EMORY DECATUR HOSPITAL

2019 – 2020

PGY-1 Pharmacy Residency Manual

Emory Decatur Hospital
Department of Pharmaceutical Services
Decatur, Georgia

ashp®
Accredited
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELCOME AND INTRODUCTION TO EMORY DECATUR HOSPITAL’S DEPARTMENT OF PHARMACEUTICAL SERVICES</td>
<td>3</td>
</tr>
<tr>
<td>• EMORY HEALTHCARE’S PURPOSE, VISION, AND STRATEGIC PLAN</td>
<td>4</td>
</tr>
<tr>
<td>• DEPARTMENT OF PHARMACY AND CLINICAL SERVICES</td>
<td>5</td>
</tr>
<tr>
<td>PROGRAM OVERVIEW</td>
<td>6</td>
</tr>
<tr>
<td>• RESIDENCY PURPOSE STATEMENT</td>
<td>6</td>
</tr>
<tr>
<td>• COMPETENCY AREAS, GOALS, AND OBJECTIVES</td>
<td>6</td>
</tr>
<tr>
<td>RESIDENCY PROGRAM STRUCTURE</td>
<td>9</td>
</tr>
<tr>
<td>• LEARNING EXPERIENCES</td>
<td>9</td>
</tr>
<tr>
<td>• NON EMORY DECATUR HOSPITAL ROTATIONS</td>
<td>11</td>
</tr>
<tr>
<td>• RESIDENCY ADVISORY COMMITTEE (RAC)</td>
<td>11</td>
</tr>
<tr>
<td>• QUALIFICATIONS OF RESIDENCY PROGRAM DIRECTORS (RPD)</td>
<td>12</td>
</tr>
<tr>
<td>• QUALIFICATIONS OF PRECEPTORS</td>
<td>12</td>
</tr>
<tr>
<td>• QUALIFICATIONS OF THE RESIDENT</td>
<td>15</td>
</tr>
<tr>
<td>RESIDENCY RECRUITMENT</td>
<td>15</td>
</tr>
<tr>
<td>• APPLICATION REQUIREMENTS FOR RESIDENCY</td>
<td>15</td>
</tr>
<tr>
<td>• ACKNOWLEDGEMENT OF RESIDENCY MATCH</td>
<td>17</td>
</tr>
<tr>
<td>EXPECTATIONS AND RESPONSIBILITIES OF THE RESIDENT</td>
<td>18</td>
</tr>
<tr>
<td>• LICENSURE</td>
<td>19</td>
</tr>
<tr>
<td>• ORIENTATION</td>
<td>19</td>
</tr>
<tr>
<td>• ATTENDANCE AND LEAVE</td>
<td>20</td>
</tr>
<tr>
<td>• COMPREHENSIVE LEAVE (PTO)</td>
<td>20</td>
</tr>
<tr>
<td>• EXTENDED LEAVE</td>
<td>22</td>
</tr>
<tr>
<td>• STAFFING REQUIREMENTS</td>
<td>23</td>
</tr>
<tr>
<td>• EMERGENCY RESPONSE</td>
<td>23</td>
</tr>
<tr>
<td>• TEACHING CERTIFICATE</td>
<td>23</td>
</tr>
<tr>
<td>• PHARMACY RESIDENCY EXIT</td>
<td>24</td>
</tr>
<tr>
<td>• QUARTERLY PROGRESS REPORT</td>
<td>24</td>
</tr>
<tr>
<td>• RESIDENCY NOTEBOOK</td>
<td>24</td>
</tr>
<tr>
<td>RESIDENT AND STAFF WELL-BEING</td>
<td>25</td>
</tr>
<tr>
<td>DUTY HOUR POLICY</td>
<td>26</td>
</tr>
<tr>
<td>EXTERNAL EMPLOYEMENT POLICY (MOONLIGHTING)</td>
<td>26</td>
</tr>
<tr>
<td>EVALUATIONS</td>
<td>26</td>
</tr>
<tr>
<td>RESIDENT DEVELOPMENT PLANS</td>
<td>29</td>
</tr>
<tr>
<td>RESIDENCY PROJECT</td>
<td>30</td>
</tr>
<tr>
<td>• PROJECT OVERVIEW</td>
<td>30</td>
</tr>
<tr>
<td>• PROJECT TIMELINE</td>
<td>30</td>
</tr>
<tr>
<td>• PROJECT APPROVAL</td>
<td>31</td>
</tr>
<tr>
<td>• PROJECT COMPLETION</td>
<td>31</td>
</tr>
<tr>
<td>• SOUTHEASTERN RESIDENCY CONFERENCE (SERC) PRESENTATION</td>
<td>32</td>
</tr>
<tr>
<td>GENERAL INFORMATION</td>
<td>32</td>
</tr>
<tr>
<td>• BENEFITS</td>
<td>32</td>
</tr>
<tr>
<td>EARLY COMMITMENT PROGRESS FOR CURRENT EMORY PGY1 PHARMACY RESIDENTS</td>
<td>32</td>
</tr>
<tr>
<td>CRITERIA FOR SUCCESSFUL COMPLETION OF THE RESIDENCY PROGRAM</td>
<td>34</td>
</tr>
<tr>
<td>• TRACKING RESIDENTS’ PROGRESS FOR RESIDENCY COMPLETION</td>
<td>36</td>
</tr>
<tr>
<td>• REQUIREMENTS FOR COMPLETION OF PGY1 RESIDENCY CHECKLIST</td>
<td>36</td>
</tr>
<tr>
<td>RESIDENT DISCIPLINARY ACTION</td>
<td>38</td>
</tr>
</tbody>
</table>

*Updated June 2019*
INTRODUCTION

On behalf of Emory Decatur Hospital and the Department of Pharmacy, we would like to welcome you to our ASHP-accredited PGY1 Pharmacy Residency Program at Emory Decatur Hospital. The residency is conducted under the direct supervision of Larry Henderlight, Pharm.D., Director of Pharmaceutical Services, and Rodna Larson, Pharm.D., Residency Program Director. We are committed to providing you with an outstanding post-graduate year one pharmacy residency training program, and we are very excited about you joining our team.

RESIDENCY ADVISORY COMMITTEE

Rodna Larson, PharmD – Manager of Clinical Services and Emory Decatur’s Residency Program Director

Lawrence Henderlight, PharmD – Director of Pharmacy at Emory Decatur Hospital, Emory Hillandale Hospital, and Emory LTAC

Kristina Mindel, PharmD, MBA – Pharmacy Operations Manager Emory Decatur Hospital

Donna McAuley, PharmD – Pharmacokinetics and Nutrition Support Clinical Specialist

Jana Mills, PharmD, BCCCP – Critical Care Clinical Specialist

Megan Langley, PharmD, BCNSP – Nutrition Support Clinical Specialist

Stephanie Thompson PharmD – Neonatal Intensive Care Unit (NICU) Clinical Specialist, Residency Program Coordinator

Dora Nicolas, PharmD, BCPS – Emergency Medicine Clinical Specialist

Khushbu Patel, PharmD – Internal Medicine Clinical Specialist

Elizabeth Barrett, PharmD – Emergency Medicine Clinical Specialist

Sajia Kotwal, PharmD – Inpatient Oncology Clinical Specialist

Alexandria Blalock Balkcolm – Outpatient Oncology Clinical Specialist

PURPOSE OF THE RESIDENCY MANUAL

This manual has been developed for the pharmacy residents of Emory Decatur Hospital with the purpose of providing information on policies, procedures, benefits, responsibilities, and other elements that may directly affect a resident completing the program. Please read the manual and keep for reference throughout the residency year. Questions regarding the manual may be discussed with the Residency Program Director (RPD) or Residency Program Coordinator. Emory Decatur Hospital may revise its policies and procedures at any time if deemed necessary. Residents will be notified of the changes accordingly.

Updated June 2019
Emory Healthcare’s Purpose:

To serve humanity by improving health through the integration of education, discovery, and healthcare delivery.

Emory Healthcare’s Vision and Goals:

To be recognized as the leading academic and community health enterprise, differentiated by discovery, innovation, education, and quality, compassionate, and patient-and family-centered care.

**GOALS**

- **Improve the health of 1M/10M**
  - Actively improve the health of 1 million people in metro Atlanta, and serve as a resource for specialized care for all Georgians and beyond (10M+).

- **Provider of choice**
  - Be the health provider of choice for our diverse communities, payers, and employers.

- **Innovative discovery**
  - Deliver ground-breaking and innovative discovery and accelerate the translation of research advances to improve health.

- **Education destination of choice**
  - Be known as the destination of choice for interdisciplinary and inter-professional education and application to enhance our workforce and develop the scientific and healthcare leaders of the future.

- **Best place to work**
  - Provide the best place to work, learn, and grow by creating an inspiring work environment for individuals and teams to enable them to contribute to their highest level.

- **Strategic growth and investment**
  - Develop the resources for strategic growth and investment through revenue enhancements, cost improvements, and philanthropy.

Updated June 2019
Emory Healthcare’s Strategic Plan:

**Vision:**
To be recognized as the leading academic and community health enterprise, differentiated by discovery, innovation, education, and quality, compassionate, and patient- and family-centered care.

**Goals:***
- Improve the health of 1M/10M
- Provider of choice
- Innovative discovery
- Education destination of choice
- Best place to work
- Strategic growth and investment

**Department of Pharmacy and Clinical Services:**
The Department of Pharmaceutical Services at Emory Decatur, Emory Hillandale, and Emory LTAC has approximately 120 employees (70 full-time equivalents) on three campuses. We operate two decentralized satellites at Emory Decatur (OR and ICU) and offer clinical pharmacy services in these areas – Critical Care, Neonatology, Internal Medicine, Oncology, Emergency Medicine, and Nutritional Support.

