td><strong>Goal R1.1</strong></td>
<td>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.</td>
</tr>
<tr>
<td>Objective R1.1.1</td>
<td>(Applying) Interact effectively with health care teams to manage patients’ medication therapy.</td>
</tr>
<tr>
<td>Objective R1.1.3</td>
<td>(Analyzing) Collect information on which to base safe and effective medication therapy.</td>
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<tr>
<td>Objective R1.1.5</td>
<td>(Creating) Design or re-design safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</td>
</tr>
<tr>
<td>Objective R1.1.6</td>
<td>(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.</td>
</tr>
</tbody>
</table>

Participate in daily rounds with assigned internal medicine team. Be prepared to provide recommendations on assigned patients and answer drug information questions in a timely manner.

Collect pertinent information for each assigned patient from medical record, patient’s nurse, and patient (as applicable) every morning for assigned patients and record pertinent data on a patient monitoring form.

Identify any issues with medication therapy and be prepared to discuss problems identified with preceptor prior to 10am patient rounds.

For all patients with pharmacy consults for dosing, assess whether changes are needed in the medication dosing regimen or levels need to be ordered. For other patients, be prepared to discuss recommendations for addressing problems with preceptor prior to morning rounds with team.

Discuss recommendations with internal medicine team after getting approval from preceptor. Follow-up after rounds to ensure any...
agreed upon changes have been implemented. Identify patients started on warfarin, one of the novel oral anticoagulants, or enoxaparin within the last 24 hours. Provide patient education if the plan is to discharge the patient on one of these medications.

For patients on novel oral anticoagulants, ensure patient’s insurance provides coverage prior to patient’s discharge. If not, discuss financial impact with patient and provider and recommend appropriate alternatives which are covered by the patient’s insurance plan. For all patients, ensure all identified medication-related issues are resolved by the end of the day. If cannot be resolved, ensure that any outstanding issues are communicated to evening pharmacy prior to leaving for the day.

Preceptor Interaction

**Daily:**
- 8:30 - 9:30 Pre-rounds with resident
- 1:00 – 2:00 Preceptor available in office for topic discussions, reviewing progress notes, patient updates, etc.

**Communication:**

A. Daily scheduled meeting times: Residents to prioritize questions and problems to discuss during scheduled meeting times as listed above.
B. E-mail: Residents are expected to read e-mails at the beginning, middle and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.
C. Office extension: Appropriate for urgent questions pertaining to patient care.
D. Pager: Residents to page preceptor for urgent/emergency situations pertaining to patient care
E. Personal phone number: Provided to resident at time of learning experience for emergency issues.

**Expected progression of resident responsibility on this learning experience:**

(Length of time preceptor spends in each of the phases will be personalized based upon resident’s abilities and timing of the learning experience during the residency training year)

Day 1: Preceptor to review learning activities and expectations with resident.
Week 1: Resident to work up approximately 1/3 of the team’s patients and present to preceptor daily. Preceptor to attend and participate in team rounds with resident, modeling pharmacist’s role on the health care team.

Week 2: Resident to work up approximately half of the team’s patients and discuss problems with preceptor daily. Preceptor to attend team rounds with resident, coaching the resident to take on more responsibilities as the pharmacist on the team.

Weeks 3-6: Each week the resident is expected to take over the responsibility of working up more of the team’s patients, continuing to discuss identified problems with preceptor daily. Once the resident is able to take responsibility for all patients assigned to the team, the preceptor will no longer attend team rounds, but will continue to facilitate the resident as the pharmacist on the team.

**Evaluation**

PharmAcademic will be used for documentation of scheduled evaluations (see chart below). Evaluations will be signed in PharmAcademic following a meeting between the preceptor and resident.

- **Summative evaluations**: This evaluation summarizes the resident’s performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.
- **Preceptor and Learning Experience evaluations** must be completed by the last day of the learning experience.

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summative</td>
<td>Preceptor</td>
<td>End of week 6</td>
</tr>
<tr>
<td>Preceptor/Learning Experience Evaluation</td>
<td>Resident</td>
<td>End of week 6</td>
</tr>
</tbody>
</table>
Resident Goals and Objectives for Medication Safety Rotation

Preceptor:
Becky Sawyer, PharmD, BCPS
Office: (864) 455-4227
Cell: (843) 425-1344
E-mail: rsawyer@ghs.org

Rotation Description:
During the medication safety rotation, the resident will gain an understanding of the organizations' medication-use systems by applying medication safety principles and best practices. This rotation will help equip residents to understand the complexity of medication safety and the need to identify and manage system failures to improve patient safety.

Residents will have the opportunity to learn about different types of medication errors, factors that contribute to medication errors, the severity of those errors, and the steps that go into their prevention. Residents will also gain experience in collecting data on medication errors, analyzing the findings, communicating with other healthcare professionals and administrators through a reporting mechanism, and tracking and trending an area of failure and success. Residents will share the information obtained through various means such as a hospital-wide performance improvement initiative. Residents may also have the opportunity to attend pharmacy and therapeutics committee meetings, interdepartmental performance improvement meetings, and monthly hospital-wide medication error rate reporting discussions.

The resident will have the opportunity to explore a variety of areas within the medication-use system: computerized prescriber order entry (CPOE) systems, electronic health records (EHR), clinical decision support tools, automated dispensing machines, ‘smart’ infusion pumps, and bar code medication administration and medication error surveillance.

Disease States/Patient Populations Exposed To:
Medication events/ADRs may pertain to a diverse range of patient ages (adults and pediatrics) and disease states, including (but not limited to): Alzheimer’s disease, asthma, cancer, COPD, diabetes, heart disease, HIV/AIDS, hypertension, influenza/pneumonia, kidney disease, liver disease, metabolic syndrome, obesity, Parkinson’s disease, septicemia, stroke.

Rotation Goals & Objectives to be taught and formally evaluated:

<table>
<thead>
<tr>
<th>Competency Area R2</th>
<th>Goals and Objectives</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advancing Practice and Improving Patient Care</td>
<td>Review medication events and ADRs for trends Participate in additional departmental or multidisciplinary projects relating to medication safety Review infusion pump data for improvements</td>
</tr>
<tr>
<td>Goal R2.1</td>
<td>Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.</td>
<td>Review medication events and ADRs for trends Participate in additional departmental or multidisciplinary projects relating to medication safety Review infusion pump data for improvements</td>
</tr>
<tr>
<td>Objective R2.1.3</td>
<td>(Analyzing) Identify opportunities for improvement of the medication-use system.</td>
<td>Participate in medication event reporting, including product problem reports, adverse drug reactions, and medication errors</td>
</tr>
<tr>
<td>Objective R2.1.4</td>
<td>(Applying) Participate in medication event reporting and monitoring</td>
<td>Participate in medication event reporting, including product problem reports, adverse drug reactions, and medication errors</td>
</tr>
</tbody>
</table>
Preceptor Interaction:
- On the first day of rotation, the resident will receive a calendar of dates/times when committee meetings have been scheduled and/or preceptor is not available.
- All meetings, including journal clubs and topic discussions, must be scheduled with preceptor in advance via Outlook Calendar requests.
- Preceptor will schedule midpoint and final evaluations.
- Medication event/ADR reviews can be discussed with the preceptor on a PRN basis.

Communication:
- Daily/PRN meetings: Residents are expected to prioritize questions/projects to discuss during these times.
- Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday).
- Office phone: Appropriate for increasingly urgent questions, such as patient care issues or other time-sensitive drug information requests.
- Personal phone number: Residents are to call the preceptor ONLY for urgent situations in which an immediate response is needed and preceptor is NOT answering office phone.

Expected Progression of Resident Responsibility on Rotation:

*Length of time spent in each phase will be customized based upon resident’s abilities and timing of learning experience during the training year*
- Day 1: Preceptor will review learning activities, expectations, and calendar with resident.
- Week 1: Resident is expected to schedule times/rooms for all topic discussions and journal clubs.
- Weeks 1-3: Resident is expected to work independently on rotation learning activities and projects.
- Week 4: Resident may lead project meetings, Med PI meeting, and submit Med PI newsletter.

Evaluation Strategy:
- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- Summative evaluations: These evaluations summarize the resident’s performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

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Last update: 8/23/16
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<th>Resident</th>
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</table>
Resident Goals and Objectives for PGY1 Neonatal ICU Rotation

Preceptor:
Bethany Lynch, PharmD
Office: (864) 455-1315
E-mail: blynch2@ghs.org

Rotation Description:
This rotation in the neonatal intensive care unit (NICU) is designed to teach the resident how to provide pharmaceutical care services for neonatal patients by applying basic drug principles and critical thinking skills. The rotation will focus on the neonatal disease states commonly seen at our institution and specific issues related to neonatal drug therapy and therapeutic monitoring. Residents will develop clinical skills while actively participating in the pharmacist's role in this specialized health care team. Each resident will be expected to interact and integrate services with all members of the healthcare team. By the end of the rotation, residents will have greatly increased their knowledge of pharmacotherapeutic principles specific to the neonatal population.

Disease States/Patient Populations Exposed To:
Potential disease states that the resident will be exposed to on this rotation include (but are not limited to):

- Adrenal insufficiency/vasopressor refractory hypotention
- Anemia of Prematurity
- Apnea with bradycardia
- Bronchopulmonary dysplasia
- Cholestasis
- Congenital birth defects
- Congenital diaphragmatic hernia
- Congenital heart disease
- Cytomegalovirus
- Drugs and breastfeeding/pregnancy
- Gastroesophageal reflux
- Gastrochisis
- Group B streptococcus
- Herpes simplex virus
- Hypoxic ischemic encephalopathy
- Immunizations/vaccines
- Intraventricular hemorrhage/periventricular leukomalacia
- Hyperglycemia/Hypoglycemia
- Jaundice/Kernicterus
- Meconium aspiration syndrome
- Meningitis
- Necrotizing Enterocolitis
- Neonatal Abstinence Syndrome (NAS)
- Neonatal nutrition (enteral/parenteral)
- Neonatal hepatic/renal impairment
- Obstetrical emergencies
- Patent ductus arteriosus
- Persistent pulmonary hypertension
- Pharmacokinetics/Pharmacodynamics
- Prematurity (risks, severity, outcomes)
- Respiratory distress syndrome
- Retinopathy of prematurity
- Seizures
- Sepsis (early/late)
- Short bowel syndrome

Rotation Goals & Objectives (See RLS objectives associated with below RLS goals):
The goals selected to be taught and evaluated during this learning experience are listed in the chart below. The activities assigned to this rotation reflect the activities a pharmacist working in the NICU are expected to perform. The activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. Differentiation in levels of involvement of students compared to residents will be indicated in parenthesis beside the activity.

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<thead>
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<td><strong>Competency Area R1</strong></td>
<td>In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple comorbidities, high-risk medication regimens, and multiple medications following a consistent patient care process</td>
</tr>
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</table>
| **Objective R.1.1.1** (Applying) Interact effectively with health care teams to manage patients' medication therapy | • Attend medical rounds daily and proactively participate in medication-related discussions (Students, Residents)
• Maintain presence in unit throughout workday and proactively seek to assist in any medication/pharmacy related issue through frequent follow-ups with team members (Students, Residents)
• Organize day to allow for patient care activities with team as priority (Students, Residents)
• Be actively involved with precepting of any APPE and IPPE pharmacy students on rotation (Residents) |
| **Objective R.1.2** (Applying) Interact effectively with patients, family members, and caregivers | • Distinguish appropriate source to gather pertinent patient data ie electronic medical chart, physical chart and patient/caregiver (Students, Residents)
• Analyze the validity of information presented from different sources to develop a sound plan (Students, Residents)
• Participate in discharge planning rounds and coordination of any outpatient prescriptions as well as any additional patient/caregiver education (Students, Residents) |
| **Objective R.1.3** (Analyzing) Collect information on which to base safe and effective medication therapy | • Analyze patient-specific profiles, medication administration records, and pertinent clinical data / documentation records on a daily basis (Students, Residents)
• Actively question orders in real time to determine the appropriateness of drug orders (i.e. – indication, dose, route, frequency, rate of administration, drug interactions, compliance, cost, etc.) (Students, Residents)
• Prepare in advance for all topic discussions with preceptor (Students, Residents) |
| **Objective R.1.4** (Analyzing) Analyze and assess information on which to base safe and effective medication therapy | • Construct a sound recommendation for therapeutic changes to the medical team (Students, Residents)
• Follow-up all anticipated laboratory monitoring of therapeutic changes (Students, Residents)
• Analyze patient profile for any and all medication therapy problems such as lack of indication, suboptimal regimen, therapeutic duplication, discrepancies between prescribed medications and |
<table>
<thead>
<tr>
<th>Objective</th>
<th>Activity</th>
<th>Details</th>
</tr>
</thead>
</table>
| Objective R1.1.5 | (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) | - Utilize literature to specify evidence-based, measurable, achievable therapeutic goals (Students, Residents)  
- Consider goals of other team members, patient's disease states, best evidence, relevant patient-specific information (Students, Residents)  
- Ensure adequate, appropriate, and timely follow-up same day if at all possible with practitioner (Students, Residents)  
- Reflect acceptance of plan and proactively design alternative plans as well as anticipate possible questions/concerns with plan (Students, Residents)  
- Perform therapeutic drug monitoring on all patients with aminoglycosides/vancomycin (Students, Residents)  
- Provide plans for all patients on pain/sedation medications, particularly those at risk of withdrawal/abstinence (Students, Residents) |
| Objective R1.1.6 | (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions | - Effectively communicate recommendations, persuasively but professionally (Students, Residents)  
- Collaborate with team in a timely manner to implement plan (Students, Residents)  
- Communicate in a manner than conveys confidence and expertise (Students, Residents)  
- Ensure regimen is initiated at appropriate time and that orders are clear (Students, Residents)  
- Provide thorough and accurate education to caregivers/practitioner on medication therapy, adverse effects, appropriate use, and administration (Students, Residents) |
<p>| Objective R1.1.7 | (Applying) Document direct patient care activities appropriately in the medical record or where appropriate | Complete documentation of all patient care interventions in Sentri7 on a weekly basis (Residents) |
| Objective R1.1.8 | (Applying) Demonstrate responsibility to patients | Actively work to identify potential for significant medication-related problems (Students, Residents) |</p>
<table>
<thead>
<tr>
<th>Goal R1.2</th>
<th>Ensure continuity of care during patient transitions between care settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective R1.2.1</td>
<td>(Applying) Manage transitions of care effectively</td>
</tr>
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</table>

- Participate in any discharge planning and caregiver education (Students, Residents)
- Give priority to patient care activities and discuss any time commitments in advance with preceptor (Residents)
- Conduct medication reconciliation when necessary (Students, Residents)
- Follow up on all identified drug-related problems (Students, Residents)
- Participate effectively in medication education (Students, Residents)
- Provide accurate and timely follow-up information when patients transfer (Students, Residents)
- Communicate any ongoing patient care issues to other healthcare professionals including evening and weekend coverage (Residents)

<table>
<thead>
<tr>
<th>Competency Area R2</th>
<th>Advancing Practice and Improving Patient Care</th>
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<tbody>
<tr>
<td>Goal R2.1</td>
<td>Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization</td>
</tr>
<tr>
<td>Objective 2.1.4</td>
<td>(Applying) Participate in medication event reporting and monitoring</td>
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- Use all resources available to support safe medication use (Students, Residents)
- Determine, investigate, report, track, and trend any adverse drug event, unsafe practices, or medication events using online reporting (Residents)

Preceptor Interaction:
- On the first day of rotation, the resident will receive a calendar of dates/times when committee meetings have been scheduled and/or preceptor is not available.
- Patient interventions will be discussed with the preceptor daily before and/or following the completion of rounds.
- Topic discussions will be held in the afternoons after rounds throughout the month.
- All meetings must be scheduled with preceptor in advance, including any other responsibilities during business hours and time off requests.
- Preceptor will schedule midpoint and final evaluations. Resident will schedule transition meeting.

