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Residency Executive Committee

Tish Kuban, RPh, MBA – Director of Pharmaceutical Services
Collin Lee, PharmD, BCPS - Assistant Director of Clinical and Educational Services
Christopher Paciullo, PharmD, BCPS, FCCM - PGY1 EUH Residency Program Director
Kelly Ouellette, PharmD, BCPS – PGY1 ESJH Residency Program Director
Katherine Shah, PharmD, BCOP - PGY2 Oncology Residency Program Director
Daniel Griffith, RPh, BCNSP - PGY2 Nutrition Support Residency Director
Stacey Folse, PharmD, MPH, BCPS - PGY2 Critical Care Residency Program Director
Nicole Metzger, PharmD, BCPS – PGY2 Internal Medicine Program Director
Michael Hurtik, PharmD, BCPS – PGY2 Solid Organ Transplant Program Director
Steve Mok, PharmD, BCPS (AQ-ID) – PGY2 Infectious Diseases Program Director (Multi-Site with Emory University Hospital Midtown)

Residency Advisory Committee

Nicholas Barker, PharmD, BCCCP – Cardiology Clinical Specialist
Shaden Dadashnejad, PharmD, BCPS – Nutrition Support/Oncology Specialist
Beth DelRossi, PharmD – Director of Pharmacy
Raphaelle Lombardo, PharmD, BCPS – Emergency Medicine Clinical Specialist
Mariam Majidi, PharmD, BCPS – Nutrition Support/Oncology Specialist
Annie Nguyen, PharmD – Clinical Pharmacist
Kelly Ouellette, PharmD, BCPS – PGY1 Residency Program Director
Kristen Paciullo, PharmD, BCPS – Infectious Disease Clinical Specialist
Sanchita Sen, PharmD, BCPS – Internal Medicine Clinical Specialist
Stacie Smith, PharmD, BCPS – Clinical Pharmacist
Rachel Tendler, PharmD, BCPS – Critical Care Clinical Specialist

Chief ESJH PGY-1 Pharmacy Resident
Purpose of the Residency Manual

This manual has been developed for the pharmacy residents of Emory Saint Joseph’s Hospital with the purpose of providing information on policies, procedures, benefits, and other elements that may directly affect a resident completing the program. Please read the manual and keep it for future reference. Questions regarding the residency manual may be addressed with the Residency Program Director (RPD). Note that Emory Saint Joseph's Hospital may revise its policies and procedures at any time whenever deemed necessary. Residents will be informed of changes accordingly.

EMORY HEALTHCARE’S VISION AND STRATEGIC PLAN
Emory Pharmacy Vision

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

PURPOSE AND PHILOSOPHY OF THE EMORY SAINT JOSEPH’S HOSPITAL PHARMACY RESIDENCY

Emory Saint Joseph’s Hospital Pharmacy Residency Vision

To instill the philosophy of compassionate care while training future pharmacy leaders who provide evidence based pharmacotherapy and patient centered care.

According to the American Society of Health-System Pharmacists (ASHP), residents in PGY1 residency programs are provided the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. PGY1 residents acquire substantial knowledge required for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment. The instructional emphasis is on the progressive development of clinical judgment, a process begun in the advanced pharmacy practice experiences (APPE or clerkships) of the professional school years but requiring further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance. The residency year provides a fertile environment for accelerating growth beyond entry-level professional competence through supervised practice under the guidance of model practitioners.

ASHP puts forth seven guiding principles that provide the framework for the Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. The Accreditation Standard establishes criteria for systematic training of pharmacists for the purpose of achieving professional competence in the delivery of patient-centered care and in pharmacy operational services.

Emory Saint Joseph’s Hospital PGY1 Residency Program is committed to providing an educational program that meets the accreditation standards and underlying principles of ASHP for PGY1 Pharmacy Residency Programs. The educational program will be adapted to the unique goal, objectives, and career plans of the resident insofar as the requirements of certification and the residency will permit. In turn, the resident should be familiar with the accreditation and other requirements that apply to residents in training. If required, residency program requirements may be altered once they have been implemented due to changes as required by ASHP guidance.

PURPOSE OF THE EMORY SAINT JOSEPH’S HOSPITAL PGY1 PHARMACY RESIDENCY

ASHP PGY1 Residency 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.

A graduate of the PGY1 residency program at Emory Saint Joseph’s Hospital will be competent and confident in the management of medication therapy for various disease states. The resident will obtain advanced skills as a clinician and educator while working with patients and other health care professionals. The residency program will also develop pharmacy leaders by continuously exposing pharmacy residents to leadership opportunities, professional and personal development, scholarship and service to the profession.

Upon successful completion of the PGY1 residency program, based on the skills, knowledge, and attitudes developed and enhanced, a graduate will be prepared to enter clinical pharmacy practice, a PGY2 residency program, or a fellowship program.