We have ten clinical specialists who have either completed ASHP-accredited residencies or obtained board certification in their specialty. The clinical specialists are the primary preceptors for our residency program, which has been in existence since 1987 and accredited since 1992. In addition, Emory Decatur Hospital serves as a practice site for two faculty members from the Mercer University College of Pharmacy and Health Sciences.

Emory Pharmacy Vision:

*Optimize the medication management of every patient every day within a collaborative culture.*

**DEPARTMENT OF PHARMACY AND CLINICAL SERVICES**
The Department of Pharmaceutical Services at Emory Decatur, Emory Hillandale, and Emory LTAC has approximately 120 employees (70 full-time equivalents) on three campuses. We operate two decentralized satellites at Emory Decatur (OR and ICU) and offer clinical pharmacy services in these areas – Critical Care, Neonatology, Internal Medicine, Oncology, Emergency Medicine, and Nutritional Support. We have ten clinical specialists who have either completed ASHP-accredited residencies or obtained board certification in their specialty. The clinical specialists are the primary preceptors for our residency program, which has been in existence since 1987 and accredited since 1992. In addition, Emory Decatur Hospital serves as a practice site for two faculty members from the Mercer University College of Pharmacy and Health Sciences.

Updated June 2019
PROGRAM OVERVIEW

RESIDENCY PURPOSE STATEMENT:

The ASHP 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. (ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs September 2014)

The goal of our program is to train pharmacists who:

- are competent and confident in providing pharmaceutical care to a broad patient population with a variety of disease states to prepare them for clinical positions in acute care settings or for pursuing further specialty training in a PGY2 residency program
- will exercise skill in educating other health care professionals, patients, and the community on drug-related topics
- will demonstrate professional maturity by showing self-initiation in dealing with practice-related problems, by self-monitoring their work, and by being committed to the advancement of the profession
- will possess current and future marketable job skills.

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


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 are required by the ASHP standard and the others are elective. The required competency areas and all of the goals and objectives they encompass must be included.

Competency Areas: Categories of the residency graduates’ capabilities.

Competency areas fall 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 other than the four areas required for all program that programs may select to add as required for their specific residency program.

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

Educational Goals (Goal): Broad statement of abilities.

Updated June 2019
**Educational Objective:** Observable, measurable statement 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. Criteria are examples that describe competent performance of educational objectives. They are intended to be used to give feedback to residents on how well they are doing on the skill described in educational objectives while they engage in an activity, as well as how they can improve.

**Activities:** What residents will do, and how they will do it, to learn and practice the skills described in objectives. Activities are the answer to the question “What can residents do in the context of this learning experience that will provide the kind of experiences necessary to achieve the educational objective?” Specified activities should match the Bloom’s Taxonomy learning level stated in parentheses before each objective.

**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.

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

Updated June 2019
**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. (Note: Each resident must participate in at least one quality improvement or research project.)

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

**Objective R2.2.2:** (Creating) Develop a plan to improve the patient care and/or the 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 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 R4.1.1:** (Applying) Design effective educational activities.

**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.

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

**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.

Updated June 2019
Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.

*Competency Area E5: Management of Medical Emergencies*

**Goal E5**: Participate in the management of medical emergencies.

**Objective E5.1**: (Applying) Exercise skill as a team member in the management of medical emergencies according to the organization’s policies and procedures.

**RESIDENCY PROGRAM STRUCTURE**

*Emory Decatur Hospital’s residency is a 54 week program to allow for a two week overlap period of incoming and outgoing residents. Hospital, Pharmacy and Residency orientation occurs from the start date in mid-June to mid-August for PGY1 residents.*

**LEARNING EXPERIENCES**

Residents’ baseline self-evaluations and interests are used to formulate customized development plans and rotation schedules. Required core rotations are generally 6 weeks long and a tentative year-long schedule is developed at the beginning of the residency. The rotation schedule is flexible depending on department activities and preceptor availability. Residents are required to follow the expectations set by individual rotation preceptors. Rotation learning experiences often vary with regard to daily start and end time, presentation requirements, and rounding responsibilities.

Each learning experience will have an associated set of learning objectives and activities required to achieve the residency program’s goals and outcomes. Each preceptor is responsible for developing a learning experience description indicating which goals and objectives are matched with learning experience activities. Each preceptor is responsible for assessing the resident’s entering knowledge, skills, attitudes, and abilities related to their rotation and providing essential orientation activities to the resident at the beginning of each learning experience.

Residents may request to change their schedule based on changing interest throughout the year and rotation availability. Any schedule change must be approved by the preceptors of each rotation (switching to and switching from), the resident’s mentor and their RPD.

**PGY1 PHARMACY PRACTICE**

PGY1 pharmacy residency rotations are 6 weeks in length, with the exception of the longitudinal and elective rotations. The last three weeks of December may be dedicated to ASHP Midyear and to the resident fulfilling their research and QI project requirements, or this time could be added to extend the previous elective rotation from 3 to 5 weeks (excluding the week of ASHP).

Learning experience descriptions are made available to the residents through Pharmacademic® and fall into two categories:

1. Pharmacy Practice Management
2. Direct Patient Care: Activities performed by pharmacists to improve pharmacotherapeutic and health outcomes of individual patients. Care is in collaboration and communication with other members of the health care team with responsibilities for the individual patient, and is achieved directly with patients and caregivers face-to-face, telephonically, virtually, or in writing. Examples include: comprehensive medication reviews (i.e., thorough review of medication profiles),

Updated June 2019
preforming drug therapy management and participating in disease state management services, and performing or participating in medication reconciliation.

PGY1 residents must spend two thirds or more of the program in direct patient care and must be licensed during at least 8 months of the program.

Residents should not spend back to back months in non-direct patient care rotations.

All PGY1 residents will complete the following **required orientation rotations**:
- Clinical Orientation/Pharmacokinetics (5 week duration)
- Pharmacy Orientation (4 week duration)

All PGY1 residents must complete the following **required 6-week long rotations**:
- Critical Care
- Internal Medicine
- Emergency Medicine
- Neonatology
- Nutritional Support
- Oncology
- Pharmacy Practice Management (coincides with Neonatology rotation)

All PGY1 residents must complete the following **required longitudinal experiences**:
- Clinical Services - (Weekend Coverage) (52 weeks; 20 weekends of coverage per resident)
- Service (Staffing) – 12 weeks evaluated/one staffing shift every other week for 10 months
- Teaching and Education (includes the Pharmacy Teaching Program with Mercer University College of Pharmacy) (11 months)
- Drug Policy Development (include participation in the Pharmacy and Therapeutics Committee and Medication Safety Team) – (10 months)
- Residency Research Project (10 months)

All PGY1 residents may select the following **2-5 week elective rotations** (Elective learning experiences are tailored to meet the needs of the residents within the scope of practice for the department and the institution and typically occur in December and June):
- Pharmacy Informatics
- Infectious Diseases/Antimicrobial Stewardship
- Outpatient Oncology
- Investigational Drug Service
- Any required rotation (with permission) as an Advanced Rotation

Updated June 2019
### Required Learning Experiences

| Clinical Orientation/Pharmacokinetics (5 weeks) |
| Pharmacy Orientation (4 weeks) |
| Internal Medicine (6 weeks) |
| Critical Care (6 weeks) |
| Nutritional Support (6 weeks) |
| Oncology (6 weeks) |
| Emergency Medicine (6 weeks) |
| Neonatology (6 weeks) |
| Pharmacy Practice Management (6 weeks) |

### Required Longitudinal Learning Experiences

| Drug Policy Development (10 months) |
| Residency Research Project (10 months) |
| Service (Staffing) (10 months) |
| Clinical Services (Weekend Coverage) (20 weekends during residency year) |
| Teaching and Education (11 months) |

### Electives Available (2-5 weeks)

| Infectious Diseases/Antimicrobial Stewardship |
| Pharmacy Informatics |
| Investigational Drug Service |
| Outpatient Oncology |
| Any required rotation (with permission) as an Advanced Rotation |

PGY1 residents may be allotted a total of 8 project days plus two consecutive weeks of a project time during the last two weeks of December (if not used as an elective period). Three project days are to be used in the Fall (one in September, October, and November) and five in the Spring (January, February, March, April, and May). Project days may not be taken on a weekend. On their approved project day, residents are excused from all patient care activities, counseling, topic discussions, and other rotation activities. Residents must come into work on their project days.

PGY1 residents are allowed one off-site rotations (defined as any rotation where the majority of the resident’s time is spent at an institution other than EDH).

### NON-EMORY DECATURE HOSPITAL ROTATIONS

PGY1 residents must discuss off-site, non-Emory Decatur Hospital elective rotation requests with the RPD prior to any investigation regarding feasibility. This should occur within the first month of the residency. The resident must contact the non-EDH preceptor to coordinate the rotation. The approval process takes into account whether rotation is a “need” or a “want” and the resident’s current status in the program (i.e. are all deadlines being met and projects on track). Prior to any resident beginning an offsite rotation, goals, objectives, and learning experience description will be established by the rotation preceptor and agreed upon by the RPD. The RPD will adjust the training schedule and notify the RAC of the non-EDH rotation. The resident is responsible for obtaining and submitting to the RPD a copy of the non-EDH preceptor’s academic and professional record, rotation learning experience and all completed evaluations.

### RESIDENCY ADVISORY COMMITTEE

The Residency Advisory Committee (RAC) governs the residency program. The RPD appoints members to the RAC and it is comprised of all of the program’s preceptors, preceptors in training, and the Residency Program Director (RPD). The Committee is chaired by the RPD and meets at least quarterly to review and discuss the progress of the residents and the program. Interactive feedback within the committee is utilized to direct the resident in his/her current and upcoming residency activities and to provide mentoring and guidance in the resident’s pharmacy practice. The committee will recommend modifications to the residents’ schedule and development plan as necessary. The RAC also reviews any issues regarding competency, compliance, or disciplinary actions as needed. At the end of the residency

Updated June 2019
year, the committee completes an annual review of the program based on resident and preceptor feedback in order to implement changes for continuous improvement of the program.