Communication:
- Daily/PRN meetings: Residents are expected to prioritize questions/projects to discuss during these times.
- Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday).
- Office phone: Appropriate for increasingly urgent questions, such as patient care issues or other time-sensitive drug information requests.
- Pager & personal phone number: Residents are to page/call the preceptor ONLY for urgent situations in which an immediate response is needed and preceptor is NOT answering office phone. The preceptor's personal phone should also be utilized for on-call questions that arise after hours.
Expected Progression of Resident Responsibility on Rotation:

- Day 1: Preceptor will review learning activities, expectations, and calendar with resident.
- Weeks 1: Resident to work up the 1/2 of the team’s patients and present to preceptor daily. Preceptor to attend and participate in rounds with the resident, modeling pharmacist's role on the health care team.
- Week 2: Resident to work up the majority of the team’s patients and discuss problems with preceptor daily. Preceptor to attend rounds, if possible, coaching the resident to take on more responsibilities as the pharmacist on the team.
- Weeks 3-4: Resident to assume responsibility for the entire service, continuing to discuss problems with the preceptor daily. Preceptor will no longer attend daily rounds, but will continue to facilitate the resident as the pharmacist on the team.

Evaluation Strategy:

- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- **Formative evaluations:** These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- **Midpoint evaluations:** These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- **Summative evaluations:** These evaluations summarize the resident’s performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

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</tr>
<tr>
<td>Formative + Formative Self</td>
<td>In-service Evaluation</td>
<td>Preceptor &amp; Resident</td>
<td>Following any in-services</td>
</tr>
<tr>
<td>Formative + Formative Self</td>
<td>Presentations</td>
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</table>
Resident Goals and Objectives for Practice Management Rotation

Preceptors:
John Pearson, PharmD, MBA, BCNSP, BCPS  Matt Parker, PharmD, BCPS
Office:  (864) 455-7949     Office:  (864) 455-4617
Cell:  (864) 607-2221     Web paging mailbox number:  4969
Email:  jpearson@ghs.org     Email:  wparker@ghs.org

Rotation Description:
The Practice Management rotation is designed to provide a basic overview of administrative aspects of managing a large Pharmacy department in a complex medical system. The rotation consists of both longitudinal and focused experiences with various pharmacy leaders. The experiential component of this rotation focuses on actual projects, teams and PI activities currently underway rather than theoretical activities. The primary preceptor is the Director of Pharmacy Services. The rotation is intended to provide the resident with “hands on” experience in identifying and resolving administrative and clinical problems, forming and functioning within a team-work environment and developing new pharmacy initiatives to name only a few. In addition, the resident becomes knowledgeable about key administrative responsibilities including planning, budgeting, medication safety and management structures within a large complex pharmacy department.

Disease States/Patient Populations Exposed To:
Pharmacy management issues across a wide range of patient populations and disease states cared for at GHS include but are not limited to patients of all ages treated for: Alzheimer's disease, asthma, cancer, COPD, diabetes, heart disease, HIV/AIDS, hypertension, influenza/pneumonia, kidney disease, liver disease, metabolic syndrome, obesity, Parkinson's disease, septicemia, stroke.

Rotation Goals & Objectives (See RLS objectives associated with below RLS goals):
The goals selected to be taught and evaluated during this learning experience include:

**Competency Area R1: Patient Care**
- Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.
  - Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.
  - Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.

**Competency Area R2: Advancing Practice and Improving Patient Care**
- 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.
  - Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.

**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.
  - Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.
- Goal R3.2: Demonstrate management skills.
  - Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.
  - Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.
  - Objective R3.2.3: (Applying) Contribute to departmental management.
  - Objective R3.2.4: (Applying) Manage one’s own practice effectively.
**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 R4.1.3: (Applying) Use effective written communication to disseminate knowledge.

**Rotation Activities:**
The activities assigned to this rotation reflect the activities a pharmacist working in the drug information environment are expected to perform. These activities were also selected to help the resident work toward achieving the goals assigned to the learning experience. The table below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience.

<table>
<thead>
<tr>
<th>Activity</th>
<th>RLS Objectives Covered</th>
</tr>
</thead>
</table>
| Conduct one project related to the medication use process. Examples include analysis and implementation of adding a new product or service; analysis and improvement of existing services; performance and financial reviews | 1.3.2  
1.3.3  
2.2.1  
3.2.3 |
| Participate in topic discussions with pharmacy leadership, including topics related to ethics; compliance standards; financial metrics; time management; performance improvement; and productivity | 3.1.2  
3.2.1  
3.2.2  
3.2.4 |
| Lead or facilitate one group meeting | 3.1.1  
4.1.3 |
| Attend various pharmacy departmental meetings related to clinical initiatives (e.g. medication reconciliation; med-to-bed; formulary management) and operational initiatives (e.g. hazardous medications) | 3.2.1  
3.2.2 |

**Preceptor Interaction:**
- On the first day of rotation, the resident will receive a calendar of dates/times when committee meetings have been scheduled and/or preceptor is not available.
- All meetings, including journal clubs and topic discussions, must be scheduled with preceptor in advance via Outlook Calendar requests.
- Preceptor will schedule midpoint and final evaluations.

**Communication:**
- Daily/PRN meetings: Residents are expected to prioritize questions/projects to discuss during these times.
- Email: Preferred for majority of communications, including routine, non-urgent issues and problems. Residents are expected to read emails at a minimum of 3 times per day (beginning, middle, and end of workday).
- Office phone: Appropriate for increasingly urgent questions, such as patient care issues or other time-sensitive drug information requests.
- Pager & personal phone number: Residents are to page/call the preceptor ONLY for urgent situations in which an immediate response is needed and preceptor is NOT answering office phone. The preceptor’s personal phone should also be utilized for on-call questions that arise after hours.

**Expected Progression of Resident Responsibility on Rotation:** *(Length of time spent in each phase will be customized based upon resident’s abilities and timing of learning experience during the training year)*
- Day 1: Preceptor will review learning activities, expectations, and calendar with resident.
- Week 1: Resident is expected to schedule times/rooms for all topic discussions and journal clubs.
- Weeks 1-3: Resident is expected to work independently on rotation learning activities and have preceptor approve ALL project/data requests prior to responses being given to requestor.
- Week 4: Resident may respond to project/data requests after verbal approval given by preceptor.
**Evaluation Strategy:**

- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
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Rotation Description:
The Psychiatry Rotation is an elective, four-week clinical rotation offered year round by the GHS Department of Pharmacy Services. The rotation site is an acute, inpatient psychiatric hospital which provides clinical care for an adult unit (23 bed), an intensive management unit (7-9 beds), a geriatric unit (10 bed), and a child and adolescent unit (6 beds). The clinical service also includes a children’s behavioral residential unit and partial hospitalization/intensive outpatient programs. The resident will design, implement, monitor and evaluate evidence-based pharmacotherapeutic regimens with a multidisciplinary treatment group. The resident will also provide drug information to patients and health care providers all during the rotation.

Disease States/Patient Populations Exposed To:
Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience includes but not limited to:

- Major Depressive Disorder
- Bipolar Affective Disorder
- Schizophrenia and Schizoaffective Disorder
- Alzheimer’s Dementia
- Oppositional Defiant Disorder
- Attention Deficit Hyperactive Disorder
- Attention Deficit Disorder
- Various Personality Disorders
- Individuals with Drug and/or Alcohol Addictions
- Individuals with a Spectrum of Medical Disorders
- Person’s with Multiple Psychological Stressors
- Anxiety Disorders
- Sleep Disorders
- Special Needs of the Elderly Patient

Rotation Goals and Objectives:

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.
- Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.
- Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
- Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
- Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
- Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
- Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
- Objective R1.1.8: (Applying) Demonstrate responsibility to patients.

- **Goal R1.2**: Ensure continuity of care during patient transitions between care settings.
  - Objective R1.2.1: (Applying) Manage transitions of care effectively.

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

**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 R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.
  - Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.

**Rotation Activities:**

The activities assigned to this rotation reflect the activities of a pharmacist working in an acute psychiatric environment are expected to perform. These activities were also selected to assist the resident work toward achieving the goals assigned to the learning experience. The table
below demonstrates the relationship between the activities the resident will perform and the goals/objectives assigned to the learning experience.

<table>
<thead>
<tr>
<th>Activity</th>
<th>RLS Objective Covered</th>
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<tbody>
<tr>
<td>• Actively participates in treatment team by establishing a collaborative working relationship with physicians and other healthcare providers.</td>
<td>R1.1.1</td>
</tr>
<tr>
<td>• Participates in all hospital activities by demonstrating the characteristics of a professional</td>
<td>R3.1.2</td>
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<tr>
<td>• Design, recommend, monitor, and evaluate patient-specific therapeutic regimens that incorporate evidence-based for people with mental illness.</td>
<td>R1.1.3, 1.1.4, 1.1.5, 1.1.6, 1.1.8, 1.2.1</td>
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<tr>
<td>• Provide medication education to people with mental illnesses and to their family and/or caregivers.</td>
<td>R1.1.2, R1.1.8</td>
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<tr>
<td>• Provide in-service education to physicians, nurses, and other healthcare practitioners.</td>
<td>R1.1.1</td>
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<tr>
<td>• Use an organized system for staying current with pertinent psychiatric literature.</td>
<td>R1.1.3, R1.1.4</td>
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<tr>
<td>• Communicate clearly when speaking or writing on the same level as the listener/reader.</td>
<td>R1.1.7</td>
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<td>• Document direct patient care activities appropriately.</td>
<td>R1.2.1</td>
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<td>• Prepare and disseminate written drug information.</td>
<td>R1.2.1</td>
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<td>• Understand legal issues surrounding persons who are mentally ill.</td>
<td>R1.1.8</td>
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<td>• Develop and maintain an effective and comprehensive patient-specific monitoring form.</td>
<td>R1.1.3</td>
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<td>• Evaluate past medical and medication histories, compliance, current pharmacotherapy, laboratory values, medication responses, adverse effects, or any other pertinent parameters.</td>
<td>R1.1.3, 1.1.4</td>
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<tr>
<td>• Specify, design, monitor, and redesign therapeutic goals for each patient incorporating the principles of evidence-based medicine that integrated patient-specific data, disease states, and medication specific information, ethics, financial and quality of life considerations</td>
<td>R1.1.5, 1.1.6</td>
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<td>• Teach medication groups to patients.</td>
<td>R4.1.2</td>
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<td><strong>Special projects as determined by preceptor</strong></td>
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<td><strong>Meeting Requirements:</strong></td>
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<td>• Preceptor topic discussions</td>
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<td>• Resident led topic discussions</td>
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<td>• Participation in Ground Rounds</td>
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<td>• Medication Groups</td>
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<td>• Alcohol and Drug Addiction groups</td>
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<td>• Other meetings as deemed valuable by preceptor</td>
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<td><strong>Patient Interactions:</strong></td>
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<td>• Observe and complete DISCUS evaluations</td>
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</table>
• Understand the value of the Mini Mental Status Exam
• Conduct medication education groups for the patients on the adult unit, partial hospitalization unit, intensive outpatient group
• Present a 20-30 minute formal in-service on a pharmacotherapy topic related to mental illness

Preceptor Interaction:

• On the first day of the rotation, the resident will receive a calendar of dates/times when the residents is to be available.
• Preceptor will establish midpoint and final evaluations
• Drug information reviews can be discussed with the preceptor on an as-needed basis.

Communication:

• Daily/PRN meetings. Resident is expected to be prepared to discuss patients or topics during these times.
• E-Mail: Preferred for the majority of communications
• Direct face to face contact: as needed
• Personal phone number and pager number: in urgent situations in which an immediate response is needed and preceptor is not answering the office phone.

Expected Progression of Resident Responsibility on Rotation:

• Day 1: Preceptor will review learning objectives, expectations, and calendar with resident
• Week 1: Resident is expected to schedule times for all topic discussions and journal clubs
• Week 1-3: Resident is expected to work independently on rotation learning activities and have preceptor approve all drug information requests prior to responses being given to requestor.
• Week 3-4: Resident is expected to work independently on rotation learning activities, be responsible for all patients admitted to various physicians, provide pharmacotherapy recommendations serving as the primary pharmacist in teams and patient discussions

PharmAcademic will be used for documenting scheduled evaluations. For all evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation to serve as a draft. The resident and preceptor will then compare and discuss the evaluations

Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity.
Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience.

Summative evaluations: These evaluations summarize the resident’s performance at the conclusion of the experience. Specific criteria based comments should included to provide the resident with information the resident can use to improve performance in subsequent learning experiences.
Section 7. Evaluation Process
PGY1 Residency Evaluation Process

Evaluation Strategy:
- PharmAcademic will be used for documenting scheduled evaluations. For ALL evaluations in PharmAcademic, the resident and preceptor will independently complete the assigned evaluation and save as a draft. The resident and preceptor will then compare and discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident’s self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.
- Formative evaluations: These evaluations are intended to provide feedback to residents on a specific activity, not as an overall generalized evaluation of performance.
- Midpoint evaluations: These scheduled evaluations are intended to provide generalized feedback at the half-way point of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in the remaining time spent in the learning experience.
- Summative evaluations: These evaluations summarize the resident’s performance at the conclusion of the experience. Specific, criteria based comments should be included to provide the resident with information they can use to improve performance in subsequent learning experiences.

Resident's Evaluation of Preceptor and Rotation Experience
Each resident will complete an evaluation of the preceptor and rotation experience at the end of each rotation. If two consecutive months are spent in a single area with the same preceptor, only one preceptor/rotation evaluation need be completed for that rotation.

Preceptor’s Evaluation of Resident's Rotation Performance
Each preceptor will complete a criteria-based evaluation of the resident at the end of each rotation. The evaluation is to be discussed with the resident. If more than one consecutive month is spent in a specific area with the same preceptor, only one evaluation form needs to be completed for that rotation. A midpoint evaluation will be completed by the preceptor at the midpoint of the rotation (ex. after two weeks of a one-month rotation and at the end of the first month of a two-month rotation).

Longitudinal Evaluation Process
The following longitudinal activities will be evaluated at least once per quarter: Operations/Staffing Experience, Medication Use Evaluation and Resident Research Project, Resident Presentations, Teaching Certificate Program and participation in the On-Call / Pharmacokinetics Service. The evaluations must be completed in a timely manner to allow adequate time for the Residency Program Director to communicate any feedback and areas for improvement to the resident.

Operations/Staffing/On-Call/Pk
R2.1.4: (Applying) Participate in medication event reporting and monitoring
R3.1.1 (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership
R3.2.4 (Applying) Manage one’s own practice effectively

Medication Use Evaluation & Research Project
R2.2.1 (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems
R2.2.2 (Creating) Develop a plan to improve the patient care and/or medication-use system
R2.2.3 (Applying) Implement changes to improve patient care and/or the medication use system
R2.2.4 (Evaluating) Assess changes made to improve patient care or the medication use system
R2.2.5 (Creating) Effectively develop and present, orally and in writing, a final project report

APP Program/Presentations
R4.1.1 (Applying) Design effective educational activities
R4.1.2 (Applying) Use effective presentation & teaching skills to deliver education
R4.1.3 (Applying) Use effective written communication to disseminate knowledge
R4.1.4 (Applying) Appropriately assess effectiveness of education
R4.2.1 (Analyzing) When engaged in teaching, select a preceptors’ role that meets learners’ educational needs
R4.2.2 (Applying) Effectively employ preceptor roles, as appropriate

R3.1.2 (Applying) Apply a process of ongoing self-evaluation and personal performance improvement
R3.2.3 (Applying) Contribute to departmental management
Residency Progress Reports:
The Residency Program Director (RPD) will review the resident’s progress toward achieving program goals and objectives on a monthly basis. The Residency Program Director will provide timely, verbal feedback to the resident and document the information in PharmAcademic. Each resident will review, comment, and co-sign each Residency Progress Report in PharmAcademic.