**EMORY SAINT JOSEPH’S HOSPITAL’S RESIDENCY PROGRAM PHILOSOPHY**

The residency is an organized, supervised training program which provides the resident the opportunity to conceptualize, integrate, and transform accumulated experiences and knowledge into improved drug therapy for patients. The program instills the concept that pharmacists are directly responsible and accountable for optimal drug therapy outcomes. The residency provides a training environment that embraces the current understanding of pharmacy practice, with consistent encouragement for the resident to participate in the design of the future of pharmacy practice. The program is individualized, allowing for appropriate adjustments in duties, responsibilities and experiences to ensure that each resident has an “educational path” defined which provides the opportunity to realize the program goal by the end of the residency program.
The goal of the PGY1 Residency Program of Emory Saint Joseph’s Hospital is to enable its residents to meet the educational competencies set forth by ASHP. Emory’s program utilizes the collective assets of the Emory Hospitals (Emory University Hospital, Emory University Hospital Midtown, and Emory Saint Joseph’s Hospital) in a synergistic manner to allow residents the opportunities to meet the required educational goals that are also set forth by ASHP as a means to reaching the educational outcomes.

The Emory Saint Joseph’s Hospital PGY1 Residency program has selected the following ASHP Competency Areas for its residents. Detailed criteria on each objective can be found on ASHP’s website.

**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.

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

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

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

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

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

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

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

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

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

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

**Competency Area 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 preceptors’ roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

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

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

**Competency Area E1: Pharmacy Research**

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

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

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

**Competency Area E5: Management of Medical Emergencies**

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

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

**ADVERSE ACCREDITATION ACTIONS**

Current residents in the Emory Saint Joseph’s Hospital PGY1 Pharmacy Residency programs will be informed of any adverse accreditation actions regarding the residency program placed upon the program by ASHP.
BASIC REQUIREMENTS OF THE PHARMACY RESIDENT

Pharmacy residents are employees of Emory Saint Joseph’s Hospital within the Department of Pharmaceutical Services and must therefore abide by all policies, procedures, rules and regulations of Emory Healthcare.

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 VIII, 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 a written offer being extended to the residency candidate.

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).

Excused time off of more than 18 days (other than program required leave, professional meetings, etc) over the course of the year could jeopardize completion of the program. If the leave is in excess of 4 consecutive weeks, once the resident returns the Residency Advisory Committee (RAC) will meet to determine if the resident can meet the requirements to be granted a residency certificate. The RAC’s decision will be communicated to the resident upon the end of the resident’s period of leave. (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.)

In the event of a serious medical or family leave requiring extended leave, the maximum allowable length of extended leave is 8 weeks. Any time off above accumulated PTO is without pay. Since PGY1 residents and PGY2 residents who did not early commit are not eligible for FMLA, return to the residency program is not guaranteed. The resident will work with the RPD, Pharmacy Director and RAC to see 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 4 months for any reason.

LICENSURE

Residents are required to have or obtain licensure to practice pharmacy in the State of Georgia. Incoming, unlicensed residents are expected to sit for the Georgia boards in June. 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 pharmacist intern license once it is determined that the practical examination will not be taken until the month of August. Pharmacist licensure must be obtained no later than September 15th of each residency year. Residents who fail to receive pharmacist licensure
by this deadline are subject to dismissal from the residency training program. Each case will be reviewed by the RAC and the decision will be made to allow the resident to continue with the residency training program or to dismiss. If a resident has not obtained licensure by December 31st of the residency year, they will be dismissed. Until licensed, residents must function under the direct supervision of a pharmacist. Residents are required to complete at least 8 months of residency as a licensed pharmacist.

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 Assistant Director of Clinical and Educational Services and receive approval for their plan.

Upon receipt of a Georgia pharmacy license, the resident must photocopy the license and provide copies to the administrative assistants at each location the resident will rotate through.

### ANNUAL COMPETENCIES

All pharmacy residents at EHC are required to complete annual departmental competencies as listed below.

#### All New Residents (PGY1)

- Any competencies (fire safety, 797, etc.) included in the pharmacy department orientation packet when the residents start at EHC.
- Pharmacy resident orientation checklist completed and finished copy to be placed on file with the Director of Pharmacy at their primary hospital. Additionally, a copy will be scanned in and placed in the Resident Notebook.
- Annual HLC modules must be completed by July 31st.
- Copy of BLS card placed in Resident Notebook.
- Copy of ACLS card (once received if PGY1) placed in Resident Notebook.
- Annual influenza vaccine by yearly requirement date.
- Any other competencies required of clinical specialists during the residency year will also be required of the pharmacy resident. Specific competencies will be communicated to the residents at the same time it is communicated to the clinical specialists.