The RAC also serves as the residency research committee and will hear all residents’ research proposals and design ideas. This collective review process will discuss and identify additional research questions and data collection items prior to data collection and presentation.

**QUALIFICATIONS OF RESIDENCY PROGRAM DIRECTORS (RPD)**

RPDs must be licensed 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.

RPDs serve as role models for pharmacy practice, as evidenced by:
- leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
- demonstrating ongoing professionalism and contribution to the profession;
- representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization.

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

**QUALIFICATIONS OF PRECEPTORS**

Pharmacist preceptors must be licensed 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.

Preceptors serve as role models for learning experiences. They must:
- contribute to the success of residents and the program;

Updated June 2019
• provide learning experiences in accordance with Standard 3;
• participate actively in the residency program’s continuous quality improvement processes;
• demonstrate practice expertise, preceptor skills, and strive to continuously improve;
• adhere to residency program and department policies pertaining to residents and services; and,
• demonstrate commitment to advancing the residency program and pharmacy services.

Preceptors must demonstrate the ability to precept residents’ learning experiences by meeting one or more qualifying characteristics in all of the following six areas within the last five years:
• 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;
• the ability to assess residents’ performance;
• recognition in the area of pharmacy practice for which they serve as preceptors;
• an established, active practice in the area for which they serve as preceptor;
• maintenance of continuity of practice during the time of residents’ learning experiences; and,
• ongoing professionalism, including a personal commitment to advancing the profession.

Pharmacists new to precepting who do not meet the qualifications for residency preceptors will be designated as a preceptor in training (PIT), assigned an advisor, and will have a documented preceptor development plan.

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

Preceptors must demonstrate a desire and an aptitude for teaching that includes mastery of the 4 preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, facilitating). Further, preceptors must demonstrate the ability to provide criteria-based feedback and evaluation of resident performance. Preceptors must continue to pursue refinement of their teaching skills. Ongoing preceptor development training modules during the RAC meetings assist formalized preceptor development based on preceptor feedback of desired topics.

**Instructing:** Teaching of content that is foundational in nature and fills in information that is necessary to acquire before skills can be applied or performed. Assigned readings and topic discussions help a resident acquire this information. This preceptor role is appropriate at the beginning of a residency or learning experience when foundational information is needed before assuming responsibility.

**Modeling:** Demonstrating a skill or process while “thinking out loud” so the resident can witness the thoughts or problem-solving process of the preceptor, as well as the observable actions. The resident sees and prepares to emulate the modeling examples. This preceptor role is most appropriate after it has been determined that the resident has the appropriate amount of background information and is ready to begin to learn to perform a task or responsibility.

**Coaching:** Allowing the resident to perform a skill while being observed by the preceptor, who provides on-going feedback during the process. The preceptor should ask the resident to think out loud so that the preceptor can observe the resident’s thoughts and actions. The preceptor gives feedback during the
process. This preceptor role is appropriate after the resident has had the opportunity to observe modeling of the process he/she is about to take on but is not yet ready for independence. This allows the resident to fine tune their skills as well as assuring the preceptor that the resident is ready to move to greater independence.

**Facilitating:** Allowing the resident to perform independently while the preceptor remains available if needed and de-briefing with the resident after the fact. This occurs when the preceptor has coached the resident and is confident in his/her ability to function independently. This preceptor role is appropriate when both the preceptor and resident feel confident of the resident’s ability to function independently. This occurs normally toward the end of a learning experience and the residency as a whole.

**Core Values for Preceptors:**

1. Professionalism  
2. Desire to educate and share knowledge with residents and students  
3. Willingness to mentor  
4. Time commitment for precepting  
5. Respect for others  
6. Willingness to work with a diverse resident/student population

**Elements of Precepting:**

1. Partnership for education  
2. Role Modeling  
3. Education  
4. Coaching  
5. Evaluation of performance  
6. Professionalism  
7. Teamwork  
8. Investment of time and energy  
9. Negotiation and individualization of learning activities  
10. Guidance

*From the Preceptors Guide for Pharmacists, 2005*

**Appointment of Preceptors:**

- Pharmacy management and clinical pharmacists that meet the qualifications of preceptors, have a desire to precept and mentor residents, and demonstrate professionalism are appointed as preceptors.  
- Preceptors must demonstrate abilities to provide criteria-based feedback and evaluation of resident performance. Evaluations must be completed in a timely manner and discussed with the resident and forwarded to the RPD. The PHARMACADEMIC system will be used.  
- Preceptors in training are appointed as preceptors after they meet the qualifications of preceptors, have completed their preceptor in training development plan, and are approved by the existing residency advisory committee.  
- All preceptors will be appointed to the RAC.

**Reappointment of Preceptors:** Current preceptors are reappointed every year and must adhere to the following guidelines:

Updated June 2019
• Preceptors must continue to pursue refinement of their teaching skills. Must demonstrate at least annual participation in Preceptor Development Skill Activities (e.g., completion with passing score on Preceptor Development CBLs).
• Must update ASHP Academic and Professional Record at least annually.
• Must participate in annual resident recruiting process including interviews and ranking of candidates.
• Attendance at Residency Advisory Committee (RAC) is expected.
• Assessment of preceptor strengths, weaknesses, and development is included in yearly evaluations, with post tests for RAC meeting evaluations, and through assessment of resident evaluation of the preceptors.

QUALIFICATIONS OF THE RESIDENT
Qualifications for participation in the Emory Decatur Hospital Residency Program are in accordance with criteria set forth by the American Society of Health System Pharmacists (ASHP).

• Residents must be graduates of an Accredited Council for Pharmacy Education (ACPE)-accredited Doctor of Pharmacy degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGE) certificate from the National Association of Boards of Pharmacy (NABP).
• Candidates with a Doctor of Pharmacy degree from an ACPE-accredited Pharmacy program are preferred but candidates with a Bachelor of Science degree in Pharmacy will be considered if they exhibit a knowledge base and abilities similar to candidates with a Doctor of Pharmacy degree.
• Residents must be licensed or eligible for licensure in Georgia.
• Residents shall participate in and obey the rules of the ASHP Residency Matching Program (RMP).

The terms and condition of the appointment are as follows:
• This commitment to our residency program is for a minimum of twelve months and a full-time practice commitment.
• This appointment is contingent on the completion of your Doctor of Pharmacy degree.
• Residents are expected to become licensed pharmacists in Georgia by September 30, 2019. (Refer to the Licensure section on Page 18.)
• At hospital orientation residents receive an employee handbook with further hospital policies, procedures and guidelines. A copy of the employee handbook may be accessed on the hospital intranet page.

RECRUITMENT FOR RESIDENCY
Our program participates in the ASHP Residency Matching Program and adheres to all of the rules and regulations set forth by ASHP and the National Matching Service (NMS).

The deadline for applications is January 4th. All applicants must be participating in ASHP’s National Matching Program and PhORCAS. Applicants should send the following information**:

1. A letter of intent (why you want to do a residency and why Emory Decatur Hospital).
2. Three recommendations. The standard form on PhORCAS should be completed as well as a letter of recommendation. The letters of recommendation should address: communication and interpersonal skills, organization and time management skills, initiative, clinical competency, and any areas for improvement.
3. A current curriculum vita that gives detailed descriptions of clinical rotations.
4. Official transcript from Pharmacy School.
5. Notice of any work status-related issues (work visas and permits).
6. Confirmation that 1500 inter/extern hours will be completed before starting the residency.
7. NOTE: There is an online application for Emory Healthcare that must be completed.

A formal, criteria-based process is used to evaluate and rank program applicants based on assessment of the applicant’s academic performance; assessment of the applicant’s letter of intent; attainment of appropriate knowledge, skills, attitudes, and abilities needed to achieve the stated educational goals and objectives selected for the residency program, and letters of recommendation from faculty and employers. Components of the scoring tool include the following: GPA, writing skills demonstrated in the Letter of Intent, Work Experience, Complexity of Rotations and duration of direct patient care experiences, involvement in organizations and volunteering, leadership roles, letters of recommendation, and additional experiences, presentations, and publications.

1. The residency program director and residency program coordinator will review all applications and score them based on the pre-interview ranking criteria.
2. Candidates with incomplete residency applications files are not considered for on-site interviews.
3. Applicants with the highest scores will be invited to interview.
   a. The reviewers will score the applicants based on the pre-interview ranking criteria.
   b. All applicants with scores of greater than or equal to 55 will be given an interview without a second review unless greater than 20-25 applicants score above 55. In this case, a second reviewer will review and score the applicants.
   c. Applications with scores less than 55 will be assigned to the alternate reviewer.
   d. If there is not a clear delineation between the higher and lower ranked scores, a third reviewer (preceptor) will be asked to score the applicants.
4. For highly ranked applicants from out of state or those applicants with scores in the middle range, a pre-interview Skype call may be requested to screen for program fit and interests in our organization.

For residents from pharmacy schools with pass/fail grading criteria, a score for GPA will be assigned 3 points on a 6 point scale. This may put the applicant at a disadvantage, but all other criteria will be scored based on the same criteria for those students from pharmacy schools with GPAs awarded.

We reserve the right to deny an onsite interview if the residency applicant has any of the following:

- International visa sponsorship required
- All residency application materials not received or postmarked by the applicant deadline.
- Cumulative grade point average below 2.5 on a 4-point scale (or equivalent) or a grade of B- or lower on any graded clinical rotation.
- Any letter of recommendation that recommends the applicant with any reservation or is unable to recommend the applicant.
- Work restrictions, such as pharmacy school graduation not prior to start date or inability to take pharmacy board on time.
- Residency applicant’s materials indicate strong areas of interest and/or career goals in specialties that we are not able to provide
- No applicable pharmacy-related work experience
After the initial selection process, several applicants will be asked to come to Emory Decatur Hospital for an on-site personal interview. Ultimately, it is the responsibility of the RPD to assess the applicant's baseline knowledge, skills, attitudes, and abilities to determine that the applicant has met the qualifications for admission to the residency program.