Summative evaluations (“transition meetings”) are conducted monthly as residents transition from one rotation to another. Each transition meeting session includes the current preceptor, future preceptor, program director, project mentor, and residency mentor who review the resident’s current evaluations (formative and summative), project progress, on-call/staffing issues, and career goals. As residents clarify and continue to develop their interest areas, the rotation schedule can be modified accordingly.

The PGY1 Residency Evaluation & Progress Tracking Form is used during transition meetings to assist with tracking resident progress throughout the year to successful completion of the program. The tool tracks the resident schedule, evaluation completion, progress on selected residency goals, quarterly resident progress on additional learning experiences (staffing, on-call, PK service, projects and presentations), as well as documentation of customized residency plans. The Residency Program Director will review this data and determine specific action plans or program changes that need to be implemented.

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<tr>
<th>EVALUATION</th>
<th>METHOD</th>
<th>FREQUENCY</th>
<th>RESPONSIBILITY</th>
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<td>RESIDENT</td>
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<td><strong>ROTATION</strong></td>
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<td>Formative + Formative-Self</td>
<td>Specific Activity</td>
<td>Following activity</td>
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<td>Rotation Midpoint</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Midpoint of Rotation</td>
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<td>Summative + Summative-Self</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>End of Rotation</td>
<td>X</td>
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<td>Preceptor, Learning Experience</td>
<td>Likert-scored questions with comments</td>
<td>End of Rotation</td>
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<td>Evaluation</td>
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<td><strong>QUARTERLY</strong></td>
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<td>Operations and Staffing</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
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<td>Residency Projects</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
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<td>Teaching certificate program/Resident Presentations</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
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<tr>
<td>Clinical On-call and Pk</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
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<td><strong>OTHER</strong></td>
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<td>Orientation (Pre-Assessment)</td>
<td>Likert-scored questions with comments</td>
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<td><strong>FINAL</strong></td>
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<td>Summary</td>
<td>Narrative and RLS Outcomes, Goals &amp; Objectives</td>
<td>End of Program</td>
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<td>Residency Program (Post-Assessment)</td>
<td>Likert-scored questions with comments</td>
<td>End of Program</td>
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<tr>
<td>R1.1.1 (Applying)</td>
<td>Integrate effectively with health care teams to manage patients’ medication therapy</td>
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<td>R1.1.2 (Applying)</td>
<td>Integrate effectively with patients, family members, and caregivers.</td>
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<td>R1.1.3 (Analyzing)</td>
<td>Collect information on which to base safe and effective medication therapy</td>
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<tr>
<td>R1.1.4 (Analyzing)</td>
<td>Analyze and assess information on which to base safe and effective medication therapy</td>
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<tr>
<td>R1.1.5 (Creating)</td>
<td>Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)</td>
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<tr>
<td>R1.2.1 (Applying)</td>
<td>Ensure of therapeutic regimens and monitoring plans by taking appropriate follow-up actions</td>
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<td>R1.2.2 (Applying)</td>
<td>Manage transitions of care effectively</td>
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<td>R1.2.3 (Applying)</td>
<td>Manage aspects of the medication-use process related to the oversight of dispensing</td>
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</table>

| R1.3.1 (Applying) | Prepare and dispense medications following best practices and the organization’s policies and procedures |
| R1.3.2 (Applying) | Participate in medication-use evaluation                                           |
| R1.3.3 (Applying) | Participate in medication-use event reporting and monitoring                     |

| R2.1.1 (Applying) | Prepare a drug class review, monograph, treatment guideline, or protocol.        |
| R2.1.2 (Applying) | Participate in a medication-use evaluation                                       |
| R2.1.3 (Applying) | Identify opportunities for improvement of the medication-use system              |
| R2.1.4 (Applying) | Participate in medication-use event reporting and monitoring                     |

| R2.2.1 (Applying) | Identify changes needed to improve patient care and/or the medication-use system |
| R2.2.2 (Applying) | Develop a plan to improve the patient care and/or medication-use system         |
| R2.2.3 (Applying) | Implement changes to improve patient care and/or the medication-use system      |
| R2.2.4 (Applying) | Assess changes made to improve patient care and the medication-use system       |
| R2.2.5 (Creating) | Effectively develop and present, orally and in writing, a final project report  |
| R3.1.1 (Applying) | Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership |
| R3.1.2 (Applying) | Apply a process of ongoing self-evaluation and personal performance improvement |

| R3.2.1 (Understanding)| Explain factors that influence departmental planning                             |
| R3.2.2 (Understanding)| Explain the elements of the pharmacy enterprise and their relationship to the healthcare system |
| R3.2.3 (Applying) | Contribute to departmental management                                           |

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

| R4.1.1 (Applying) | Design effective educational activities                                          |
| R4.1.2 (Applying) | Use effective presentation & teaching skills to deliver education              |

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

<p>| R4.1.4 (Applying) | Appropriately assess effectiveness of education                                |
| R4.2.1 (Applying) | Participate in teaching, select a preceptor’s role that meets learners’ educational needs |
| R4.2.2 (Applying) | Effectively employ preceptor roles, as appropriate                             |</p>
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<th>Qterly</th>
<th>LongCall</th>
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<th>Long Staff</th>
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<th>Long Admin</th>
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<tbody>
<tr>
<td>R1.3.1 (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures</td>
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<td>R1.3.2 (Applying) Manage aspects of the medication-use process related to formulary management</td>
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<td>R1.3.3 (Applying) Manage aspects of the medication-use process related to the oversight of dispensing</td>
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<td>R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.</td>
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<td>2.1.2 (Applying) Participate in a medication-use evaluation</td>
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<td>2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.</td>
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<td>2.1.4: (Applying) Participate in medication event reporting and monitoring</td>
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<td>R2.2.1 (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems</td>
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<td>R2.2.2 (Creating) Develop a plan to improve the patient care and/or medication-use system</td>
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<td>R2.2.3 (Applying) Implement changes to improve patient care and/or the medication use system</td>
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<td>R2.2.4 (Evaluating) Assess changes made to improve patient care or the medication use system</td>
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<td>R2.2.5 (Creating) Effectively develop and present, orally and in writing, a final project report</td>
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<td>R3.1.1 (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership</td>
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<td>R3.1.2 (Applying) Apply a process of ongoing self-evaluation and personal performance improvement</td>
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<td>R3.2.1 (Understanding) Explain factors that influence departmental planning</td>
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<td>R3.2.3 (Applying) Contribute to departmental management</td>
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<td>R3.2.4 (Applying) Manage one's own practice effectively</td>
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<td>R4.1.1 (Applying) Design effective educational activities</td>
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<td>R4.1.3 (Applying) Use effective written communication to disseminate knowledge</td>
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<td>R4.1.4 (Applying) Appropriately assess effectiveness of education</td>
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<td>R4.2.1 (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs</td>
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<td>R4.2.2 (Applying) Effectively employ preceptor roles, as appropriate</td>
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# RESIDENCY EVALUATION & PROGRESS TRACKING

## RESIDENT:

### SCHEDULE

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## OVERALL PROGRESS AND COMMENTS (INCLUDING PERSONAL AND PROGRAM GOALS)

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LONGTIDUAL PROJECTS

- Research:
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- Committee:
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- Advisor:

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ON CALL / PHARMACOKINETICS SERVICE

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PROJECTS / PRESENTATIONS

Research project proposal – September 6, 2016
Seminar

Research poster viewing – November 15, 2016
Midyear clinical pearls – TBD, January 2017
Family medicine
March 29, 2017 – Caroline Cruce
April 12, 2017 – Brittany Wills
April 26, 2017 – Chance Wachholtz
May 10, 2017 – Sarah Joseph
May 24, 2017 – Patrick Walker

SERC Practice – TBD, Mid April 2017
Preceptor development – TBD, May 2017
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### STAFFING / OPERATIONS / ADE REPORTING

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### Resident Evaluations

#### Definitions

Each rating should have accurate and objective comments documented within the evaluation that provide and explanation for the chosen rating.

| NI = Needs Improvement | The resident’s level of skill on the goal does not meet the preceptor’s standards of either “Achieved” or “Satisfactory Progress”. This means the resident could not:
| | • Complete tasks or assignments without complete guidance from start to finish, OR
| | • The resident could not gather even basic information to answer general patient care questions, OR
| | • Other unprofessional actions can be used to determine that the resident needs improvement.
| | There was a general lack of improvement over the course of the rotation, despite the preceptor providing formative, documented feedback and attainable action plan (Goals with deficiencies and corresponding activies/actions)
| | This should only be given if the resident did not improve to the level of residency training to date before the end of the rotation.

| SP = Satisfactory Progress | This applies to a goal whose mastery requires skill development in more than one learning experience. In the current experience the resident has progressed at the required rate to attain full mastery by the end of the residency program. This means the resident can:
| | • Perform most activities with guidance but can complete the requirements without significant input from the preceptor.
| | • There is evidence of improvement during the rotation, even if it is not complete mastery of the task.
| | There is a possibility the resident can receive NI on future rotations in the same goal in which SP was received if the resident does not perform at least at the same level as previously noted.

| A = Achieved | The resident has fully mastered the goal for the level of residency training to date. No further instruction or evaluation is required in subsequent learning experiences. This means that the resident has consistently performed the task or expectation without guidance.

| Achieved for the Residency | The preceptors and Program Director will collaborate throughout the residency year to determine if the resident has demonstrated consistency between rotation evaluations of goals and objectives. This means that the resident can consistently perform the task or has fully mastered the goal for the level of residency training to date and performed this task consistently in various rotation experiences.
| | The Program Director, in conjunction with the RAC, has the ability to mark the resident as “achieved for the residency.” This means that the goal/objective will no longer be required to be evaluated in subsequent evaluations, but that any preceptor has the opportunity to provide additional feedback as necessary. |
Section 8. Advisor Guidelines
PGY-1 Pharmacy Residency Program Advisor Guidelines

Resident Advisor Guidelines

What is the overall goal for the advisement program?
The advisor is the resident's advocate who can be a sounding board for the resident, foster professional development, provide support and encouragement through difficult times, and share in rewarding times in the residency.

How will advisors be selected?
Each year the RPD will identify preceptors who are willing and able to serve in the capacity of a residency advisor. Managers and supervisors will not be allowed to serve as advisors. The RPD, with the assistance of the RAC, will assign an advisor to each PGY-1 resident based on personality and area of interest. Advisors will be assigned each year by September 1st.

Activities of the Advisor:
- Attend and be one of two required evaluators at the resident’s core presentations (seminar, family medicine, preceptor development, etc)
- Monitor the resident’s progress through the Academician Preparation Program (APP). The advisor will initial and sign the requirements form as verification all program components have been completed.
- Provide guidance for the resident on “who do I go to or where do I start with this?”
- Set goals and expectations for the advisor-resident relationship (e.g., what does the resident want/need from the advisor and vice versa)
- Communicate (e.g., by telephone, e-mail or meeting in person) with the resident at least monthly (especially early on as you are getting to know each other) even if there are no critical issues to discuss and formally meet quarterly throughout the year
  - You may need to touch base more frequently as situations dictate
  - Residents should not be pulled from rotation to meet with advisor
  - If the resident is amenable, consider an alternative location and meeting time (e.g., a breakfast, lunch or coffee meeting)
- Encourage the development of open and helpful lines of communication with the advisor and others, especially during difficult times
  - The advisor may need to serve as a liaison between folks that are not communicating well
- Help identify issues or problems early on and provide guidance on problem resolution
  - If appropriate, you are encouraged to loop in the Residency Program Director/Coordinators with the permission of the resident or have the resident speak with the Residency Program Director/Coordinators
- Listen, encourage, and help the resident see the big picture before focusing on details
- Build a strong and trusting relationship
- Consistently provide feedback that is positive and constructive
- Help support the resident in achieving his/her goals and emphasize the importance of balance in the resident’s life
- Provide guidance on career counseling (e.g. CV preparation, interviewing tips, PPS description, etc)
• Support the resident by attending his/her presentations, journal clubs, etc.

**Activities of the Resident:**

• Communicate (e.g., by telephone, e-mail or meeting in person) with the advisor at least monthly (especially early on as you are getting to know each other) even if there are no critical issues to discuss

• Share experiences, expectations, and professional goals with advisor to enable them to get to know the resident and understand the best ways to support the resident throughout the residency year

• If at any point in the year, the advisor and resident relationship is not successful, the resident should reach out the RPD for guidance. Residents may identify other mentors throughout the year that can assist in their professional development. However, the named advisor at the beginning of the residency year will remain the mentor on record.
Section 9. Clinical On-Call Service
Clinical Pharmacy On-Call Service

Policy:
The Department of Pharmacy will operate a Clinical Pharmacy on-call service for the Greenville Health System. The purpose of this service is to provide 24 hour availability of clinical pharmacy services to all health care professionals and patients of the Health System. The Clinical Pharmacy On-Call service exists to provide consultation on patient specific drug therapy issues. A pharmacy resident in most cases will serve as the primary clinician on call and a clinical pharmacy specialist will serve as his/her back-up.

Effective August 2015, the Pharmacy Clinical on-call pager has been integrated into the GHS web-paging process, which increases flexibility in making and receiving on-call pages. All on-call queries will be directed to the web paging service “Pharmacy Clinical On-Call,” available 24 hours a day, 365 days a year.

All clinical pharmacy specialists and pharmacy residents will be assigned a mailbox ID number, which will give the option of routing on-call pages to their personal cellular phone. In the event that the primary call person does not have reliable cellular phone service while in the hospital (phone plans other than Verizon), he/she must transfer calls to the on-call cell phone and keep the phone on his/her person while in-house.

Key Phone Numbers/Contacts:

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<tr>
<td>GHS Call Center</td>
<td>455-8759</td>
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<tr>
<td>GHS Physician Paging Line</td>
<td>455-9500</td>
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<td>On-Call Mailbox ID</td>
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Procedure:
The Clinical Pharmacy On-Call Service is a service provided by the Department of Pharmacy, Clinical Services. Effective March 2017, the on-call pharmacist can be reached:

- Electronically, via GHS Web Paging
  - From Plexus, click Apps & References, then Web Paging
  - Click link to send message to a service pager
  - Text search for “Pharmacy”
  - Click checkbox next to “Pharmacy clinical on-call” then click the Message button in right hand corner of page
  - On the next screen, enter data into the required fields and click the Page button

Responsible Persons
Both PGY-1 and PGY-2 residents, as well as adult in-patient clinical pharmacy specialists will participate in the on call service. Primary call will be taken by pharmacy residents as well as clinical pharmacy specialists. When a resident serves as the primary call, a clinical pharmacy specialist will be assigned as back up call for that individual. It is the responsibility of the Manager, Clinical Services or his designee to develop the call schedule and distribute to the residents and clinical staff.
**Scheduling**
The assigned pharmacy resident or clinical pharmacy specialist will take call on a weekly basis, rotating call each Monday at 0800. Call will be scheduled to coincide with weekend staffing in most circumstances. PGY-1 residents will be scheduled to be on call about once every 6 weeks (every time they staff second shift in Central Pharmacy). PGY-2 residents will be regularly integrated into the call schedule for the entire year. Residents will always be assigned to take primary call. Clinical Pharmacy Specialists will be scheduled to be on-call about every 6 weeks and may be assigned as either primary call or back up call.