1. An on-site interview with the residency program director, department administrators, and residency preceptors is required.
2. All persons participating in the interview process of residency candidates will complete the interview matrix based on pre-set core competency open ended questions asked of all applicants during the interview. A residency candidate rank list will also be submitted from each person participating in the interview process.
3. At the completion of the on-site interview, the RAC meets to discuss the ranking order of applicants. This candidate review session is held to discuss the preliminary rank list and the strengths and weaknesses of each residency candidate. All persons involved in the interviewing process are invited to attend this meeting. Our program reserves the right to not rank candidates who may not be a good fit for our program as determined by the RAC.
4. The RPD is responsible for submitting the ranking list to the Resident Matching Program (RMP) and adhering to all rules of the RMP.

In the event that all residency positions are not filled during Phase I of the Match, our program will offer our available positions to applicants in Phase II of the ASHP Match. The same formal-selection based process as used in Phase I will be used to review and evaluate applicants during Phase II of the match. Those applicants with the highest scores on the pre-interview review will be invited for an on-site and/or SKYPE interview. The same process that was used for Phase I will be followed for Phase II. All persons participating in the interview process of residency candidates will complete the interview matrix based on pre-set core competency open ended questions asked of all applicants during the interview. A residency candidate rank list will also be submitted from each person participating in the interview process. At the completion of the interview, the RAC meets to discuss the ranking order of applicants. This candidate review session is held to discuss the preliminary rank list and the strengths and weaknesses of each residency candidate. All persons involved in the interviewing process are invited to attend this meeting. The RPD is responsible for submitting the ranking list to the Resident Matching Program (RMP) and adhering to all rules of the RMP. Our program reserves the right to not rank candidates who may not be a good fit for our program as determined by the RAC.

If positions are still unfilled after Phase II of the Match, the pharmacy will identify potential candidates who are not committed to another program and will utilize the same mechanisms for ranking the new candidates for the Pharmacy Residency Program. In-person interviews or Skype interviews may be used. Hiring will be done through the normal mechanisms for hiring applicants at Emory Decatur Hospital. The initial job offer will be extended to the highest ranked candidate first. If the job offer is declined, the next highest ranked candidate will be offered the job. This process will be continued until the position has been filled or the eligible candidate pool has been exhausted.

**ACKNOWLEDGEMENT OF RESIDENCY MATCH**
Residents matched to Emory Decatur Hospital PGY1 Pharmacy Residency Program will receive an acceptance letter acknowledging the match and delineating the general terms and conditions of the residency. Acknowledgement in writing by the resident will constitute acceptance of the match and agreement to fulfill the duties of the residency position for the upcoming year.
EXPECTATIONS AND RESPONSIBILITIES OF THE RESIDENT

- Residents’ primary professional commitment must be to the residency program. Our program does not allow moonlighting.
- Residents must be committed to the values and mission of the organization conducting the residency program.
- Residents must be committed to completing the educational goals and objectives established for the program.
- Residents should provide ongoing feedback to the RPD and preceptors regarding the residency program improvement.
- Residents must seek constructive verbal and documented feedback that directs their learning.
- Residents must be committed to making active use of the constructive feedback provided by residency program preceptors.
- Residents must strive to refine and build self-assessment skills, include substantial narrative and criteria-based feedback within evaluations, and actively strive to improve their performance.
- Residents must complete all evaluations within a timely manner (within 7 days of the end of the rotation/experience).
- Residents must participate in any accreditation surveys.
- Residents understand that the curriculum description and requirements noted in the residency description may change during the residency year in order to improve the program.
- Pharmacy residents are employees of Emory Decatur Hospital within the Department of Pharmaceutical Services and must therefore abide by all policies, procedures, rules, and regulations of Emory Healthcare.
- Residents must dress professionally at all times. Nametags must be worn. Open-toe shoes may not be worn. A resident that is deemed to be unprofessionally dressed by preceptor will be asked to leave and change into professional attire. During rotation at other sites, the resident should comply with the site’s dress code policy. Residents should refer to Emory Healthcare Human Resources’ Dress Code and Grooming Policy Section VIII, Part O for more information.
- Residents who are unfit for work because of illegal drug use, possession of controlled substances, or alcohol are in violation of Emory Healthcare’s Substance Use/Abuse policy – Employee Relations, Section VII, Part M-1 and subject to dismissal from the program. Residents are responsible for understanding the Substance Use/Abuse policy.
- The Emory resident is required to comply with the hiring practices of Emory Healthcare. All pre-employment checks and screening must be completed prior to orientation.
- Residents must be familiar with and follow Emory Healthcare’s policies related to extended leave requests (Extended Illness Leave Benefit, Family Medical Leave Act (FMLA), Medical (Non-FMLA) Leave of Absence, and Personal Leave of Absence). See Attendance and Leave on page 20 for further information regarding leave.

The responsibilities of a resident will include, but are not limited to, making patient rounds with pharmacist and physician preceptors, providing daily pharmaceutical care for assigned patients, completing drug information assignments, completing case presentations and leading journal clubs for each learning experience, completing a major project and presenting the results at the Southeastern Residency Conference as well as any other assignments from your preceptors. Each learning experience will have specific goals and objectives regarding the responsibilities listed above. (See Criteria for Successful Completion of the Residency Program policy on Page 31 for specific criteria/responsibilities to complete the residency).
Licensure: Participating in the PGY1 Pharmacy Residency Program is contingent on securing and maintaining a pharmacist license without restriction in the State of Georgia. Incoming residents are expected to sit for the NAPLEX (if not licensed in another state), Georgia MPJE and Practical in June. There is limited space available for the Practical in June. Therefore, the incoming residents are expected to contact the Georgia Board of Pharmacy to apply for the Practical as soon as the Match results are posted. Permission must be obtained from the RPD to delay the Georgia Practical Examination until August. If permission is granted, the resident must apply for a temporary pharmacist license once it is determined that the practical examination will not be taken until the month of August. All residents must be licensed as a pharmacist by the Georgia State Board of Pharmacy by September 30, 2019. Information about the licensure process may be obtained at gbp.georgia.gov. Questions regarding licensure should be addressed to the Georgia State Board of Pharmacy. Residents who fail to receive their Georgia pharmacist license by September 30, 2019 will be dismissed from the residency training program.

- If the resident does not pass the MPJE and/or NAPLEX then the resident cannot practice as an independent pharmacist and must function in the role of a pharmacy technician (under direct supervision of a pharmacist). If the resident passes the MPJE and NAPLEX, but is waiting to take the practical then he/she can practice as an independent pharmacist if he/she has a temporary license.

- Residents who are currently licensed to practice pharmacy in another state must begin the reciprocity process by mid-April or discuss their plans for becoming registered with the RPD and receive written approval for their plan.

- Upon receipt of a Georgia pharmacy license, the resident must photocopy the license and provide copies to the administrative assistance at each location the resident will rotate through.
  - Licensure is encouraged within the first month of the residency in order to ensure adequate and appropriate orientation, training, and direct patient care opportunities.
  - A Georgia pharmacist intern license is required if not already licensed as a pharmacist by the end of July.

Orientation: A formal orientation program for all new residents is conducted in June of each year. Attendance is mandatory. At the general hospital orientation, information about policies and procedures as well as benefits will be reviewed. Following general hospital orientation, the resident will complete clinical orientation/PKS and pharmacy orientation. During this initial training, the resident will be oriented to the following:
  - The residency purpose and practice environment
  - The appropriate accreditation standards, competencies, goals, and objectives
  - Design of the residency program including all program requirements
  - Description of required and elective learning experiences
  - Evaluation strategy
  - Residency manual
- Residency policies, terms and conditions, e.g., requirements for completion, moonlighting, duty hours, dismissal

- **Professional Practice:** All residents are required to conduct themselves in a professional manner. This includes professional dress, demeanor and attitude.

- **Professional Dress:** Appropriate attire is required at all times. Medical scrubs and/or business casual dress is required. The hospital's policies and procedures must be followed. Professional dress is required at ASHP Midyear, Residency Showcase, and Southeastern Residency Conference (SERC).

- **Attendance and Leave:** Daily attendance is required for all mandatory and elective rotations. If the resident fails to complete more than 80% of the rotation (staffing days and professional meeting leave are excluded and not considered absences from rotation) he/she may be required to repeat all or part of the rotation during the elective period.

<table>
<thead>
<tr>
<th>Rotation Length</th>
<th>No more than this # days may be missed without repeating all or part of the rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 week rotation</td>
<td>6 days</td>
</tr>
<tr>
<td>5 week rotation</td>
<td>5 days</td>
</tr>
<tr>
<td>4 week rotation</td>
<td>4 days</td>
</tr>
<tr>
<td>3 week rotation</td>
<td>3 days</td>
</tr>
</tbody>
</table>

**COMPREHENSIVE LEAVE**

- Comprehensive leave may not be taken on a weekend day when the resident is scheduled to work. Residents needing specific weekends off are encouraged to switch their schedule with other residents.
  - If you are requesting to take PTO for a day you are scheduled to staff or provide lunch coverage, then you need to arrange with your fellow residents a swap to avoid using PRN coverage for residents.

- A resident may not be absent from a rotation more than the 20% of that rotation (as detailed above in the table), except to fulfill program-required leave, without prior approval of such by the resident’s program director and preceptor for the month.

- Requested PTO/Excused time off other than extended illness leave of more than two consecutive weeks or more than 18 days (other than program required leave, professional meetings, etc) over the course of the year could jeopardize completion of the program. The RAC will meet to determine if the resident can meet the requirements to be awarded a residency certificate.