The on-call schedule will be made available on the Pharmacy Department Sharepoint site. Once the call schedule has been posted, any changes must be arranged between the residents and/or back-ups. Once a change has been agreed upon, the Manager, Clinical Services or his designee must be notified along with the residents and clinical pharmacy specialists involved. The residents should utilize the Resident PTO Request Form to communicate changes among responsible parties.

**Transfer of Call Among Responsible Parties**
On Monday morning at the start of the on-call week, the primary call person (resident or clinical specialist) must contact the GHS Call Center at 455-8759 to designate the primary contact person/mailbox number.

**Communication Between Primary and Backup**
The resident on-call must contact the backup clinical specialist on the Monday of start of call to (1) confirm the call center has been contacted to update primary call contact; (2) touch base; (3) verify each is the correct call person as designated on the schedule; (4) to specify preferred method of communication for handling calls; (5) arrange for any needed handoffs during the week that may occur (travel to conferences, etc).

**Expectations for Follow-Up**
Both the primary and back-up practitioner must be available 24 hours a day, respond to pages in a timely manner and come to the hospital if necessary. Pages requesting information for urgent patient specific therapies take priority over other responsibilities including rounds, staffing, meetings, etc. The expectation is that each call, whether received by the primary or back up practitioner, will be responded to within 15 minutes of receiving the page.

When taking primary call, residents are expected to return the page in a timely manner and gather any additional information needed to provide an appropriate answer for the requestor. The resident must communicate with his/her back up before any recommendations are given.

In the event that the back-up clinical pharmacy specialist feels uncomfortable answering a question, then further consultation with another clinical specialist should be obtained.

**Failure of Backup to Respond**
If the back-up clinical pharmacy specialist does not respond to the resident’s call within 15 minutes then the resident should call the back-up practitioner a second time. If the resident is still unable to reach the assigned back-up clinical pharmacy specialist, then the resident should contact the program director.
Documentation and Quality Assurance
Each call will be documented on the Clinical Pharmacy On-Call Service Documentation Form. Residents are responsible for completing the forms and submitting to the Clinical Pharmacy Specialist serving as their back up. These forms will then be reviewed and co-signed by the back up practitioner within 24 hours during the week and within 72 hours for weekends and holidays. Once signed these forms should be submitted to the Drug Information Clinical Pharmacy Specialist for review and QA audit.
Clinical Pharmacy On-Call Service
On-Call Documentation Form

Resident/Pharmacist ____________________       Date ________      Time ______ AM/PM

Caller:
Physician _______________________ Pager _________________
Nurse __________________________ Unit ___________________
Pharmacist ______________________  Location _______________
Other ___________________________ Phone/Pager____________

Type of Question:
Therapeutic    Kinetics      Formulary     ADR     Nutrition     Drug Shortage    Other ________

Patient Information:
Name ___________________  MR# ______________   Room _______   Allergies ________
Age _____  Sex _____ Ht _______ Wt _______  IBW _______  DWT _______ CrCl _______

Requested Information:

Questions asked:

Information supplied/Calculations/Recommendations/Referrals:

Resources Used:

Total time Involved ________  Note Written?   Yes   No   Follow up required?   Yes   No

Signatures:
Person completing consult _____________________  Faculty back up ______________________

MUST BE SIGNED BY FACULTY BACK UP WITH 24 HOURS ON WEEKDAYS, 72 HOURS ON WEEKENDS
Section 10. Presentation Requirements
PGY-1 Pharmacy Residency Program Presentation Requirements

Resident Presentation Guidelines
Each resident will complete the following presentations throughout the residency year to expand the resident’s communication skills and presentation techniques. These presentation requirements do not include those required for each individual rotation. Additional presentations to help aid staff development or the resident’s presentation skills may be assigned by the Residency Program Director (RPD).

Teaching Certificate Credits
- Hashtag (#) indicates presentation will meet didactic teaching requirement
  - Resident advisor will sign-off on the APP requirement form/sign-off sheet for didactic teaching presentation after receiving final evaluation form from the presentation mentor
  - If there are discrepancies regarding meeting APP requirements, the decision to sign off requirements will go to RAC for review
- Dollar sign ($) indicates presentation will meet small group facilitation requirement

Research Project Proposal
- 10 minutes in length
- Purpose: Present proposed research project idea and methods to clinical staff, who will provide feedback to improve study design before presentation of the project to IRB
- PowerPoint required
- Dates:
  - Monday, September 10, 2018 from 2:00-4:00 pm in ST-31
  - Tuesday, September 11, 2018 from 2:00-4:00 pm in ST-31

Coordinate Pharmacy Week
- Purpose: Create and maintain a schedule of activities for the week
- Usually provide one meal for all shifts, paid for by the department
- Dates: October 14-20, 2018

Formal Seminar Presentation
- 60 minutes total (50 minutes in length with additional 10 minutes for questions)
- Presentation advisor must be chosen to help direct and approve the final version
- Purpose: Prepare and deliver an accredited, evidence-based, formal presentation on a topic of resident’s choosing, pertinent to pharmacy staff.
  - Topic must be approved by residency director
  - Topic should be suitable for use on potential job interviews
  - Should incorporate evaluation of primary literature to support recommended therapies for selected topic (i.e. randomized controlled trials)
- Two (2) evaluators must be contacted/selected by the resident no later than 2 weeks prior to the presentation. One of the two evaluators should be the resident advisor; if the advisor is not available, then an alternative evaluator must be identified.
- Evaluations required (resident prints copies and brings to presentation):
  - GHS PGY-1 Pharmacy Residency Program Presentation Evaluation Form
- PowerPoint required
- Dates:
  - PGY2 (Perry) Monday, September 17, 2018 from 2-4 pm in MSA
  - PGY1 (Christina) Tuesday, October 9, 2018 from 2-4 pm in MSA
PGY1 (Kaci) Tuesday, October 16, 2018 from 2-4 pm in MSA
PGY1 (Lisa) Tuesday, October 23, 2018 from 2-4 pm in MSA
PGY1 (Brian) Monday, October 29, 2018 from 2-4 pm in MSA
PGY1 (Jessica) Tuesday, November 6, 2018 from 2-4 pm in MSA
PGY1 (Caroline) Tuesday, November 13, 2018 from 2-4 pm in MSA

Poster Viewing Session (Prior to Midyear)
- **Purpose:** Allows clinical staff to give resident feedback prior to printing posters
- **Date:** Monday, November 12, 2018 from 2:00 pm to 4:00 pm in ST-31
- **PowerPoint in poster presentation format required**
  - Presentation on PowerPoint
  - Please print handouts of poster and bring to session for preceptors to write comments
- **Following poster viewing session:**
  - Make required revisions as agreed upon with project preceptors
  - All preceptors listed on project must review and approve final poster PRIOR to printing

Poster Presentation (Midyear/UHC and SCSHP) or Professional Organization Presentation
- Presentation must be approved by residency program director in advance
- May select a quality improvement, research oriented, department education, or other topic deemed suitable by residency director
  - Topic must be reviewed and approved by the residency director
- **PowerPoint in poster presentation format required**
- **Midyear Dates:** November 30, 2018 – December 5, 2018 in Anaheim, CA

Professional Meeting (Midyear) Clinical Pearls
- Group presentation, PGY1s plus PGY2
- Each resident presents for 10-15 minutes (70-105 minutes, plus 15 minutes for questions)
- Topics of resident choosing, but should incorporate a short overview of 3-4 educational sessions attended while at a professional meeting.
  - RPD may suggest specific education sessions to attend based on departmental or residency initiatives / process development
  - RPD will email clinical staff a minimum of 2 weeks prior to Midyear meeting soliciting feedback of sessions of which they would like more information
- **PowerPoint required**
- **Date:** TBD, January 2019

Presentation of Project Results to pharmacy staff (SERC practice sessions)
- 15 minutes in length, including time for questions
- Presentation must be presented on at least 2 separate occasions to pharmacy staff
- **Purpose:** To provide the resident with feedback to improve the presentation for delivery at SERC
- All preceptors listed on project must review and approve final slide set
- **PowerPoint required**
- **Dates (2):** TBD, mid-April 2019

Presentation of Project Results at SERC
- 15 minutes in length, including time for questions
- **PowerPoint required**
- All preceptors listed on project must review and approve final slide set
- **Dates:** April 25-26, 2019 in Athens, GA

Family Medicine Medical Resident Lectures (i.e. Grand Rounds, Noon Conference)
- Coordinator: Dr. Alyson Ghizzoni-Burns
• Lecture time is from 12:35-1:15pm (aim for 30 min presentation and 5 minutes for questions)
• An email will be sent to the residents on August 1 explaining the FMTS noon conference requirements and expectations
• Presentation advisor must be chosen to help direct and approve the final version
• Topic of resident’s choosing from approved list, pertinent to family medicine residents
  o Topics/schedule is posted on the Clinical Share Drive (/Family Medicine\FM Lecture Series 2018-19)
  o Insert your name and preferred topic in the document. The **bolded topics** have been requested to be scheduled earlier in the year if possible. A list of other proposed topics are included within the document.
  o Additional topics not included on the list must be approved by Dr. Alyson Ghizzoni-Burns
  o Residents are expected to create original lecture material for this presentation – residents may use past lecture materials as a guide but are expected to create their own material and content
• Two evaluators required: One evaluator (preferably the resident advisor) must be contacted/selected by the resident no later than 2 weeks prior to the presentation. If the advisor is not available, then an alternative evaluator must be identified. Dr. Alyson Ghizzoni-Burns or her designee will serve as the second evaluator.
• Evaluations required (resident prints copies and brings to presentation):
  o GHS PGY-1 Pharmacy Residency Program Presentation Evaluation Form
• PowerPoint required
• Dates set aside for residents:
  o December 19, 2018: Perry Carrington
  o January 16, 2019: Brian Norman
  o February 20, 2019: Jessica Snawerdt
  o March 27, 2019: Lisa Gibbs
  o April 17, 2019: Christina Beckert
  o May 22, 2019: Caroline Sutton
  o June 5, 2019: Kaci (Foster) Comford

**Pharmacy & Therapeutics Monograph**
• Each resident will be required to develop and present a drug monograph for the Pharmacy & Therapeutics Committee (or equivalent drug policy committee, such as Antimicrobial Subcommittee or Pediatric Task Force)
• Dates: The P&T Committee meets the second Wednesday of every month at 5:30 pm (no meetings in July or December)

**Pharmacy & Therapeutics Medication Use Evaluation (MUE)**
• Each resident will be required to complete an MUE
• MUE will be presented to the P&T Committee or other relevant committees
Listed below are the MINIMUM deadline requirements and timeline for formal presentations. It is the resident’s responsibility to contact and/or submit the required items to the project/presentation mentor. Preceptors may alter the deadlines or add to the deadlines as needed based on schedule and resident presentation needs.

<table>
<thead>
<tr>
<th></th>
<th>Formal Seminar Presentation</th>
<th>Family Medicine Presentation</th>
<th>Preceptor Development</th>
<th>M2 Lecture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic Selection</td>
<td>8 weeks</td>
<td>December 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>8 weeks</td>
<td>Assigned</td>
</tr>
<tr>
<td>Presentation Advisor Selection</td>
<td>8 weeks</td>
<td>December 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>8 weeks</td>
<td>Assigned</td>
</tr>
<tr>
<td>Literature Search/Article Selection Complete</td>
<td>7 weeks</td>
<td>7 weeks</td>
<td>7 weeks</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Objectives/Outline</td>
<td>6 weeks</td>
<td>6 weeks</td>
<td>6 weeks</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Final Mentor Approved Objectives Submitted to CE Office</td>
<td>5 weeks</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Complete First Draft Submitted to Mentor</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Final Presentation Complete</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Practice Presentation with Mentor</td>
<td>2 weeks</td>
<td>2 weeks</td>
<td>2 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Submit Final Presentation to CE Office</td>
<td>1 week</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Evaluators**
Independent evaluators MUST be contacted/selected by the resident

<table>
<thead>
<tr>
<th>Evaluators</th>
<th>Formal Seminar Presentation</th>
<th>Family Medicine Presentation</th>
<th>Preceptor Development</th>
<th>M2 Lecture</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks</td>
<td>Two independent evaluators</td>
<td>One independent evaluator + Dr. Ghizzoni-Burns</td>
<td>One independent evaluator</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>+/- Presentation Mentor</td>
<td>+/- Presentation Mentor</td>
<td>+/- Presentation Mentor</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Evaluation Tools Required**

<table>
<thead>
<tr>
<th>Evaluation Tools Required</th>
<th>Formal Seminar Presentation</th>
<th>Family Medicine Presentation</th>
<th>Preceptor Development</th>
<th>M2 Lecture</th>
</tr>
</thead>
<tbody>
<tr>
<td>APP Evaluation Didactic Lecture</td>
<td>APP Evaluation Didactic Lecture</td>
<td>APP Evaluation Small Group</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
### Typical Presentation Timeline

<table>
<thead>
<tr>
<th>PRESENTATION</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Project Proposal</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal Seminar</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poster Viewing Session</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poster Presentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Midyear Clinical Pearls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Results Presentation GHS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Project Results Presentation SERC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Family Medicine Lecture</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P&amp;T Monograph</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>P&amp;T MUE</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Bolded X’s mean the presentation occurs for all residents in that specified month; Un-bolded dates will vary depending on the topic/monograph/MUE assigned or chosen.
### GHS PGY-1 Pharmacy Residency Program Presentation Evaluation Form

**Presenter:**

**Date:**

**Presentation Mentor:**

**Evaluator:**

**Topic:**

<table>
<thead>
<tr>
<th>Section 1: Overall Project Management</th>
<th>Achieved</th>
<th>Satisfactory Progress</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deadlines met as stated in presentation requirements document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independently completes tasks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of original content</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporates feedback</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication with Mentor</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Style</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Timeliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receptive to Feedback</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section 2: Presentation Evaluation**

To be completed by PRESENTATION EVALUATOR (2 required). All needs improvement assessments require comments.

Presentation evaluators must fill out APP presentation evaluation form in addition to this form for inclusion in the resident portfolio.

<table>
<thead>
<tr>
<th>Communication</th>
<th>Achieved</th>
<th>Satisfactory Progress</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verbal Communication</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Introduces self and topic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pace and volume</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Natural tone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appropriate pronunciations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Absence of filler words</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Minimal use of notes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Verbal Communication</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Professional appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Eye Contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Absence of distracting mannerisms</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Presentation Content |
|-----------------------|-------------------|
| Objectives match content presented | |
| Information is presented in a clear, organized fashion | |
| Presents and critically evaluates primary literature | |
| Presents clear, readable representations of applicable trial data | |
| Effectively summarizes key points of presentation | |
| Makes accurate and definitive conclusions | |
| Content of presentation met the needs of target audience | |

| Audience Engagement |
|----------------------|-------------------|
| Demonstrates anticipation and thorough preparation for possible questions | |
| Answers to questions are concise, accurate, and organized | |
| Effectively incorporates audience participation | |
### Instructional Materials and Media

Written materials were well-written and a valuable instructional aid
- Slides are clear (i.e. font choice, amount of information per slide)
- Slides flow appropriately
- Slides individually referenced

### Section 3: Overall Comments

To be completed by PRESENTATION EVALUATOR (2 required).  
Presentation evaluators must agree if presentation qualifies for APP sign-off, any discrepancies will be handled by the RAC committee.

### Areas for Improvement

Must provide a minimum of THREE

### Strengths of Presentation

Must provide a minimum of THREE

### APP Assessment

- □ Presentation meets requirement for APP sign-off
- □ Presentation does not meet requirement for APP sign-off
Section 11. Meeting Requirements
PGY-1 Pharmacy Residency Program Meeting Attendance

Longitudinal Committee Membership
As a longitudinal requirement beginning 2015-2016, all PGY1 residents will select one interdisciplinary committee of which he/she will be a member for the entire residency year. By August 31, the resident should select a committee and notify the RPD and pharmacy committee representative. Attendance at all subsequent committee meetings is mandatory. The resident may participate on the committee in a variety of ways, including but not limited to: compiling agenda and minutes, presentations, drug information questions, and related projects.

Other Pharmacy Department-related Meetings
Pharmacy residents are required to attend all of the following meetings at GHS:
- Departmental staff meetings in Central
- Clinical staff meetings
- Formal student seminar and clinical pearl presentations
- Pharmacy and Therapeutics Committee when presenting or as required by preceptor
- PGY1 resident recruitment (tours and lunches)
- Additional meetings as assigned by the residency program director

Exceptions and absences for required meetings must be approved in advance by the residency program director.

In addition to the required meetings, additional rotation specific meetings may be required. Exceptions or absences to rotation specific meetings must be approved in advance by the rotation preceptor. Examples of rotation specific meetings include but are not limited to:
- Noon conferences
- Antibiotic Subcommittee of Pharmacy and Therapeutics Committee
- Pediatric Pharmacy and Therapeutics Committee

Professional Meeting Attendance (off-site travel required):
- SCSHP Fall Meeting
  - October 17, 2018 in Columbia, SC
- Vizient Consortium Pharmacy Council & ASHP Midyear Clinical Meeting
  - November 30 – December 5, 2018 in Anaheim, CA
- SERC
  - April 25-26, 2019 in Athens, GA

Monthly Transitional Meetings:
The goals of transitional meetings are:
- To review resident progression, any areas of achievement or deficiency,
- Track status on longitudinal projects, including the resident research project, MUE, and CE presentations
• Assisting the upcoming preceptor for rotation planning purposes. The preceptor is made aware of the resident’s ongoing projects, meeting conflicts, and areas of interest/deficiency/focus.
• Facilitating tailoring the residency and rotations to residents’ interests as they develop or change over the course of the year.

Expectations for transition meetings:
• Residents are expected to schedule their own transitional meetings in Outlook, once monthly, to occur +/- 3 days of the rotation start/end. Residents are encouraged to schedule these meetings as far in advance as possible (at least 1-2 months ahead) in Outlook to prevent scheduling conflicts.
• Rotation evaluations must be completed in PharmAcademic and discussed with the resident prior to the transition meeting
• Required attendees (4): Resident, Offcoming preceptor, Oncoming preceptor, and RPD. A RAC member may attend in place of RPD when necessary. Advisors and project mentors are not required to attend. Tracking of longitudinal projects will occur via other methods (emails, etc).
• Offcoming preceptors must come prepared to discuss a minimum of 3 strengths and 3 weaknesses of the resident, and comment on any RLS goals/objectives marked either “ACH” or “NI.”
• Resident progress will be documented by the RPD and uploaded into PharmAcademic for reference by the resident and preceptors.
<table>
<thead>
<tr>
<th>Committee</th>
<th>Preceptor Member</th>
<th>Meeting Schedule</th>
<th>Level of Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antimicrobial Stewardship Program Committee (ASP)</td>
<td>Carmen Fennell</td>
<td>Quarterly</td>
<td>Project, minutes, agendas etc... Can pick either GMH or one of the outside facilities for them to focus on for the year.</td>
</tr>
<tr>
<td>Antimicrobial Task Force (Antibiotic subcommittee of P&amp;T)</td>
<td>Carmen Fennell</td>
<td>Every other month</td>
<td>Agenda, Minutes, Projects, education</td>
</tr>
<tr>
<td>C. Diff/ASP</td>
<td>Carmen Fennell</td>
<td>Quarterly, next 7/10/18</td>
<td>Projects, data analysis</td>
</tr>
<tr>
<td>Chemo PI Committee</td>
<td>Lise Langston</td>
<td>Quarterly</td>
<td>Projects, policy</td>
</tr>
<tr>
<td>Clinical Knowledge Management Steering Committee</td>
<td>Doug Furmanek</td>
<td>Every other month</td>
<td>Minutes or projects</td>
</tr>
<tr>
<td>Code Committee</td>
<td>Kim Clark</td>
<td>Monthly</td>
<td>Projects</td>
</tr>
<tr>
<td>CV Section (1 resident)</td>
<td>Lyndsay Gormley</td>
<td>Every 3 months</td>
<td>SCIP misses, DI questions, order set development</td>
</tr>
<tr>
<td>Diabetes Steering Committee (1 resident)</td>
<td>Jessica Odom</td>
<td>Every other month</td>
<td>Many opportunities, including projects, education, inpatient diabetes JC certification involvement</td>
</tr>
<tr>
<td>Diversion Committee</td>
<td>Bethanie Gamble</td>
<td>Monthly</td>
<td>Projects, education</td>
</tr>
<tr>
<td>Medication Performance Improvement</td>
<td>Becky Sawyer</td>
<td>Monthly</td>
<td>Projects, education</td>
</tr>
<tr>
<td>Medication Reconciliation Committee</td>
<td>Alyson Ghizzoni-Burns / John Howard</td>
<td>Every 3 weeks</td>
<td>Projects, education</td>
</tr>
<tr>
<td>Metabolic Support Committee</td>
<td>Doug Furmanek</td>
<td>Monthly</td>
<td>Minutes, projects, research, education</td>
</tr>
<tr>
<td>Oncology P&amp;T Subcommittee</td>
<td>Chris Campen</td>
<td>Monthly</td>
<td>Projects, education</td>
</tr>
<tr>
<td>Pain Committee</td>
<td>Doug Furmanek</td>
<td>Monthly-every other month</td>
<td>Minutes, projects, education</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>Doug Furmanek</td>
<td>Monthly</td>
<td>Project</td>
</tr>
<tr>
<td>Pediatric Task Force (Pediatric subcommittee of P&amp;T)</td>
<td>Heather Hughes/Bethany Lynch</td>
<td>Every other month</td>
<td>Agenda, Minutes, projects</td>
</tr>
<tr>
<td>Pharmacy &amp; Therapeutics</td>
<td>Lucy Crosby</td>
<td>Monthly except July and December</td>
<td>Agenda, Minutes, projects, education</td>
</tr>
<tr>
<td>Sedation Committee</td>
<td>Doug Furmanek</td>
<td>Every other month</td>
<td>Opportunities exist; narcan and flumazenil reports on nursing units</td>
</tr>
</tbody>
</table>
P&T Process: Instructions for Residents Submitting Monographs

The GHS Pharmacy & Therapeutics Committee is a SYSTEM-level committee, serving all hospital campuses. The Committee meets on the second Wednesday of every month, except July and December, when there is no meeting.

I. Prepare your monograph: Use the approved GHS template, available on the Clinical Pharmacy Sharepoint site. Save the final version, along with primary literature/supporting evidence in the appropriate month in the Pharmacy & Therapeutics Committee folder on the Clinical Share Drive.

II. Initiate the Formulary Action Form (FAF): Use the approved template, available on the Clinical Pharmacy Sharepoint site. Most, if not all, of the content on the “Clinical” worksheet tab will be your responsibility. Discuss with your preceptor/RPD if you are uncertain about a particular section. You won’t know everything to complete the entire form – the responsibility is shared among the Pharmacy Management Team. Save this document in the appropriate folder on the Clinical Pharmacy Sharepoint site.

III. P&T Call for material email: “3 weeks prior to P&T meeting,” an email will be sent to all clinic specs, residents, and pharmacy managers asking for material for the packet. In order for your monograph to be included on the agenda, you must meet this deadline. The dates for Pre and Post P&T will be included as well. These are Skype-able meetings, so your attendance at these is mandatory (as a presenter).

*Final packet materials due 7 days prior to meeting*

IV. Pre P&T [“1-2 weeks prior to P&T]: Purpose to inform pharmacy management/Epic Willow of upcoming action items, anticipate future implementation/clinical problems, and share information among various interested clinical groups (adults vs pediatrics, outlying facilities, Zynx, etc)]

- Clinical Pharmacy Sharepoint site: Pharmacy and Therapeutics Committee
- Luci will bring Pre P&T agenda up on screen and take notes about any upcoming items
- Preliminary issues will be identified
- Completed monograph is preferred, but not mandatory
- Point person should upload FAF to Sharepoint

V. At the Meeting

- Agenda/packet will be displayed on the screen for all members
- Outside hospitals will Skype in
- Present your monograph. Key points:
  - Introduce yourself and the medication
  - State how the formulary request came about (for example, “Requested by Dr. Cancellaro from Anesthesia” or “Several non-formulary requests from Laurens”)
  - State other governing bodies that have approved this request, if applicable (for example, “Approved by Pain Committee”)
  - Present the highlights of your monograph (Goal 5-10 minutes). You do not have to read every single section verbatim. Try to summarize the clinical studies in a few generalized sentences (for example, “A majority of the clinical evidence suggests ...” or mentioning numbers needed to treat). Only if the request is controversial (ie, Pharmacy is going to recommend not adding or heavy restrictions) do you need to get heavy into the data.
  - Conclude by stating your exact recommendation (exactly the way you want it to be recorded in the minutes). You will need to include which hospitals will stock the medication, considering what kinds of patients are at each facility. For example, “Pharmacy recommends adding medication X to formulary with restriction to Pediatric services only. The medication will be approved for use at all pediatric hospital locations, GMH, Greer, Laurens, and Oconee.”
VI. Post P&T Meeting & Afterwards

- Each presenter should have their formulary action forms as complete as possible.
- Issues will be worked out
- Go-live dates will be set at this meeting
Section 12. Research Project Information
Instructions for CITI Training Course  
(Collaborative Institutional Training Initiative)

All researchers (principal investigators, co-investigators, or other research staff, & students) involved in human subject research at GHS must complete training before a requested study protocol may receive approval and/or before research is conducted. This requirement is satisfied by completion of the CITI Training Course, available online from the CITI web page.

1. Navigate to the URL: https://about.citiprogram.org/en/homepage/  
Here you can register, create your profile, and complete the appropriate modules.  
• Click “Register” if you do not already have an account from a previous institution.  
• Click “Log in” if you already have an account.  
• Either way, you will have to “Affiliate with another institution” and select GHS as an organization affiliation in order to transfer or get credit for modules. GHS is called “Upstate Affiliate Organization (UAO) dba Greenville Health System” in the CITI database.
  o After you pick GHS as an affiliate, the database should merge our institution requirements with what modules you have already completed. It will display any additional modules you need to complete, if any.
    • Curriculum group: Human research  
    • Course learner group: Biomedical investigators and key personnel  
    • Stage: 1 – basic course  
2. Upon completion of the course, keep copies of your Completion Certificates. You will need to upload it into the eIRB system in order to receive IRB approval of your research protocol.

Protocol Submission to the GHS Investigational Review Board (IRB)  
The following steps can be taken in order to create your account with eIRB:  
1. We will request residents’ eIRB access through ServiceNow (IS HelpDesk) during the first week of orientation  
2. First, go to the following URL: http://university.ghs.org/research-protection/  
  • This is the home page for the Office of Human Research Protection (OHRP). Here you will find a variety of forms, guidance, and contact information for your convenience as you begin preparing your protocol submission for IRB review.  
  • Specific materials available at this website include (but are not limited to) eIRB Instructions, Deadlines, and Forms for Submission, templates, and protocol submission applications. Contact information for the IRB Coordinators is available here also, should you need assistance or have any questions.  
  • For ear specifically, OHRP has uploaded some demonstration videos to assist with various functions, such as creating and submitting new studies, amending a study, and uploading documents  
3. Log on to the eIRB website: http://eirb.healthsciencessc.org  
4. Select “Greenville Health System” from the institution dropdown option and click continue.  
5. Login using your network ID and password and you will be routed to the registration page.  
6. Click “Register” link at the bottom right of the screen.  
7. Once you have registered, a member of the OHRP staff will receive a notification to validate your account. It may take several days. Email Katie Daniels (kdaniels@ghs.org) or Amanda Goode (agoode@ghs.org) if you have problems.  
  • Create your account.  
  • Select “Greenville Hospital System” as the institution  
  • Indicate “Pharmacy” as the department affiliation  
  • Enter as much information as you can  
  • It will take a day or two to process your information and get your account activated in the system. You will receive notification via email once your ID has been activated. You are now ready to submit your study.

Last updated 6/20/18 by LC
8. As of 2013, residents (both medical and pharmacy) cannot be listed as Principal Investigators – you must have your project mentor listed in this role. It is probably best if you work together to create the submission.

9. Log in to the eIRB system. If the system does not already take you there, click “My Home” from the navigation choices (top right hand corner of the screen).

10. On the left beige navigation bar, under “My Roles” select “Study Staff.”

11. Click the “New Study” button that appears on the left beige navigation bar.

12. The system will walk you through the required submission information.

13. You may complete the application all at once, or segments at a time by clicking the “save” choice at the top of the screen.

14. You also do not have to complete it in order; you may jump around to different parts.

Another useful URL:
https://hsc.ghs.org/research/research-protection/links/
GHS Pharmacy Residency Program
Research Coordinator

Contact:
Sarah Withers, PharmD, MS, BCPS
Clinical Pharmacy Specialist, Infectious Diseases
Phone: 455-6651
Email: swithers@ghs.org

Purpose
The Clinical Pharmacy Research Coordinator will serve
- To enhance pharmacy staff, resident, and student knowledge and participation in research
- To align with the mission, vision, and values of Greenville Health System
- To advance the profession of pharmacy

Scope
- The scope of the Clinical Pharmacy Research Coordinator is to oversee, guide, and facilitate research activities to include.
  - Study feasibility assessment.
  - Compliance with Institutional Review Board (IRB) requirements including adherence to data collection and security requirements.
  - Compliance with institutional training requirements.