- Any time off during the last week of the residency program is not allowed unless approved by the RPD.

- The Emory Decatur Hospital Employee Attendance Policy will be followed during the residency training year. All employees, including residents, are responsible for being at work when they are scheduled. Residents are considered exempt employees and are required to clock in daily to
assure attendance. Residents are expected to report to rotation and their assigned preceptor on time based on the schedule set by the preceptor or at the time their shift starts when staffing. All cases regarding excessive absenteeism will be reviewed by the Residency Advisory Committee. Disciplinary actions for employees with excessive absenteeism will be according to the Application of Corrective Action Section of the Attendance Policy.

- Residents will complete a leave request form for all time away from rotations. Leave requests must be submitted and approved before any travel plans, interviews, or other personal businesses are confirmed.

- Directions for Completing Leave Requests:
  - All requests for time off must be first approved by the Preceptor and the Residency Program Director. If a staffing shift is involved and you have not found coverage for your shift then pharmacy management must approve.
  - First, discuss with rotation preceptor then email the Residency Program Director with your request.
  - If approved, fill out a “yellow TAC form” (A Time and Attendance Exception/Change Form) and submit it to the Residency Program Director.

- Requests should be made in advance, and it is best to allocate your PTO over the course of the year. Please do not wait until the end of the residency to submit requests for time off.
- In general, taking long weekends work best when scheduling PTO to avoid missing too many rotation days.
- If the resident becomes ill and needs to leave the hospital, it is required that he/she informs both the preceptor and the Residency Program Director (and the manager on call/shift supervisor if this happens during a staffing shift).
  - In case of illness or other emergency necessitating a resident's absence, the preceptor or operations manager/shift supervisor (if staffing) should be notified by phone as early as possible. Texting or emailing are not sufficient to request unplanned leave. Additional follow up should be attempted if a voicemail message is left for the preceptor or manager.
  - When multiple days are missed, the resident must contact the preceptor as early as possible each day the resident is unable to be present unless both the resident and preceptor have agreed on the day of return.
  - If the absence is due to sickness and the illness causes the resident to miss more than two consecutive days of the experience, the resident must provide the preceptor a letter from his / her physician confirming the illness. This letter must be provided to the preceptor the first day the resident returns to the site. A copy of the letter must also be provided to the RPD.
  - If the absence is due to an emergency situation, and the situation causes the resident to miss more than two consecutive days of the experience, the resident must provide the preceptor appropriate documentation of the emergency. This letter must be provided to the RPD.
  - The resident, preceptor and RPD will develop an adequate plan to address the missed days.
- ALL absences are required to be made up at the discretion of the preceptor and RPD.

EXTENDED LEAVE

Updated June 2019
Residents must be familiar with the following Emory Healthcare’s policies related to extended leave requests: Extended Illness Leave Benefit, Family Medical Leave Act (FMLA), Medical (non-FMLA) Leave of Absence, and Personal Leave of Absence.

In the event of serious medical or family leave requiring extended leave, the maximum allowable length of extended leave is 6 weeks. Any time off greater than accumulated PTO is without pay. Since PGY1 residents are not eligible for FMLA, return to the residency program is not guaranteed. The resident will work with the RPD, Pharmacy Director, and Residency Advisory Committee to determine if Emory can accommodate the resident upon return to work. At that time, the decision to continue or withdraw will be made by the RPD. If the decision is made to continue, it may be necessary to extend the residency beyond the allotted 12 months to ensure that the resident completes the 12 month minimum requirement (excluding normal vacation/professional leave). The residency will not be extended beyond an additional 2 months for any reason. (Note: if medical leave is requested, a medical document is required per Emory’s policy and must contain the date the medical condition began and the probable duration of the condition and medical release to return to work including any accommodations.)

- **Communication:** Residents are expected to effectively communicate with all health care professionals and patients. All progress notes must follow a standardized format and include pertinent information.

- **Confidentiality:** Residents must follow hospital policies and procedures when it comes to patient confidentiality. Residents are required to sign the Emory Healthcare Confidentiality and Non-Disclosure Agreement.

- **Presentations:** Residents are expected to provide several presentations during the residency year. This includes, but are not limited to the following: case presentations, journal clubs, MUE results, drug monographs/class reviews, ADR reports, ISMP Medication Safety Reports, Residency Research Project, a pharmacy CE presentation.

- **Teaching:** Residents will be required to co-precept fourth year pharmacy students from both Mercer University and University of Georgia Colleges of Pharmacy. This will include daily rounds with students and assisting with journal clubs and/or topic discussions. Staff education and/or in-service presentations to other health care professionals may also be required.

- **Drug Information:** Residents will be required to provide ongoing drug information to staff pharmacists as well as other health care professionals. Residents will also be required to carry the drug information pager at times when no pharmacy students are available to cover the service.

- **Residency Research Project:** Each resident will be required to conduct an approved research project within the timeframe of the residency. Please see the section detailing the scope and timeline of the project in the “Residency Project” (page 26) section below.

- **Pharmacy & Therapeutics (P&T):** Residents will be required to complete a drug monograph and/or a medication use evaluation (MUE) to be presented at a P&T meeting. Residents are also required to prepare and present the Adverse Drug Reaction (ADR) report monthly to the Medication Safety Team. Attendance at monthly P&T meetings is required.
• **On-call coverage of PK service:** The resident will cover the PK on-call pager starting after the resident has received their pharmacy license and have completed the Orientation and Concentrated Pharmacokinetics Learning Experiences. Residents will carry the pager 1-2 week nights and the Friday, Saturday, and Sunday night when scheduled to work the corresponding weekend. The after-hours On-Call service is from 5pm to 8am daily. Residents will be assigned a preceptor for each on-call night. Residents are expected to call the backup preceptor for questions and assistance. In the beginning of the residency year the residents are expected to call the back-up preceptor before giving any orders. As the residency year progresses the level of supervision will decrease based on the level of training and competency of the resident and this will be clearly communicated to the resident before assuming on-call duty; however it is important to note that a back-up preceptor will always be assigned and available for assistance until the end of the residency year. The RPD will continually evaluate the impact on residents of the at-home call to ensure there is not a negative effect on patient care or resident’s learning due to sleep deprivation or serious fatigue. The resident on call is expected to communicate with all clinicians for evening report the night of call and should communicate any pertinent information to clinicians the following morning after call to maintain continuity of care and patient safety.

• **Staffing Requirements:** Pharmacy Residents are required to staff one day every 2 weeks. Residents are also required to work the following holidays (either staffing or covering PKS): Memorial Day, Labor Day, Thanksgiving, Christmas and New Year’s Day.

• **Emergency Response:** All PGY1 pharmacy residents will receive CODE BLUE training and are expected to obtain Basic Life Support and Advance Cardiac Life Support (ACLS) certification. Following training and demonstration of competency, PGY1 residents will respond to Code Blues as they are able throughout rotations. In addition, residents will respond to all Code Blues while staffing the ICU. Responsibilities of the residents include but are not limited to the following:
  o Provision and preparation of all medications
  o Provision of drug information and pharmacotherapy treatment recommendations based on ACLS algorithms
  o Calculation of dosages and administration rates
  o Contacting pharmacy to obtain medications/drips which are not stocked on the cart
  o Signing and attesting to the Code Blue form
  o Charging of the medications used from the code tackle box
  o Restocking the code tackle box

• **Atlanta Pharmacy Resident Information Exchange (APRIE):** Unless he/she has staffing responsibilities, each resident is required to attend each APRIE meeting (approx. 5 meetings) held throughout the Atlanta area. Each resident will be required to present a topic or journal club at one of the meetings. APRIE meetings are held from 5:00pm – 7:30pm at various hospitals in the metro Atlanta area. Residents will also assist with hosting the event when held at Emory Decatur Hospital.

• **Teaching Certificate:** All residents will complete the teaching certificate program with Mercer University. The teaching certificate program includes participating in planned workshops, building a teaching portfolio, assisting with IPPE students, and teaching a two hour lecture of your choice. This program is required for all PGY1 residents.

• **Evaluations:** Residents are responsible for providing self-evaluations as well as evaluating preceptors and each learning experience according to the set program’s schedule in
PharmAcademic. Any self-evaluation submitted without substantial narrative associated with achievement of goals will be rejected by the preceptor and program director, and will require resubmission following appropriate revisions by the resident.

- **Pharmacy Residency Exit:** An exit interview and assessment is completed prior to the end of the residency. The residency certificates will only be provided to the resident once all residency requirements have been completed. The outgoing residents must provide the RPD with a contact email and their next position title.

- **Quarterly Progress Report:** All residents will complete a quarterly progress report detailing their residency activities for the designated time period in the following areas:
  1. Rotations completed
  2. Research project
  3. Presentations (in-services, lectures, journal club, etc.)
  4. Professional Meetings
  5. Meetings/Committees
  6. Progress towards individualized residency goals
  7. Summary/Goals for next quarter

  The report should address progress made toward goals and objectives established at the beginning of the residency year. The quarterly report should also contain a chronological summary of the rotations completed by the resident as well as any comments the resident would like to propose regarding the residency program. The resident should submit the quarterly report along with the updated requirements for completion of PGY1 check-list to the RPD and their mentor by the dates designated below. Report may be submitted electronically. The quarterly report will be reviewed by the RPD and RAC and used to update the development plan.