Research Coordinator Responsibilities
- Issue a call for research project ideas on an annual basis and maintain a directory of interested research preceptors and their areas of research interests.
- Establish guidelines/timelines for research projects.
- Provide assistance to preceptors in developing suitable research projects.
- Review and provide feedback to study investigators on research project outlines and research protocols, including evaluation of scientific merit, design, feasibility, relevance to internal/external audiences, resources, and regulatory compliance.
- Make recommendations to the Residency Advisory Committee (RAC) regarding approval of residency research projects.
- Identify and facilitate opportunities for student pharmacist involvement in clinical pharmacy research and coordinate with colleges of pharmacy as needed.
- Review and provide feedback on posters and presentations. Specific feedback shall be provided to pharmacy residents in preparation for Vizient meeting and Southeastern Residency Conference.
- Review and provide feedback on final research report in manuscript format prior to publication.
- Perform an annual assessment of the effectiveness of the resident research process.
- Assess pharmacy staff and residents’ learning needs regarding necessary research skills and facilitate the scheduling of research training sessions to meet these needs and those required by the institution.
- Ensure that investigators maintain a regulatory file including documents such as a project staff list and training updates, all IRB communications, a copy of the protocol, and consent templates (if applicable).
- Review the regulatory file with the project mentor every six months while the study remains active to ensure that research activities are being conducted in accordance with submitted proposals to the IRB.
- Other activities, as needed, to support staff and resident research.
Needs
- Statistical design consultation and software support
  - Currently provided by Jun Wu for residents
  - Explore availability through University of South Carolina for student pharmacist research
- Research design education or lecture series opportunities
  - Explore availability and cost of coursework provided by ASHP or ACCP
  - Education provided by faculty at associated institutions i.e. Presbyterian College, University of South Carolina, and/or School of Medicine

Process:
- Once resident has selected a research topic and research mentor (by July 31), he/she will schedule a meeting with Research Coordinator
  - The research mentor is not required to attend this meeting
  - Resident will present relevant aspects of research study design, including (but not limited to):
    - Brief review of current literature surrounding topic
    - Study objective
    - Inclusion/exclusion criteria, with approximate number of patients
    - Outcome measures
    - Means by which data will be collected
- Research coordinator will identify any areas of clarification needed by the resident and suggested timeline for completion. The resident is expected to incorporate and address this feedback during the research proposal presentation (mid-September)
- Following the research proposal presentation, the Research coordinator will designate each project as either “Meets criteria” or “Fails to meet criteria.”
- Any project that fails to meet criteria will be sent to RAC for discussion. The RAC reserves the right to require a resident to develop a new project if the current project is not expected to meet its objective.
Section 13. Teaching Certificate Program
Learning Experience: **Teaching Certificate Program**

**Required Experience**

**Preceptor Information:**
- Name: Jennifer N. Clements, PharmD, BCPS, CDE, BCACP
- Office location: Presbyterian College School of Pharmacy  
  Department of Pharmacy Practice (Office 308)  
  307 North Broad Street  
  Clinton, South Carolina 29325
- Hours: Monday to Friday, 8:30am to 5:00pm
- Office hours: Monday and Friday, 8:30am to 5:00pm
- Phone: 864-938-3870 (office), 864-567-4847 (cell)
- Email: jclements@presby.edu

**Duration of Experience:** Longitudinal experience over 11 months (estimated 2 hours per week)

**Learning Experience Description**

There is a need for pharmacy educators at existing and new colleges and schools of pharmacy; however, many pharmacy residents will not go into an academic position. The knowledge and experiences gained in this Teaching Certificate Program will be applicable in strengthening the resident’s teaching skills and overall effectiveness regardless of the practice setting. The program will consist of various experiences during the residency year. These experiences will include attendance at and participation in a lecture seminar series on pedagogy topics; reading assignments; formal teaching experiences including didactic presentations, small-group facilitation, experiential teaching; evaluations and feedback of teaching; and development of a teaching portfolio. A certificate of completion will be awarded to the resident by Presbyterian College School of Pharmacy after all requirements are satisfactorily met.

**Requirements and Responsibilities of the Learning Experience:**

<table>
<thead>
<tr>
<th>Required Activities</th>
<th>Goals/Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precept P4 student on APPE (x1)</td>
<td>R3.1 (R3.1.1, R3.1.2)</td>
</tr>
<tr>
<td></td>
<td>R4.1 (R4.1.1, R4.1.2, R4.1.4)</td>
</tr>
<tr>
<td></td>
<td>R4.2 (R4.2.1, R4.2.2)</td>
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<tr>
<td></td>
<td>E6.2 (E6.2.1, E6.2.2, E6.2.3, E6.2.4)</td>
</tr>
<tr>
<td>Facilitate laboratory session (x3)</td>
<td>R3.1 (R3.1.1, R3.1.2)</td>
</tr>
<tr>
<td></td>
<td>R3.2 (R3.2.4)</td>
</tr>
<tr>
<td></td>
<td>R4.1 (R4.1.1, R4.1.2, R4.1.3, R4.1.4)</td>
</tr>
<tr>
<td>Create objectives for 1-hr didactic lecture (x2)</td>
<td>R4.1 (R4.1.1)</td>
</tr>
<tr>
<td>Create and deliver presentation for 1-hr didactic lecture (x2)</td>
<td>R4.1 (R4.1.1, R4.1.2, R4.1.3, R4.1.4)</td>
</tr>
<tr>
<td></td>
<td>E6.1 (E6.1.1)</td>
</tr>
<tr>
<td></td>
<td>E6.2 (E6.2.3)</td>
</tr>
<tr>
<td>Create exam questions for 1-hr didactic lecture (x2)</td>
<td>R4.1 (R4.1.4)</td>
</tr>
<tr>
<td>Attend lectures related to teaching in an academic setting in order to complete a teaching philosophy and teaching portfolio</td>
<td>R3.1 (R3.1.2)</td>
</tr>
<tr>
<td></td>
<td>R3.2 (R3.2.4)</td>
</tr>
<tr>
<td></td>
<td>E6.1 (E6.1.1, 6.1.2)</td>
</tr>
<tr>
<td></td>
<td>E6.2 (E6.2.1, E6.2.3, E6.2.4)</td>
</tr>
</tbody>
</table>
Specific Activities:

1. **Pedagogy Seminars** will consist of live or recorded lectures on specific teaching topics delivered online and a face-to-face meeting. These topics and practice skills will be delivered at the beginning of the learning experience at a pre-determined day, located at Presbyterian College School of Pharmacy.
   a. After confirmation of participation in this learning experience, the resident must complete a written self-reflection including but not limited to the following information: (1) desire/reason to complete teaching certificate program; (2) three future career goals; and (3) three goals for the program during the residency program.
   b. The pre-determined topics will include:
      i. Program Overview
      ii. Learning Styles / Teaching Methods
      iii. Learning Objectives
      iv. Lecture / Lab Preparation
      v. Technology in Teaching
      vi. Assessment Methods
      vii. Test-Item Construction
      viii. Experiential Teaching
      ix. Feedback / How to Handle Difficult Situation
      x. Academic Life

2. **Didactic experiences** will consist of 2 one-hour, peer-reviewed lectures given by the resident during the residency year at the School of Pharmacy with mentoring by a content expert, residency program director, and teaching certificate program preceptor during the process.
   a. An equivalent didactic experience can be completed and would need to (1) be delivered to an audience of healthcare professionals and/or students (i.e., minimum of 10 individuals); (2) contain written learning objectives that can be measured through a post-didactic lecture assessment; and (3) be reviewed by a content experience, residency program director, and/or teaching certificate preceptor.
   b. The teaching certificate preceptor will solicit an inquiry to the faculty members regarding available lectures for the Fall and Spring semester. A list of available lectures will be provided in order to match the resident with the best lecture, based on interest and general practice of the residency program.
   c. Once the resident has chosen a lecture, then he or she should understand the commitment and comply with the following guidelines:
      i. Include content expert, residency program director, and teaching certificate preceptor in all correspondences.
      ii. Provide an outline of the presentation (including learning objectives) 4 weeks prior to the presentation date.
      iii. Provide a completed PowerPoint presentation 2 weeks prior to the presentation date.
      iv. Provide a practice draft of the presentation 1 week prior to the presentation date.
      v. Finalize the presentation 2 days prior to the presentation.
      vi. Provide the content expert and/or course coordinator with the finalized presentation in order to post on the Moodle.
      vii. Construct specific number of quiz questions for assessment and submit to course coordinator.
      viii. Construct specific number of exam questions for assessment and submit to course coordinator.
      ix. Contact the technology department to request access to the recording.
      x. Review the recording and completed a self-evaluation on the presentation, commenting specifically on strengths and area of improvements.
      xi. Reflect on statistics related to questions on quiz and/or exam assessment.
      xii. Schedule a meeting with content expert, residency program director, and teaching certificate preceptor within 10 days of the presentation to review self-reflection and formal evaluation.
xiii. Place evaluations and presentation into teaching portfolio.
xiv. Must be respectful and professional to all content expert, residency program director, and teaching certificate preceptor in all interactions.

<table>
<thead>
<tr>
<th>Didactic Experience</th>
<th>Title of Presentation</th>
<th>Date Completed</th>
<th>Initials of Teaching Certificate Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

3. **Experiential experiences** will consist of the resident serving as the primary preceptor in conjunction with a faculty member or residency preceptor for one student rotation in the spring semester.

   a. The resident should identify a preceptor on record by December in order to complete this requirement. The residency should discuss the experiential experience with the residency program director.

   b. The resident should discuss the experiential experience with the preceptor on record at least 1 month prior to the experience. The following information should be discussed:

      i. Syllabus
      ii. Student Calendar
      iii. Student Activities
         1. Patient Case x 1
         2. Topic Discussion x 1
         3. Journal Club Discussion x 1
         4. Oral Presentation x 1

      iv. Mid-Point Evaluation
      v. Final Evaluation

   c. The resident should complete an experiential experience with the above requirements. All evaluations completed by the resident should be discussed with the preceptor on record and copied for the teaching portfolio.

   d. The preceptor on record will assist the resident in any situation and oversee the resident through guidance and teaching, while providing feedback. The preceptor on record should complete an evaluation regarding the resident's performance and solicit verbal feedback from the student.

   e. The resident should place his/her evaluation in the teaching portfolio along with a self-reflection of strengths and areas of improvement. The resident and preceptor on record must discuss the resident's performance, along with self-reflection, within 1 week of completing this requirement.

<table>
<thead>
<tr>
<th>Experiential Experience</th>
<th>Date Completed</th>
<th>Initials of Preceptor on Record / Residency Program Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor on Record –</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student –</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Experiential Experience –</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. The resident will lead a **small group facilitation** over one semester in a particular course – based on the resident's preferences and career goals – and in conjunction with a faculty mentor.

   a. The resident must facilitate a minimum of 3 laboratory session with the presence of the teaching certificate preceptor. Each weekly laboratory session should be discussed with the teaching certificate preceptor.

   b. The teaching certificate preceptor would provide verbal feedback immediately following the resident's assigned laboratory session. The preceptor would complete a formal evaluation within 1 week following the resident's assigned laboratory sessions. A final evaluation can be completed and
reviewed with the resident upon completion of small group facilitation. The resident’s self-reflection, including strengths and areas of improvement, would be discussed at the end of the requirement.

<table>
<thead>
<tr>
<th>Small Group Facilitation</th>
<th>Course / Title of Session</th>
<th>Date Completed</th>
<th>Initials of Teaching Certificate Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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</tbody>
</table>

5. A teaching portfolio will be completed by the resident as a compilation of all teaching experiences and development of a teaching philosophy.
   a. The teaching portfolio will be completed in an electronic format. An example will be provided to the residents.
   b. At any point, questions regarding the teaching portfolio should be directed to the teaching certificate preceptor.
   c. The resident should provide a completed, electronic teaching portfolio 2 weeks prior to the determined residency graduation, as the portfolio must be reviewed by the teaching certificate preceptor.
   d. If the teaching portfolio is incomplete, then the residency program director will be contacted by the teaching certificate preceptor.
   e. The teaching portfolio should include the following information/material:
      i. Pedagogy Seminars
         1. Initial self-reflection
         2. Final self-reflection
         3. Teaching philosophy
         4. Material from seminars
      ii. Didactic Experiences
         1. Outline
         2. Rough draft of presentation (with comments)
         3. Rough draft of exam questions (with comments)
         4. Final draft of presentation
         5. Final draft of exam questions (with analysis)
         6. Student and mentor evaluations
         7. Self-reflection
      iii. Experiential Experience
         1. Syllabus
         2. Student Schedule
         3. Activities completed by the student
         4. Evaluation of student activities
         5. Evaluation from student
         6. Evaluation from preceptor on record
         7. Self-reflection
      iv. Small Group Facilitation
         1. Student activities
         2. Evaluation / grading
         3. Student and mentor evaluations
         4. Self-reflection

<table>
<thead>
<tr>
<th>Teaching Portfolio</th>
<th>Date Completed</th>
<th>Initials of Teaching Certificate Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Timeline:
The learning experience is offered yearly and participants are expected to fully commit in order to complete the program during their residency year.

Expected Progression of Resident Responsibility on this Learning Experience:

Week 3-4: Attend live pedagogy seminars
Listen to recorded pedagogy seminars

Week 5-8: Identify first didactic lecture
Identify laboratory sessions for facilitation

Week 9-20: Develop learning objectives
Outline first didactic lecture
Deliver first didactic presentation
Develop assessment questions
Facilitate small-group laboratory sessions

Week 21-24: Identify second didactic lecture
Identify laboratory sessions for facilitation
Identify block for experiential experience as primary preceptor

Week 25-36: Develop learning objectives
Outline second didactic lecture
Deliver second didactic presentation
Develop assessment questions
Facilitate small-group laboratory sessions
Complete experiential experience as primary preceptor.

Week 48-50: Complete teaching portfolio with teaching philosophy.

(length of time the preceptor spends in each of the phases of learning will depend on BOTH the resident's progression in the learning experience and when the experience occurs during the residency program)

Evaluation Strategy:
ResiTrak will be used for documentation of formal evaluations. For formative evaluations, the resident will perform the activity and be evaluated by the preceptor or another individual (i.e., faculty member at Presbyterian College School of Pharmacy; residency program director). Written evaluations of presentations will be completed by the evaluator and the resident. Formative evaluations will be reviewed and discussed and signed by both parties. The discussions will provide feedback on the resident's performance of the activity and the accuracy of the self-assessment.

<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>Snapshot</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative and Formative Self</td>
<td>Yes</td>
<td>Preceptor, Resident</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td>Formative and Formative Self</td>
<td>Yes</td>
<td>Preceptor, Resident</td>
<td>After presentations or teaching activities</td>
</tr>
<tr>
<td>Summative</td>
<td></td>
<td>Preceptor, Resident</td>
<td>End of Learning Experience</td>
</tr>
<tr>
<td>Summative Self</td>
<td></td>
<td>Resident</td>
<td>End of Learning Experience</td>
</tr>
<tr>
<td>Preceptor and Learning Experience</td>
<td></td>
<td>Resident</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>End of Learning Experience</td>
</tr>
</tbody>
</table>
Disciplinary Action:
Residents are expected to conduct themselves in a professional manner at all times and to follow all standards of the teaching certificate experience. If a resident does not make satisfactory progress with requirements, then the following steps of remediation will be implemented:

- The residency program director will be contacted regarding the identified issue(s).
- The resident will meet with the residency program director and teaching certificate preceptor to discuss the identified issue(s).
- Action steps that will follow include:
  - Appropriate solution to rectify the issue and/or deficiency.
  - Corrective action plan and specific goals for monitoring progress.
    - This action plan will be documented in the resident's personnel file by the residency program director.
  - Assessment of corrective actions on a quarterly basis.
- If the corrective action plan does not result in satisfactory resolution and results in improved performance, further corrective action will be considered, which may include dismissal from the teaching certificate experience.
- Any appeal is subjective for review by the Residency Oversight/Advisory Committee.
<table>
<thead>
<tr>
<th>Date(s) &amp; Time</th>
<th>Activity</th>
</tr>
</thead>
</table>
| July 2-July 19 | Suggested readings/other assignments related to:  
|               | Pharmacy Education  
|               | Introduction to Teaching Philosophy  
|               | Teaching Theories (e.g., Bloom’s taxonomy)  
|               | Learning Styles  |
| Wednesday, July 18  
| 9:00 am - 4:00 pm | Live Discussion at PCSP  |
| July 21-August 9 | Suggested readings/other assignments related to:  
|               | Learning Objectives  
|               | Methods of Assessment  
|               | Active Learning Techniques  
|               | Handout Preparation  |
| Friday, August 10  
| 3:00 pm – 5:00 pm | Live Discussion at PCSP  |
| August 11-August 30 | Suggested readings/other assignments related to:  
|               | Methods of Assessment  
|               | Development and Evaluation of Exam Questions  
|               | Presentation Design and Advanced Techniques  |
| Friday, August 31  
| 3:00 pm – 5:00 pm | Live Discussion at PCSP  |
| September 1-September 20 | Suggested readings/other assignments related to:  
|               | Small-Group Facilitation  
|               | Large-Group Facilitation  
|               | Classroom Methodology  |
| Friday, September 21  
| 3:00 pm – 5:00 pm | Live Discussion at PCSP  |
| September 22-October 11 | Suggested readings/other assignments related to:  
|               | Experiential Education  
|               | Preceptorship  
|               | Development of Syllabus  
|               | Student Feedback  
|               | Difficult Students  |
| Friday, October 12  
| 3:00 pm – 5:00 pm | Live Discussion at PCSP  |
| October 13-November 1 | Suggested readings/other assignments related to:  
|               | Academic Integrity and Classroom Civility  
|               | Intellectual Property and Copyright Issues  
|               | Teaching Portfolios  
|               | Career in Academia  |
| Friday, November 2  
| 3:00 pm – 5:00 pm | Live Discussion at PCSP  |
Section 14. Medication Use Evaluation (MUE)
Program Description:
Medication usage evaluation (MUE), as defined by the American Society of Health-System Pharmacists (ASHP), is a performance improvement method focusing on evaluating and improving medication use processes with the goal of optimal patient outcomes.

ASHP further recommends that the MUE program adapt an organizational approach that is proactive, criteria based, designed and managed by an interdisciplinary team, and systematically carried out.

Program Goals:
- Promote appropriate medication use ( Appropriateness) 
- Evaluate medication effectiveness (Effectiveness) 
- Prevent medication-related problems and improve patient safety (Safety) 
- Improvement in the level of patient care as it relates to internal or external quality standards (Quality) 
- Meet federal, local, regulatory, professional, or accreditation standards (Compliance) 
- Minimize cost of medication therapy (Cost)

Responsibility:
- The Pharmacy & Therapeutics Committee will oversee and review the MUE program (overall governing body)

Bylaws language:
Assist in developing, implementing, evaluating and/or facilitating policies regarding the evaluation, selection, therapeutic use, administration and monitoring of medications, related devices and nutritional products within the health system and its hospitals; Undertake drug utilization review; review any significant adverse drug reactions; and revise and approve as appropriate all protocols or requests concerned with non-approved uses of FDA approved drugs; and develop, plan and/or facilitate educational programs related to medication use

- The Drug Information Specialist will maintain an ongoing plan that outlines which medications and/or clinical conditions that will be part of the MUE process for the upcoming year
- Medication use criteria will be developed through an interdisciplinary consensus process (transparency) that includes administrators, pharmacists, physicians, and nurses, when appropriate. These criteria will be communicated to affected professionals PRIOR to the evaluation of care.

Potential Sources of MUE Projects (not all inclusive):
- Medication event or adverse drug event data
- CMS core measures/other quality assurance data
- P&T initiatives
- Non-formulary requests
- Budgetary information (e.g. drugs with very high cost/utilization)
- Other committee objectives (e.g. Medication safety committee, pain committee, ICU Q/A committee, etc)
Pharmacist-identified problems/concerns

Steps to Successfully Conducting an MUE:

- Identify a clear, measurable objective
  - MUE objectives typically attempt to evaluate medication effectiveness; improve patient safety, or avoid medication misadventure including adverse drug events; standardize therapy to reduce variation; optimize therapy; meet federal, local, regulatory, professional, or accreditation standards; or minimize costs.
- Identify a clinical question to be answered by an MUE that is clear, unbiased, specific, consistent, and clinically important (What, Who, Where, When, and So What)
- Literature search for ways to define and measure variables of interest
  - Formulary monograph service
- Once a topic is selected, establish a collaborative approach:
  - Clinical experts: consult for question specification and definition; also establish buy-in and transparency
  - I.T.: consult for data collection strategies, pitfalls
  - Statisticians: sample size requirements, etc
  - Institutional Review Board (IRC): if publication of findings is anticipated
- Establish specific criteria for evaluating medications/processes that are evidence-based and supported by clinical experts
- MUE criteria are reviewed and approved by (PELT and P&T if appropriate) prior to initiation of data collection
- Collect data: piloting data abstraction tool may be necessary in some cases
- Data analysis
- Develop & communicate conclusions/recommendations for improvement based on findings (if indicated)
- Assess effectiveness of recommendations/actions taken and document improvements

Appendices
Appendix A. Medication Use Evaluation (MUE) Process
Appendix B. Proposal/Request for MUE Submission PELT approval
Appendix C. MUE Summary of overall results
Appendix A. Medication Use Evaluation (MUE) Process

Assign responsibility (Multidisciplinary team)
Establish priorities (Identify high-use, high-risk, problematic, and so forth medications)
Select topic

Develop or adapt measurement tool (criteria, indicator, and so forth) → Was the measurement tool adequate/appropriate?
Obtain approval of tool → Approval Granted by PELT
Collect data → Were data collected appropriately
Analyze data → Data analysis was flawed
Are significant opportunities for improvement identified
Yes
Identify potential interventions

Report findings and recommend corrective action
Obtain approval for corrective action
Implement corrective action
Assess effectiveness of corrective action
Effective intervention
Reassess periodically to assure continued compliance

Clinical QAPI Meeting
once/month or bimonthly

1. Report findings & recommended actions to PELT
2. Report to stakeholders
Actions approved by P&T Committee

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Appendix B. Template for MUE Submission for PELT Approval

1. MUE Title:
2. To be completed by:
3. Medical staff collaborator(s):
4. Objective(s) of the MUE:
5. Focus of proposed MUE (Select all that apply):
   - Promote appropriate medication use (Appropriateness)
   - Evaluate medication effectiveness (Effectiveness)
   - Prevent medication-related problems and improve patient safety (Safety)
   - Improvement in the level of patient care as it relates to internal or external quality standards (Quality)
   - Meet federal, local, regulatory, professional, or accreditation standards (Compliance)
   - Minimize cost of medication therapy (Cost)
6. Background
   State rationale for MUE
   What is the baseline performance?
7. Location(s) where data collection will occur:
   - System-wide
   - GMH
   - Other: _________________________________
8. Direction of inquiry:
   - Prospective
   - Retrospective
   - Concurrent
9. MUE Criteria:
   - Define criteria to be used for the evaluation
   - Use referenced criteria as much as possible
   - Define a threshold and acceptable performance level expected
10. Design:
    Timeframe for data collection or date range
    Data that will be collected
    How data will be obtained
    Approx. number of records to be evaluated
11. Resources / Needs Assessment:
    - Committee approvals (P&T, etc)
    - Reports / database access
    - Assistance with data collection
12. Timeline for completion:
13. Proposed reporting channels & frequency of reports
Appendix C.  MUE Summary of overall results

MUE Title:

Objective of the MUE: States the intent to characterize the use of a single medication or therapeutic class, medication therapy for a specific disease state or condition, an element of the medication use process (prescribing, preparation, dispensing or administration) or specific outcomes from medication therapy at the hospital or health-system involved.

Background and Rationale: State the rationale for the MUE, review any known baseline performance history, or review events or medication usage that prompted the MUE. A review of FDA-approved indications, clinical research data, organizational history (e.g., last P&T review), and/or previously approved guidelines for use.

Criteria for Evaluation: Define the performance criteria or indicators being used for the evaluation and cite the source of these criteria. This section also defines a threshold of acceptable performance.

Methods: Define the design of the MUE, the data collected to evaluate the MUE criteria, how & over what time period the information was obtained, how patients for review were identified, who among them were included or excluded in the analysis, and a description of statistical analyses, if applicable.

Results: State the number of records reviewed, prescriber and prescription characteristics, description of the patient population, measures of efficacy, safety, and tolerability, whether the medication therapy was appropriately monitored, and clinical outcomes. Comparative cost estimates are frequently included. Whenever possible, results should be presented in outline format and/or through charts and graphs.

Conclusions: Draw conclusions from the results of the analysis. Answer the question posed that prompted the MUE, if able, and identify any surprising findings or area for further investigation.

Limitations: State any unexpected hindrances to data collection or challenges in the process of analysis, and whether there was incomplete or unobtainable information.

Recommendations: Recommend what interventions can be made to improve the medication use process and suggest what specific actions should be taken as a result of the MUE. Also, propose a plan for reassessment of performance and a reasonable time frame in which to determine if the intervention was successful. These recommendations can then be delivered back to administrators or committees who can make decisions on what individuals will be involved in implementing them.

References: Cite any references used to define the MUE
Section 15. Program Timeline
PGY1 Pharmacy Residency Program Timeline and Presentation Requirements

July

- Orientation
- Review project list (To be distributed via email by July 15)
- Select topic and have a meeting scheduled with project mentor by **July 31**

August

- Rotations begin
- Select longitudinal committee membership by **August 31**
- Mentorship program
  - Mentors will be assigned by **August 31**
- Research Project
  - Pick research topic and work with preceptor to begin development of project design
  - Begin search and collection of literature related to research topic
  - Develop data collection form
  - Make sure Citi-training is up to date (see section 12a of the Residency Manual for instructions)
- Residents begin On-call program
- Pharmacy & Therapeutics
  - Each resident will be required to develop and present a minimum of one drug monograph for the Pharmacy & Therapeutics Committee (or equivalent drug policy committee, such as Antimicrobial Subcommittee or Pediatric Task Force)
    - This monograph should result in a process/order set/EMR change that the resident will see through to completion
  - Each resident will be required to participate in Medication Use Evaluation (MUE)
- Seminar
  - Identify topic and begin working on formal seminar presentation
  - 60 minutes total (50 minutes in length with additional 10 minutes for questions)
  - Purpose: Prepare and deliver an accredited, evidence-based (must include primary literature), formal presentation on a topic of the resident’s choosing, pertinent to pharmacy staff
  - Identify topic and begin working on formal seminar presentation
    - Topic must be approved by residency director
    - Topic should be suitable for use on potential job interviews
    - Should incorporate evaluation of primary literature to support recommended therapies for selected topic (i.e. randomized controlled trials)
  - Presentation advisor must be chosen to help direct and approve the final version
Two (2) evaluators must be contacted and selected by the resident no later than 2 weeks prior to the presentation. One of the two evaluators will be the resident advisor; if the advisor is not available, then an alternative evaluator must be identified.

- Evaluations required – print two copies and bring to presentation
- PowerPoint required

Dates:
- PGY2 (Perry) Monday, September 17, 2018 2-4 pm in MSA
- PGY1 (Christina) Tuesday, October 9, 2018 2-4 pm in MSA
  - 8 week topic/advisor selection deadline August 14
- PGY1 (Kaci) Tuesday, October 16, 2018 2-4 pm in MSA
  - 8 week topic/advisor selection deadline August 21
- PGY1 (Lisa) Tuesday, October 23, 2018 2-4 pm in MSA
  - 8 week topic/advisor selection deadline August 28
- PGY1 (Brian) Monday, October 29, 2018 2-4 pm in MSA
  - 8 week topic/advisor selection deadline September 3
- PGY1 (Jessica) Tuesday, November 6, 2018 2-4 pm in MSA
  - 8 week topic/advisor selection deadline September 11
- PGY1 (Caroline) Tuesday, November 13, 2018 2-4 pm in MSA
  - 8 week topic/advisor selection deadline September 18

**September**

- Residents begin staffing without being extra on schedule
- Pharmacy week activities
  - Begin to plan meals/activities
  - Set up meeting with Lucy
- Research Project
  - Resident research proposal presented to the clinical group
    - Purpose: Present proposed research project idea and methods to clinical staff, who will provide feedback to improve study design before presentation of the project to IRB.
    - 10 minutes in length
    - PowerPoint required
    - Monday, September 10, 2018 2-4 pm in ST31
    - Tuesday, September 11, 2018 2-4 pm in ST31
  - Submission of IRB research proposal
- Seminar
  - Present formal seminar presentation

**October**

- Research Project
IRB submission deadline: **October 1**
- Data collection after IRB approval
- Medication Use Evaluation: Select topic by **October 1**
- Midyear Preparation
  - Begin development of Vizient/Midyear poster based on research project
  - Update Curriculum vitae
- National Pharmacy Week
  - Purpose: Create and maintain a schedule of activities for the week to celebrate our department
  - Dates: October 21-27, 2018
  - Organize, present, and/or participate in associated activities

**November**

- Seminar Presentations continue
- Research Project
  - Continue data collection on research project
  - Poster Viewing Session
    - **Purpose:** Allows clinical staff to give resident feedback prior to printing posters
    - **Date:** Monday, November 12, 2018 2-4 pm in ST31
    - **Presentation on PowerPoint, poster is not printed for this session**
    - Please provide handouts of poster and bring to session
    - Following poster viewing session make required revisions as agreed upon with project preceptors and have project preceptors give a final approval after revisions PRIOR to printing
- Reserve hotel and flights for Midyear
- Signup for Clinical Assessment Labs from email sent by Dr. Alyson Ghizzoni-Burns

**December**

- **ASHP Midyear Clinical Meeting (Anaheim, CA)**
  - **Dates: November 30, 2018 – December 5, 2018**
  - **Create Clinical Pearls presentation upon return**
    - Each resident presents for 10-15 minutes (70-105 minutes, plus 15 minutes for questions)
    - Topics of resident choosing, but should incorporate a short overview of 3-4 educational sessions attended while at a professional meeting
    - PowerPoint required
- Research Project
  - Continue data collection
- Manuscript
  - Begin writing draft
Family Medicine Medical Resident Lectures

- Coordinator: Dr. Alyson Ghizzoni-Burns
- Presentation advisor must be chosen to help direct and approve the final version
- Identify topic and begin working on formal seminar presentation
  - Topic of resident’s choosing from approved list, pertinent to family medicine residents
  - Topics/schedule is posted on the Clinical Drive → Family Medicine → FM Lecture Series 2018-2019
  - Insert your name and preferred topic in the document. The bolded topics have been requested to be scheduled earlier in the year if possible. A list of other proposed topics are included within the document
  - Additional topics not included on the list must be approved by Dr. Alyson Ghizzoni-Burns
  - Residents are expected to create original lecture material for this presentation – residents may use past lecture material as a guide but are expected to create their own material and content
- Two evaluators required: The resident advisor will serve as the first evaluator (if advisor not available, then an alternate must be identified) and Dr. Ghizzoni-Burns will serve as the second evaluator
  - Evaluators must be contacted/selected by the resident no later than 2 weeks prior to the presentation
- 30 minutes in length, this includes 5-10 minutes for questions
- Resident prints two copies of the presentation and evaluation forms and brings to the presentation
- PowerPoint required
- Dates:
  - Perry Carrington
    - December 19, 2018
  - Brian Norman
    - January 16, 2019
    - 8 week topic/advisor selection deadline November 21
  - Jessica Snawerdt
    - February 20, 2019
    - 8 week topic/advisor selection deadline December 26
  - Lisa Gibbs
    - March 27, 2019
    - 8 week topic/advisor selection deadline January 30
  - Christina Beckert
    - April 17, 2019
8 week topic/advisor selection deadline February 20

Caroline Sutton
  May 22, 2019
  8 week topic/advisor selection deadline March 27

Kaci Foster
  June 5, 2019
  8 week topic/advisor selection deadline April 10

January
  - Research Project
    - Continue data collection
  - Midyear Clinical Pearls presentation
    - Provide RPD a list of the Midyear sessions that the residents attended
    - Date: TBD

February
  - Southeastern Residency Conference (SERC)
    - Submit abstract for Southeastern Residency Conference
  - Research Project
    - Complete data collection and begin data analysis

March
  - Research Project
    - Complete data collection and begin data analysis
  - Southeastern Residency Conference (SERC)
    - Develop presentation of research project for SERC
    - Reserve hotel rooms

April
  - Southeastern Residency Conference
    - Practice Presentation
      - Fifteen minutes in length, including time for questions
      - PowerPoint required
      - All preceptors listed on project must review and approve final slide set
      - Date: TBD
    - Meeting in Athens, GA
      - Date: Thursday, April 25th – Friday, April 26th 2019

May
• Manuscript
  o Complete manuscript appropriate for publication in a peer-reviewed biomedical journal. The resident must be first author and be responsible for submission/revisions to a journal. At a minimum, all residents will submit manuscripts for publication in GHS Proceedings. The journal is published electronically twice a year http://university.ghs.org/proceedings/current).
  o More information, including instructions for submission, can be found online at http://hsc.ghs.org/proceedings/

June

• Upload all documents and presentations into folders on the clinical drive
  o GHS residency → PGY1 Pharmacy Practice or PGY2 Critical Care → Practice Year 2018-2019 → Your folder

• Finalize Teaching Certificate requirements if applicable

• Graduation
  o Pharmacy residents now participate in the same ceremony as the medicine residents. In 2018, the ceremony was held June 1.
  o Date: TBD
Section 16. Orientation and Termination
PGY1 RESIDENT INITIAL SELF-ASSESSMENT

Name __________________________

Please answer all of the following questions in narrative form. In addition, some questions contain a Likert scale. Mark the scale at the numerical point which best describes your assessment of your experience or competency at this time. Be candid and thoughtful about your answers and communicate any specific strengths or deficiencies that you perceive in any area. Please feel free to use additional space if necessary. This self-evaluation will be used in the formation of your individual residency plan.