  First quarter—submit by October
  Second quarter—submit by January
  Third quarter—submit by April
  Fourth quarter —submit by June

- **Residency Notebook:** The resident must maintain a residency notebook as a complete record of the resident’s program activities. An electronic notebook is acceptable. The residency program notebook should contain the following items:

<table>
<thead>
<tr>
<th>Section</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV</td>
<td>• A copy of the resident’s incoming CV</td>
</tr>
<tr>
<td></td>
<td>• A copy of the resident’s CV at the end of the residency</td>
</tr>
<tr>
<td></td>
<td>• A copy of the resident’s pharmacist license</td>
</tr>
<tr>
<td></td>
<td>• ASHP Academic and Professional Record</td>
</tr>
<tr>
<td>Documentation</td>
<td>• Duty hour monthly declarations</td>
</tr>
<tr>
<td></td>
<td>• Requirements for Completion of PGY1 Residency Checklist</td>
</tr>
<tr>
<td></td>
<td>• At least five examples of notes written in the electronic medical record. Any PHI should be blacked out. Examples include but are not limited to:</td>
</tr>
<tr>
<td></td>
<td>o Pharmacokinetics notes</td>
</tr>
<tr>
<td></td>
<td>o Warfarin/Anticoagulation Dosing or Counseling</td>
</tr>
<tr>
<td></td>
<td>o Discharge Counseling</td>
</tr>
</tbody>
</table>
| **Orientation**               | • Orientation checklist completed and initialed  
|                               | • Copy of acceptance letter  
|                               | • Copy of BLS/ACLS  
|                               | • Rotation/Learning Experience Schedules  
| **Presentations**            | • APRIE handouts  
|                               | • In-services (please within the name of the file include the approximate date presented)  
|                               | • Journal club/Case presentation handouts  
|                               | • In-services with preceptors edits  
| **Publications**             | • Copies of any pharmacy related publications  
|                               | o Peer reviewed  
|                               | o Non-peer reviewed  
| **Quality Improvement**      | • P&T Projects (minutes, newsletters, agenda for meeting coordinated)  
|                               | • Any projects with preceptor edits/feedback (MUE, monograph, protocols, etc.)  
| **Research Project**         | • Any paper data collection sheets  
|                               | • Abstracts with preceptor edits/feedback  
|                               | • Any document regarding IRB:  
|                               | o IRB submission  
|                               | o IRB approval letter/documentation  
|                               | o IRB closeout letter  
|                               | • SERC slides with written feedback/notes from practice sessions  
|                               | • Evaluations from attendees at SERC  
|                               | • Manuscript with preceptor edits  
|                               | • Poster (if applicable)  
|                               | • SERC abstract  
|                               | • SERC presentation PowerPoint  
|                               | • Data collection form if applicable (no patient data)  
|                               | • Manuscript final  
| **Teaching Certificate**     | • Copy of the Teaching Certificate  
|                               | • IPPE/APPE student evaluations of co-preceptorship  
|                               | • Mercer lecture slides  
|                               | • Teaching philosophy  
|                               | • Reflections  
|                               | • Lecture evaluations  

**RESIDENT AND STAFF WELL-BEING**

- At Emory Healthcare, we are committed to providing our employees the best place to work, learn and grow. Our organization offers online resources to promote well-being for your family, finances, health, and fun. [http://www.ourehc.org/departments/human-resources/work-life-resources/index.html](http://www.ourehc.org/departments/human-resources/work-life-resources/index.html)

- Residents and all staff are encouraged to participate in Healthy Emory Connect, an online one-stop-shop for health & well-being. It gives employees the boost needed to live better each day – whether that is taking long walks, sleeping better, or finding time with friends and family.

Updated June 2019
Healthy Emory Connect offers a month-long Refresh from Stress: 30-Day Inspiration Challenge yearly in which we all participate.

**DUTY HOUR POLICY**

Residents are expected to spend sufficient time at the practice site. The resident is expected to be onsite for 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Work hours are dependent upon the requirements of the assigned area. While the minimum work day is considered to be 8 hours, additional time may be necessary based upon patient care responsibilities. Each resident is expected to be at work as per expectations. Additional time is expected to complete assignments and projects in a timely manner. Residents may also be expected to attend other residency-related conferences or experiences off site during regular working hours.

Our residency program will adhere to the **ASHP Pharmacy Specific Duty Hours Requirements**. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). Each resident is responsible for keeping track of his/her duty hours and notifying the RPD when the limit is about to be reached.

**EXTERNAL EMPLOYMENT POLICY (MOONLIGHTING)**

Any additional work outside of the residency is discouraged and not permitted. Each resident has a full time obligation to the Emory Decatur Hospital PGY1 Pharmacy Residency Program.

**EVALUATIONS**

The following assessment strategy will be used in evaluating the resident’s progress for outcome and goal attainment:

- Preceptors are responsible for giving each resident informal, on-the-spot, criteria-based feedback and assessment throughout the learning experience to help the resident shape his or her task performance. During the learning experience, the resident will focus on the goals and objectives outlined for each learning experience 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 pharmacy resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

- PharmAcademic will be used for documentation of scheduled evaluations and formative assessments.

- For all scheduled evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation. 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 kept in PharmAcademic.

Updated June 2019
• Residents will complete a pre and post learning experience self-assessment checklist (Customized Evaluation) for some learning experiences. This is to be submitted to the preceptor and discussed at the beginning and end of the learning experience. A copy will be kept in PharmAcademic.

• Residents and preceptors will also complete evaluations after each formal journal club presentation and formal case presentation. These will be discussed and copies will be kept in PharmAcademic.

• Preceptors will assess the residents’ progress and attainment of goals and objectives at the conclusion of each patient care rotation and on a quarterly basis for longitudinal experiences. A Summative Evaluation customized for each learning experience will be completed in a timely manner (within 7 business days) by residents and preceptors at the end of each learning experience as well as quarterly for longitudinal learning experiences. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences. ALL objectives or goals marked as Needs Improvement or Achieved must have comments justifying the score. Goals and objectives marked as achieved for residency (ACHR) will no longer be evaluated.

• Resident’s self-evaluation should address these four questions:
  1. What did I do? (Do not focus on this as learning activities are fully described in the learning experience descriptions)
  2. How well did I do it?
  3. What did I learn?
  4. What will I do differently the next time?

• Residents will maintain a notebook of reflective journaling. Self-assessing and writing down two or three “did-wells” and opportunities for improvement each week will promote introspection and self-awareness. These recorded observations of their performance will be discussed during Feedback Fridays (or at another time as appropriate) with their preceptors.

• Any self-evaluation submitted without substantial narrative associated with achievement of goals will be rejected by the preceptor and RPD, and will require resubmission following appropriate revisions by the resident. The resident’s reflective journal/notes will serve as a reference for summative evaluation self-assessment comments.

• Preceptor and Learning Experience evaluations must be completed by the resident within one week of the end of the learning experience or quarterly (within 7 days of the end of the quarter) for longitudinal learning experiences.

• All evaluations will be reviewed by the RPD and summaries of evaluations will be discussed with the RAC and used to design the resident’s development plan.

• The following ASHP Assessment Scale will be used:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Improvement (NI)</td>
<td>• Resident is not performing at an expected level at that particular time</td>
</tr>
<tr>
<td></td>
<td>• Minimal understanding or practical competency demonstrated</td>
</tr>
</tbody>
</table>

Updated June 2019
| **Continues to make unsound clinical decisions despite correction from preceptors** |
| **Requires guidance/several minutes of directed questioning to complete some or all routine and complex tasks** |
| **Remediation may be necessary** |
| **Significant improvement is needed** |
| **Often requires assistance to complete the objective** |
| **Unable to ask appropriate questions to supplement learning** |
| **In other words..."I am not leaving you alone for a day on this service."** |

### Satisfactory Progress (SP)

- Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective
- Adequate knowledge/skills in this area
- Adequate understanding and/or practical competency demonstrated
- Consistent performance
- Resident continues to improve and make progress toward goal
- Requires limited prompting to complete most complex tasks
- Independently completes all basic and routine tasks
- Sometimes requires assistance to complete the objective
- Asks appropriate questions to supplement learning
- Requires skill development over more than one rotation
- In other words... “I feel comfortable leaving you alone to cover this clinical service with preceptor backup.”

### Achieved (ACH)

- Resident can perform associated objectives independently for this learning experience
- Fully accomplished the ability to perform the objective
- Rarely requires assistance to complete the objective
- Minimum supervision required
- No further developmental work needed
- High degree of understanding and/or practical competency demonstrated
- Fully competent as appropriate to experience and education level
- Requires minimal supervision
- Makes sound, evidence-based clinical decisions
- Independently completes most complex tasks and independently completes all basic and routine tasks but has developed the necessary self-assessment skills to recognize when he/she needs assistance
- In other words...“I feel comfortable leaving you alone to cover this clinical service.”
| Achieved for Residency (ACHR) | • Resident consistently performs objective at Achieved level, as defined above for the residency  
• Resident can perform associated activities independently across the scope of pharmacy practice  
• In other words...”I feel comfortable leaving you alone to cover any of the clinical pharmacy services.” |

- When a resident achieves a specific objective on 2 separate rotations, the RAC may vote to have the resident achieve that objective for the residency. If a resident achieves a specific objective three or more times, they have achieved that objective for the residency without a vote by the RAC. Exceptions include R1.3, R2.1, R2.2, R3.2 – these require ‘Achieved’ on only one Learning Experience prior to the RAC voting to ACHR.

Criteria for effective feedback:
1. As specific as possible in terms of behaviors performed
2. Understandable by the learner
3. Focused on the few most important things that need to be changed
4. Timely (scheduled on regular basis; ASAP after a problem) and frequent
5. At an appropriate time in a location out of public hearing
6. Positive whenever possible, but only when deserved
7. Not personally demeaning when critical
8. Constructive - Designed to help the learner to develop and improve
9. Fostering self-assessment

Model for Giving Constructive Feedback:
2. Is this a convenient time for me to give you some feedback?
3. Let’s talk about (situation/setting/case)
4. How do you think it went? (listen to self-assessment)
5. You did a great job on (give specific examples of strengths)
6. And you could do better on (cite weaknesses, no but)
7. Next time, I would like you to try (give helpful hints)
8. Could you summarize the main ideas from our discussion (check for understanding)
9. Let’s meet again; Keep working on (closure for session)

**RESIDENT DEVELOPMENT PLANS:**

- Residents will complete the ASHP Standard Entering Interests Form and Resident Goal-Based Evaluation in PHARMACADEMIC at the beginning of the residency year.

- The RPD will meet with each resident and their mentor/advisor to review and discuss their skills, strengths, overall and future job interests, areas for improvement and goal-based evaluation. Based on the completed forms and discussion, the RPD and the resident’s mentor/advisor will develop the initial assessment of resident and formulate the initial development plan.

- Quarterly the RPD and the resident’s mentor/advisor will:
Identify and document any changes to strengths, areas of improvement, interests, goals.

Reassess effectiveness of previous quarter’s training plan for addressing strengths, areas of improvement, interests, and goals.

Review resident’s evaluations in Pharmacademic and summarize the resident’s progress throughout the respective quarter. The following PHARMACADEMIC documents are used as master tracking documents to track the resident’s progress toward achieving programs outcomes and completion of residency program. These documents are reviewed at least quarterly by the RPD:

- Residents Progress to Date
- Goals and Objectives Marked as “Needs Improvement”
- Goals Achieved/Not Achieved
- Achieved for Residency Change Log

Formulate a plan and document any changes, revisions, updates to the original plan to address each identified strength, area of improvement, interest, or goal. Any goal or objective marked as “Needs Improvement” will be addressed with a plan and timeline.

Discuss the development plan with the RAC and mark any goals or objectives achieved if deemed appropriate by the RAC.

Discuss the residency training plan with the resident.

- Resident will complete the Resident Goal-Based Evaluation again at the end of the residency year. The RPD will review and discuss with the RAC as needed.

RESIDENCY PROJECT

RESIDENCY PROJECT OVERVIEW

Each resident is required to complete a research project that impacts pharmacy practice within the hospital. A list of potential research projects will be provided to the residents at the start of the residency. A topic could be chosen from the list or the resident may submit ideas for their own research. Project ideas will be discussed with the Residency Advisory Committee and a designated preceptor will be provided to the resident as a mentor for the duration of the project.

GENERAL PROJECT TIMELINE

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Meet with Residency Director and preceptors to develop research topic idea list</td>
<td>July</td>
</tr>
<tr>
<td>• Identify Research Project Idea</td>
<td>August</td>
</tr>
<tr>
<td>• Perform literature search for background information regarding topic idea</td>
<td></td>
</tr>
<tr>
<td>• Narrow focus of research project if necessary</td>
<td></td>
</tr>
<tr>
<td>• Develop research IRB question</td>
<td></td>
</tr>
<tr>
<td>• Test research question with colleagues</td>
<td></td>
</tr>
<tr>
<td>• Write specific project aims and hypothesis</td>
<td></td>
</tr>
<tr>
<td>• Select Project Advisor and research team</td>
<td></td>
</tr>
<tr>
<td>• Develop project plan including methods</td>
<td>September</td>
</tr>
<tr>
<td>• Develop data collection form</td>
<td></td>
</tr>
</tbody>
</table>

Updated June 2019
- Identify institutional partners and establish relationships with key departments/individuals
- Review IRB requirements
- Identify other institutional committees requiring approval (example P&T Committee)
- Fill out the research project proposal form

<table>
<thead>
<tr>
<th>Quarterly evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Submit project plan for advisor/preceptor/residency director approval</td>
</tr>
<tr>
<td>• Submit required paperwork to IRB Committee for consideration at next IRB Committee meeting</td>
</tr>
<tr>
<td>• Test data collection forms before initiation of study</td>
</tr>
<tr>
<td>October</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarterly evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Present the research project proposal to the residency advisory committee for discussion</td>
</tr>
<tr>
<td>• Plan study logistics</td>
</tr>
<tr>
<td>• Confirm that approval from all required institutional committees has been granted</td>
</tr>
<tr>
<td>November</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarterly evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Finalize logistics</td>
</tr>
<tr>
<td>• Begin data collection</td>
</tr>
<tr>
<td>December</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarterly evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conduct Study</td>
</tr>
<tr>
<td>• Conduct Study</td>
</tr>
<tr>
<td>• Prepare abstract and submit to SERC</td>
</tr>
<tr>
<td>January</td>
</tr>
<tr>
<td>February</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarterly evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prepare data for analysis</td>
</tr>
<tr>
<td>• Analyze data</td>
</tr>
<tr>
<td>• Prepare Presentation</td>
</tr>
<tr>
<td>March</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarterly evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Practice Presentation with preceptors</td>
</tr>
<tr>
<td>• Present Residency Project at SERC</td>
</tr>
<tr>
<td>April</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarterly evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Write Manuscript</td>
</tr>
<tr>
<td>• Submit final IRB report</td>
</tr>
<tr>
<td>May</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarterly evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Submit final project manuscript to residency director</td>
</tr>
<tr>
<td>• Submit residency project for publication/poster presentation</td>
</tr>
<tr>
<td>June</td>
</tr>
</tbody>
</table>

**PROJECT APPROVAL**

All projects must be approved by the Residency Advisor Committee. Please submit your final project idea by the end of August for approval.

**PROJECT COMPLETION**

The project will be considered complete when the stated objectives have been met. A detailed description of the project (manuscript) should be written and turned into your designated preceptor before completion of the residency. The manuscript should be of publishable quality and the resident should pursue publication.
ASHP Manuscript Submission Checklist and the International Committee of Medical Journal Editors
"Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" should be referred to for details regarding manuscript format:


A residency certificate will not be awarded until the project and manuscript are completed and a final copy forwarded electronically to the RPD.

Southeastern Residency Conference (SERC) PRESENTATION

Refer to the following website for information regarding the SERC abstract and presentation.
http://sercpharm.org/

GENERAL INFORMATION

BENEFITS

- **PGY1 residents are classified as exempt employees by Emory Healthcare.** The resident stipend is available on the Emory Healthcare Pharmacy website and is communicated to the residents during the interview process and in the offer letter.
- **Paid time off (PTO):** Residents are given comprehensive leave according to Emory Healthcare Policy EHC-HR-602. Accrued time includes up to 26 days. This includes personal days, sick time, vacation days, and holidays.
- **Holidays:** Residents must work designated holidays which will be determined at the beginning of the residency.
- **Funds for Professional Meetings:** Residents will be reimbursed for travel expenses including hotel, airfare, meals (limited amount), and registration fees for ASHP Midyear. Registration and travel fees are reimbursed for SERC.
- **Health Insurance:** Please see your orientation packet for more information.

EARLY COMMITMENT PROCESS FOR CURRENT EMORY PGY1 RESIDENTS

1. Current Emory Healthcare PGY1 pharmacy residents who have an established relationship with and wish to early commit to an Emory Healthcare PGY2 residency must submit a letter of interest and CV to the PGY2 RPD, copied to their PGY1 RPD. PGY1 residents should establish a relationship with the PGY2 program by completing a rotation in the area of interest (preferred) or through a research project, grand rounds presentation, or other activities at the discretion of the RPD.
2. Adherence to all ASHP requirements and deadlines for matching of PGY2 residency programs will be followed. If two or more residents are interested in early commitment for the same PGY2 program, submitted materials and formative feedback of each resident will be evaluated. Onsite interviews will be conducted at the discretion of the PGY2 RPD.
3. **Deadline for submission of letters of interest and CV is 1700 on the last Friday in October.**
4. A signed offer letter must be returned to the current PGY1 resident and copies given to the PGY1 RPD no later than 2 weeks following the submission of the letter of interest and CV.

For the Oncology Residency Program, two additional requirements must be submitted:

Updated June 2019
1. Initial assessment and first quarterly assessment/development training plan completed by resident, advisor, and RPD/coordinator.
2. PDF documents of all summative evaluations completed by the preceptors of the resident for rotations July – September.

Note that the early commitment deadline is earlier than the ASHP deadline.
Criteria for Successful Completion of the Residency Program

Purpose: To establish the criteria for successful completion of the Residency Program. Residents will be awarded a residency certificate if all of the criteria are met. This policy is subject to change. If any changes are made, the residents will be notified immediately of any and all changes.

Definitions:
- IRB- Investigational Review Board
- ASHP- American Society of Health System Pharmacists

Policy:
Emory Decatur will recognize those pharmacists who have successfully completed the PGY1 Pharmacy Residency Program by awarding an appropriate certificate. No certificate shall be issued to any individual who has failed to complete the hospital’s prescribed program. ASHP’s responsibility is to survey our residency program for accreditation and monitor our site for compliance with standards. The hospital’s responsibility is to award the certificate of residency to individuals who successfully complete the program.

Residents should refer to the Criteria for Successful Completion of the Residency Program Check-List, and keep a complete account of all activities fulfilled throughout the year.

The following are required criteria that the resident must meet prior to receiving a residency certificate:
1. The resident must participate in General Hospital Orientation and Residency Orientation.
2. Resident must successfully complete all ASHP PGY1 Pharmacy Residency Requirements.
3. The resident must obtain pharmacy licensure by September 30, 2019.
4. The resident must complete all practice requirements for the residency.
   a. Service Component (Staffing)
   b. Clinical Component (PKS Weekend Coverage/On-Call Activities)
   c. Rotations – Required and Elective
   d. Teaching Activities
      i. Journal Club (at least 5)
      ii. Case Presentation (at least 5)
      iii. The resident must complete the Mercer University teaching certificate program and all associated activities
      iv. The resident must present a pharmacy CE presentation to a group of pharmacists (i.e. GSHP dinner, GSHP webinar, presentation to the pharmacists, Grand Rounds).
   e. Medication Use Evaluation (MUE) (at least 1)
   f. Drug Monograph (at least 1)
5. The resident must successfully complete BLS/ACLS.
6. The resident must participate in the recruitment of residents.
7. The resident must complete at least one disease prevention and wellness promotion program in collaboration with others to optimize medication therapy for patients.
8. The resident must complete a major research or quality improvement project.
9. The resident must submit their project to the IRB and gain approval, unless it is a quality improvement project and is deemed exempt from IRB.
10. The resident must present at the Southeastern Residency Conference (SERC).
11. The resident must complete a manuscript for their research project suitable for publication according to ASHP guidelines or other publication format agreed upon by the resident and residency director.
12. The resident must maintain a residency notebook as a complete record of the resident’s program activities for the entire residency year. An electronic notebook is acceptable.
13. The resident must complete all evaluations in PharmAcademic® within 7 days of the completion of the rotation with sufficient narrative and criteria based feedback for preceptors as well as for self-reflection.