GENERAL

Describe the extent of your experience in the following areas:

a) Patient medication histories
   Very experienced ____________________________ No experience
   5 4 3 2 1

b) Patient education and counseling
   Very experienced ____________________________ No experience
   5 4 3 2 1

c) Participation in medical emergencies
   Very experienced ____________________________ No experience
   5 4 3 2 1

d) Written consults in the patient's chart
   Very experienced ____________________________ No experience
   5 4 3 2 1

e) Pharmacokinetics
   Very experienced ____________________________ No experience
   5 4 3 2 1

f) Parenteral nutrition
   Very experienced ____________________________ No experience
   5 4 3 2 1

Comments:
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DRUG INFORMATION AND DRUG USE POLICY DEVELOPMENT

Describe your extent of experience in the following areas:

a) Operating computerized database services (MEDLINE, Pubmed)
   Very experienced: ____________  No experience: ____________
   5 4 3 2 1

b) Use of the medical library and other information sources
   Very experienced: ____________  No experience: ____________
   5 4 3 2 1

c) Preparation of oral and written reports regarding requests for information
   Very experienced: ____________  No experience: ____________
   5 4 3 2 1

d) Preparation of medication use evaluations
   Very experienced: ____________  No experience: ____________
   5 4 3 2 1

e) Preparation of monographs for use by the Pharmacy and Therapeutics Committee
   Very experienced: ____________  No experience: ____________
   5 4 3 2 1

f) Preparation of drug therapy bulletins or other publications used by the medical staff
   Very experienced: ____________  No experience: ____________
   5 4 3 2 1

g) Reporting adverse drug reactions
   Very experienced: ____________  No experience: ____________
   5 4 3 2 1

h) Departmental quality assurance/improvement programs
   Very experienced: ____________  No experience: ____________
   5 4 3 2 1

Comments:
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DRUG OPERATIONS, DISTRIBUTION, AND CONTROL

Indicate your level of experience in the following areas:

a) Unit dose distribution
   Very experienced 5 4 3 2 1 No experience

b) Preparation of extemporaneous formulations
   Very experienced 5 4 3 2 1 No experience

c) IV admixture (795/797 standards, formulation, production, control, handling of IVs)
   Very experienced 5 4 3 2 1 No experience

d) Familiarity with smart pump technologies / automated dispensing cabinets
   Very experienced 5 4 3 2 1 No experience

e) Controlled substance laws, regulations, and security practices
   Very experienced 5 4 3 2 1 No experience

f) Investigational drugs
   Very experienced 5 4 3 2 1 No experience

g) Order entry Systems
   Very experienced 5 4 3 2 1 No experience

h) Computerized physician order entry
   Very experienced 5 4 3 2 1 No experience

Comments:
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COMMUNICATION AND EDUCATION

Assess your level of skill in the following areas:

a) Written communication
   Strong __________________________ Weak
   5 4 3 2 1

b) Verbal communication
   Strong __________________________ Weak
   5 4 3 2 1

c) Small group / large group public speaking
   Strong __________________________ Weak
   5 4 3 2 1

d) Ability to provide verbal feedback / constructive criticism
   Strong __________________________ Weak
   5 4 3 2 1

e) Ability to engage audiences in active participation
   Strong __________________________ Weak
   5 4 3 2 1

f) Ability to meet the audience expectations, goals, with appropriate level of information
   Strong __________________________ Weak
   5 4 3 2 1

g) Ability to utilize technology to improve understanding of information
   Strong __________________________ Weak
   5 4 3 2 1

Comments:
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ADDITIONAL RESIDENT GOALS/EXPECTATIONS

Identify 3 specific goals that you personally wish to achieve during your residency:

List any areas of weakness that you would like to improve during the residency:

Describe your career expectations at the completion of your residency program:

Describe any educational/teaching opportunities you would like to experience this year:

Describe your desire to be involved with community and professional organizations:

Describe any additional experiences/opportunities you would like to have during your residency program:
Name __________________________

Please answer all of the following questions in narrative form. In addition, some questions contain a Likert scale. Mark the scale at the numerical point which best describes your assessment of your experience or competency at this time. Be candid and thoughtful about your answers and communicate any specific strengths or deficiencies that you perceive in any area. Please feel free to use additional space if necessary. This self-evaluation will be used to provide feedback on the success of the program’s ability to attain the resident’s personal and clinical goals, and implement change to future program curriculums.

**GENERAL**

Describe the extent of your experience in the following areas:

<table>
<thead>
<tr>
<th>a) Patient medication histories</th>
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<td>Very experienced</td>
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<td>b) Patient education and counseling</td>
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<tr>
<td>Very experienced</td>
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<td>c) Participation in medical emergencies</td>
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<td>Very experienced</td>
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<td>d) Written consults in the patient’s chart</td>
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<td>Very experienced</td>
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<td>e) Pharmacokinetics</td>
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<td>Very experienced</td>
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<tr>
<td>f) Parenteral nutrition</td>
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<tr>
<td>Very experienced</td>
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</table>

Comments:

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DRUG INFORMATION AND DRUG USE POLICY DEVELOPMENT

Describe your extent of experience in the following areas:

a) Operating computerized database services (MEDLINE, Pubmed)
   Very experienced 5 4 3 2 1  No experience

b) Use of the medical library and other information sources
   Very experienced 5 4 3 2 1  No experience

c) Preparation of oral and written reports regarding requests for information
   Very experienced 5 4 3 2 1  No experience

d) Preparation of medication use evaluations
   Very experienced 5 4 3 2 1  No experience

e) Preparation of monographs for use by the Pharmacy and Therapeutics Committee
   Very experienced 5 4 3 2 1  No experience

f) Preparation of drug therapy bulletins or other publications used by the medical staff
   Very experienced 5 4 3 2 1  No experience

g) Reporting adverse drug reactions
   Very experienced 5 4 3 2 1  No experience

h) Departmental quality assurance/improvement programs
   Very experienced 5 4 3 2 1  No experience

Comments:

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DRUG OPERATIONS, DISTRIBUTION, AND CONTROL

Indicate your level of experience in the following areas:

a) Unit dose distribution
   Very experienced    No experience
   5 4 3 2 1

b) Preparation of extemporaneous formulations
   Very experienced    No experience
   5 4 3 2 1

c) IV admixture (795/797 standards, formulation, production, control, handling of IVs)
   Very experienced    No experience
   5 4 3 2 1

d) Familiarity with smart pump technologies / automated dispensing cabinets
   Very experienced    No experience
   5 4 3 2 1

e) Controlled substance laws, regulations, and security practices
   Very experienced    No experience
   5 4 3 2 1

f) Investigational drugs
   Very experienced    No experience
   5 4 3 2 1

g) Order entry Systems
   Very experienced    No experience
   5 4 3 2 1

h) Computerized physician order entry
   Very experienced    No experience
   5 4 3 2 1

Comments:
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COMMUNICATION AND EDUCATION

Assess your level of skill in the following areas:

a) Written communication

   Strong 5 4 3 2 1 Weak

b) Verbal communication

   Strong 5 4 3 2 1 Weak

c) Small group / large group public speaking

   Strong 5 4 3 2 1 Weak

d) Ability to provide verbal feedback / constructive criticism

   Strong 5 4 3 2 1 Weak

e) Ability to engage audiences in active participation

   Strong 5 4 3 2 1 Weak

f) Ability to meet the audience expectations, goals, with appropriate level of information

   Strong 5 4 3 2 1 Weak

g) Ability to utilize technology to improve understanding of information

   Strong 5 4 3 2 1 Weak

Comments:
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RESIDENT GOALS/EXPECTATIONS

Identify 3 specific goals that you achieved during your residency:

List 3 areas of weakness that you have improved upon during the residency:

How has your residency program assisted you in achieving your career expectations:

Describe any educational/teaching opportunities you felt were very valuable this year:

Describe any educational/teaching opportunities you felt could be removed/improved this year:

Describe any additional experiences/opportunities you would like to see integrated in future programs:
Section 17. Schedules
Section 18. Travel
STEPS FOR SUBMITTING A REQUEST FOR REIMBURSEMENT

FIRST:
- **Egencia Account (for flight reservations):** Create an Egencia account, following the instructions in the separate document “GHS Egencia for Dummies.” This can take a while, so don’t wait until the last minute.

***Before submitting any travel request, schedule a group meeting with Donna Taylor (department Administrative Assistant) and other attendees to develop a plan/timeline for submission.***

As of 2018, the types of travel-related expenses eligible for reimbursement (either all or in part) include:
- Meeting registration
- Flight
- Hotel stay
- Mileage, rental cars and/or taxi fares (subject to prior authorization)

As of 2018, the following incidental travel-related expenses are NOT eligible for reimbursement, unless specifically stated otherwise:
- Meals
- Checked baggage fees
- Parking fees

In ALL cases, what you request on your GHS Educational Business Travel Request Form (document 18c in resident manual) must be consistent with what you request on your reimbursement requests. This includes days of travel/days missed from work.

I. Process for SCSHP meetings and SERC
- **1-2 Months Prior to Departure:**
  - Complete and submit a resident PTO/leave request form to receive EDU leave
  - Complete and submit a travel request form “GHS Educational/Business Travel Request Form.” **Scan and email a copy to the RPD to approve prior to submitting to pharmacy admin assistant**
  - Submit travel request form to the pharmacy department administrative assistant (Donna) for approval/signature.

- Donna will review the paperwork and submit to the department director for approval and signature.
- After director approval, the paperwork will be submitted to the corporate office for administrative approval and signatures (Administrator and GMMC Campus Vice-President or President).
- The pharmacy administrative assistant will receive the “GHS Educational / Business Travel Request Form” back from the corporate office. A signed copy
will be sent to you – **do not lose this form, you will need to submit a copy upon return for reimbursement.**

- All travel expenses must be paid up front by the traveler. Be sure to keep **itemized** receipts for all expenses. Credit card statements are not acceptable as a receipt.

**While Away**

- Keep **itemized** receipts for all expenses such as meals, transportation, lodging, registration fees, airline fees, and other individual one-time expenses.
- Totaled receipts from using a debit or credit card will not be accepted.

**Upon Return**

- Obtain a copy of “Travel Form B” from the pharmacy administrative assistant.
- Complete “Travel Form B”.
  - Break down meals per day
  - If you drove, calculate mileage (check with RPD for the current reimbursement rate per mile)
  - Your horizontal and vertical totals should be the same
  - In boxed section at the bottom right of the form, enter the total expenses
- Include copies of all itemized receipts, hotel bills, registration receipts, and a copy of the signed travel request form “GHS Educational/Business Travel Request Form”
- Tip: Scan and email yourself a copy of all documentation in case it gets lost.
- Submit your reimbursement paperwork together as a packet to the pharmacy administrative assistant.
- You will receive an email in a few weeks that the money has been deposited into your account.

**II. Process for UHC/Midyear Meeting (Advanced Expenses and Airfare)**

- **2-3 Months Prior to Departure:**
  - Complete and submit a resident PTO/leave request form to receive EDU leave
  - Complete and submit a travel request form “GHS Educational/Business Travel Request Form.” **Scan and email a copy to the RPD to approve prior to submitting to pharmacy admin assistant**
  - Submit travel request form to the pharmacy department administrative assistant (Donna) for approval/signature.
- Complete “Travel Form A” for each item to be pre-paid (hotel, registration, etc) so separate checks can be issued (i.e. hotel, registration).
  - Tips for completing travel form A: The check will be payable to whomever the money is being paid to (Hilton, ASHP, etc). Hospital name is “GMMC.” Department is “Pharmacy” and the Department number is 10-1087300. List Donna Taylor as the contact person (phone 5-7065).
  - If you are submitting for meeting registration, complete and attach a registration form.
• Travel advances will be limited to the cost of registration fees and lodging. Gas or food will not be advanced. Flights will be booked within the Egencia portal (you will not have to pay out of your account for this).
• Send the white and yellow copies of “Travel Form A”, along with a copy of your “GHS Educational / Business Travel Request Form”, to the pharmacy administrative assistant who will review and send to the Accounts Payable Office.
• Be sure to keep the pink and gold copies of “Travel Form A”, which you will be required to submit upon return. It’s a good idea to scan and save everything in case it gets lost.

While Away
• Keep itemized receipts for all expenses such as meals, transportation, lodging, registration fees, airline fees, and other individual one-time expenses.
• Totaled receipts from using a debit or credit card will not be accepted.

Upon Return
• Obtain a copy of “Travel Form B” from the pharmacy administrative assistant.
• Complete “Travel Form B”.
  o Break down meals per day
  o If you drove, calculate mileage (check with RPD for the current reimbursement rate per mile)
  o Your horizontal and vertical totals should be the same
  o In boxed section at the bottom right of the form, enter the total expenses
• Include copies of all itemized receipts, hotel bills, registration receipts, a copy of the signed travel request form “GHS Educational/Business Travel Request Form,” and copy of your travel form A.
  o Complete the bottom boxed section listing your advanced expenses, dates, and descriptions. The advance number will be the number in the top right hand corner of the travel form A you submitted.
  o Subtract your advanced expenses from the amount you are submitting for reimbursement as the “balance due employee.”
    ▪ For example, you went to a meeting and paid 100 for registration (advanced), 200 for hotel (advanced), 150 for flight (egencia), and 300 for meals (out of pocket).
      ❖ Total expenses: $750
      ❖ Total advances and prepayments: $450
      ❖ Refund due hospital: $0
      ❖ Balance due employee: $300
• Tip: Scan and email yourself a copy of all documentation in case it gets lost.
• Submit your reimbursement paperwork together as a packet to the pharmacy administrative assistant.
• You will receive an email in a few weeks that the money has been deposited into your account.
III. For Local Travel (Rare)

- If your destination was local (200 miles or less), complete “Travel Form C”
- In order to receive your reimbursement in the next pay period, all documentation must be delivered to the pharmacy administrative assistant by the Wednesday morning prior to that pay period. For example, if payroll Monday is September 29th (pay day on October 3rd), all documents must be submitted by Wednesday, September 24th, which is a week prior to that pay day.
- Documentation for reimbursement of travel expenses must be submitted within 60 days of return. Travel expenses submitted after this deadline will not be eligible for reimbursement unless there are extenuating circumstances.