Updated June 2019
14. Residents will be evaluated using PharmAcademic. For the required Competencies and Goals, the resident must have achieved objectives R1.1.5 and R1.3.1 and obtain at least 75% achieved for the residency (ACHR) with no goals with ratings of Needs Improvement on all residency objectives of the residency program. Ratings are determined by the following rubric:
   a. **Achieved for the Residency**: This designation indicates that the resident has mastered this goal/objective and can perform associated tasks independently across the scope of pharmacy practice. No further instruction or evaluation is required.
   b. **Achieved**: The resident has fully demonstrated the ability to perform the educational goal or the objective without assistance from preceptor.
   c. **Satisfactory Progress**: The resident is able to perform the task at a satisfactory level and requires minimal input or help from the preceptor. This applies to an educational goal or objective whose achievement requires skill development during more than one learning experience. In the current learning experience the resident has progressed at the required rate to attain full ability to perform the goal by the end of the program.
   d. **Needs Improvement**: The resident requires consistent help and instruction from the preceptor in order to complete the task. Often times directed questioning in a problem solving manner is required to help the resident finish the task.

15. The resident must remain compliant with all institutional and departmental policies and have no outstanding disciplinary actions.

16. The resident must complete an exit interview and assessment prior to the end of the residency.

17. The outgoing resident must provide the RPD with a contact email and their next position title.
**TRACKING RESIDENTS’ PROGRESS FOR RESIDENCY COMPLETION**

Purpose: The following check list will be presented to residents in their offer letter as well as at the beginning of residency orientation and will be used throughout the residency year for tracking residents’ overall progress toward the achievement of their educational goals and objectives for the residency program.

Residents will document specific activities with dates of completion on the Criteria for Successful Completion of the Resident Program Check-List. A copy will be given to the residency director or residency program coordinator and pharmacist mentor quarterly. This along with the Phamacademic® Goals and Objectives with ACHR History Report will be reviewed prior to each quarterly evaluation in order to include areas of improvement needed to achieve the residency goals and objectives by the end of the residency year.

### Requirements for Completion of PGY1 Residency Checklist

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Specific Activity and Date Completed (initials/date)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Hospital Orientation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Residency Orientation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Obtain Pharmacy License in Georgia by September 30, 2019</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Service Component</strong></td>
<td></td>
</tr>
<tr>
<td>• Staffing once per pay period</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Component</strong></td>
<td></td>
</tr>
<tr>
<td>• PKS Weekend Coverage</td>
<td></td>
</tr>
<tr>
<td>• Holiday Coverage</td>
<td></td>
</tr>
<tr>
<td>• On-Call Activities</td>
<td></td>
</tr>
<tr>
<td><strong>Rotations (required and elective)</strong></td>
<td></td>
</tr>
<tr>
<td>• Clinical Orientation/PKS</td>
<td></td>
</tr>
<tr>
<td>• Pharmacy Orientation</td>
<td></td>
</tr>
<tr>
<td>• Service (Staffing)</td>
<td></td>
</tr>
<tr>
<td>• Internal Medicine</td>
<td></td>
</tr>
<tr>
<td>• Critical Care</td>
<td></td>
</tr>
<tr>
<td>• Emergency Medicine</td>
<td></td>
</tr>
<tr>
<td>• Neonatology</td>
<td></td>
</tr>
<tr>
<td>• Nutritional Support</td>
<td></td>
</tr>
<tr>
<td>• Oncology</td>
<td></td>
</tr>
<tr>
<td>• Elective 1</td>
<td></td>
</tr>
<tr>
<td>• Pharmacy Practice Management</td>
<td></td>
</tr>
<tr>
<td>• Drug Policy Development</td>
<td></td>
</tr>
<tr>
<td>• Teaching and Education</td>
<td></td>
</tr>
<tr>
<td><strong>Teaching Activities</strong></td>
<td></td>
</tr>
</tbody>
</table>

Updated June 2019
- Journal Clubs (at least 5)

- Case Presentations (at least 5)

- Mercer University Pharmacy Teaching Program – obtain certificate

- CE Presentation to a group of pharmacists (i.e. GSHP dinner, GSHP webinar, presentation to the pharmacists, Grand Rounds)

**Medication Use Evaluation (MUE) (at least 1)**

**Drug Monograph (at least 1)**

**BLS Certification**

**ACLS Certification**

**Participate in the recruitment of residents**

- Mercer Residency Showcase
- Midyear
- Residency Interviews in February

**Complete at least one disease prevention and wellness promotion program in collaboration with others to optimize medication therapy for patients.**

**Participate in and complete a Major Research or Quality Improvement Project**

- Submit project to IRB and obtain approval, unless it is a quality improvement project and is deemed exempt from IRB

- Present Project Presentation at SERC

- Complete a project manuscript suitable for publication according to ASHP guidelines or other publication format agreed upon by the residency and residency program director.

- Maintain and submit a residency notebook as outlined in the residency manual (complete record of the resident’s program activities for the entire residency year) – an electronic notebook is acceptable

- Complete all evaluations in PharmAcademic® within 7 days of the completion of the rotation with sufficient narrative and criteria based feedback for preceptors as well as for self-reflection

- Achieve objective R1.1.5 for the residency

- Achieve objective R1.3.1 for the residency

- Obtain at least 75% achieved for the residency with no goals with ratings of Needs Improvement on all residency objectives of the residency program

- No outstanding disciplinary actions

- Complete an exit interview and assessment prior to the end of the residency

- Provide the RPD with a contact email and their next position title

*Updated June 2019*
RESIDENT DISCIPLINARY ACTION

Residents are expected to follow all hospital policies and procedures and are expected to conduct themselves in a professional manner. Refer to Standards of Conduct policy, Dress Code policy, Corrective Disciplinary Action Policy, and Pharmacy Resident Dismissal and Disciplinary Policy.

Emory Decatur Hospital PGY1 Pharmacy Residency
Pharmacy Resident Dismissal and Disciplinary Policy

A pharmacy resident may be placed on probation, dismissed, or voluntarily withdrawn from the program should there be evidence of their inability to function effectively or put patients at risk. Examples which would require action include, but are not limited to the following:

a. Behavioral misconduct or unethical behavior that may occur on or off hospital premises.
b. Unsatisfactory attendance or excessive absenteeism.
c. More than one unsatisfactory performance evaluation on rotations.
d. Improper use or theft of hospital equipment including breeches of cyber security.
e. Mental impairment caused by mental disorder or substance abuse.
f. Poor performance despite a corrective action plan.
g. Violation of Emory Healthcare System, Emory Decatur Hospital, or pharmacy department specific policies.
h. Not obtaining a Georgia pharmacist license by September 30, 2019
i. Unable to complete the required components of the residency due to extended leave. (A resident must spend two-thirds or more of the program in direct patient care activities.)
j. Failure to complete orientation requirements and annual employee commitments.

Responsibilities:

Preceptor:

a. Document unsatisfactory performance of a pharmacy resident in writing and review with the resident at the terminal evaluation conference for the rotation.
b. Document in writing any unethical or unprofessional behavior that would warrant formal counseling or disciplinary action.
c. Document in writing any actions the resident may have taken that risk the patient's health or causes endangerment to any patient or personnel.

RPD:

a. Counsel the resident at the time of the first instance of unsatisfactory performance.
b. Notify the resident verbally and in writing, after the second instance of unsatisfactory performance, of their probationary status.
c. Notify the resident verbally and in writing, of dismissal, upon receipt of the recommendation of the Residency Advisory Committee (RAC).

RAC:

a. Call a special disciplinary meeting to review the documentation provided by the preceptor or any other significant documentation that pertains to the case(s).
b. Make recommendation based upon the evidence provided that the resident is placed on probation, dismissed, or that no action be taken.
c. Seek the concurrence of the Director of Pharmacy Services and in consultation with Human Resources when needed on its recommendation.

Procedures:

a. The preceptor will provide the RPD with a written evaluation, documenting any unacceptable performance or actions. The resident will receive counseling and feedback on how to improve performance. The first unsatisfactory appraisal will not result in probation.

Updated June 2019
b. Upon receipt of a second unsatisfactory evaluation or evidence of unprofessional conduct or actions, RPD will call an Ad Hoc RAC meeting to determine appropriate action. Action may be placing the resident on probation for four weeks, or additional counseling will be suggested. These actions must receive the approval of the Director of Pharmacy Services and Human Resources when needed.

c. Upon receipt of additional unsatisfactory evaluations, evidence of unprofessional or unethical conduct, absence without leave (AWOL), or the failure of the resident to get licensed by the deadline, the RPD will call an Ad Hoc Residency Advisory Committee meeting to discuss appropriate actions. Actions will be either dismissal or additional probation. The Committee’s actions will have the concurrence of the Director of Pharmacy Services and Human Resources when needed.

d. Actions that the RAC deem necessary will be communicated to the resident both verbally and in writing by the residency director within 24 working hours.

e. At any time, a resident may submit a two-week notice of resignation to the RPD.

f. All Emory HR policies will be followed.