#### All Early Committed PGY2 Residents

- Annual health assessment completed in July or August of PGY2 year (dependent on when health assessment was completed in year prior).
- Annual HLC modules must be completed by July 31st of PGY2 year.
- Annual influenza vaccine by yearly requirement date.
- Copy of updated BLS card placed on file with the RPD at their primary hospital.
- Any other competencies required of clinical specialists during the residency year will also be required of the pharmacy resident. Specific competencies will be communicated to the chief pharmacy resident at the same time it is communicated to the clinical specialists.
EXPECTATIONS OF THE PHARMACY RESIDENT

1. Provide ongoing feedback to the RPD and preceptors regarding residency program improvement. Provide feedback at the residency retreats.
2. Dress professionally at all times. Nametags must be worn. Open-toe shoes may not be worn. A lab coat should be worn in patient care areas. A resident that is deemed to be unprofessionally dressed by a preceptor will be asked to leave and change into professional attire. During rotations at other sites the resident should comply with the site’s dress code policy. Residents should refer to Emory Healthcare Human Resources’ Dress and Grooming Policy Section VIII, Part O or more information.
3. Participate in any accreditation surveys.
4. Complete all evaluations in a timely manner (within 5 days of the end of the rotation/experience).
5. Attend and participate in residency activities.
6. Understand that the curriculum description and requirements noted in the residency description may change during the residency year in order to improve the program.

REQUIRMENTS FOR CERTIFICATE OF COMPLETION

See detailed information in the ‘Requirements for Completion of PGY-1 Residency’ document.

SALARY AND BENEFITS

SALARY

PGY1 residents are classified as exempt employees by Emory Healthcare. Residents are compensated via yearly stipends. The stipend compensates the resident beginning with hospital orientation and will expire at the end of June the following year. The stipend amount is available on the Emory Healthcare pharmacy residency website and is communicated to residents during the interview process. Direct deposit is mandatory.

Payroll schedule can be found through virtual desktop at http://www.ourehc.org/departments/payroll/payrolcalendars/index.html.

OTHER BENEFITS

Residents are eligible for medical, dental, and vision insurance as well as a number of other benefits such as Sparkfly employee discounts and discount tickets to Atlanta-area attractions (see HR Benefits website). All hospital employees are given a discount at the hospitals’ cafeterias when wearing their Emory badge.
PGY1 residents are given a yearly spending cap for reimbursement for professional travel to ASHP’s Midyear Clinical Meeting and the Southeastern Residency Conference. Each resident must keep all expense reports in the resident notebook. Reimbursement is completed online and submitted to the RPD within 60 days of travel. Spending caps are $1,750 for PGY1 residents.

Spending caps are communicated to the residents during orientation. Professional leave is allotted for residents to attend these specified professional meetings, but specific number of days must be approved by their RPD prior to any travel plans being finalized.

Residents are given comprehensive leave according to Emory Healthcare Policy EHC-HR-602. Comprehensive leave provides flexibility to use paid time off for vacation, sick, holiday, bereavement and emergency leave. Comprehensive leave is accrued beginning with the first day of employment. The accrual rate is 8 hours per paycheck (every two weeks).

Holidays observed by the hospital include: New Year’s Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving (2 days), and Christmas (2 days). Residents will need to accrue comprehensive leave time in order to be eligible for holiday leave. Independence day will be handled on a yearly basis depending on the day of the week on which it falls. Accrued leave may be cashed in when the resident leaves Emory Healthcare.

MEMBERSHIPS

Travel reimbursement will only cover the member registration fee for the Midyear Clinical Meeting. Residents are encouraged to become members of associations.

WORK SPACE AND SUPPLIES

Each resident will be provided with a designated workspace equipped with a computer on their primary campus. Office supply requests are handled by the pharmacy buyer. While rotating at other campuses residents will be given work space at that campus.

ORIENTATION

Residents must complete the two day Emory Hospitals’ orientation as a prerequisite to beginning their residency. Emory Healthcare policies and procedures will be discussed in-depth. Residency and Department of Pharmaceutical Services orientation will follow Emory Hospitals’ orientation.

PGY1 residents are oriented to departmental operations and complete required job competencies by the end of July. This time is also devoted to familiarizing the resident with the requirements of the residency program. The RPD works with other preceptors, supervisors, and administrators to determine the orientation schedule for the residents.
The residents will spend time with the RPD discussing expectations for the residency year and the proposed calendar. Clinical preceptors will interact with the residents during this time and the residents will be trained on Emory’s Electronic Medical Record (EeMR). In preparation for the pharmacy service commitment of the residency program, PGY1 residents will spend July training in the pharmacy. ACLS certification will be arranged during this time period. Residents will be responsible for completing any required paperwork, readings, or other assignments during this orientation period. PGY1 rotation activities will start in August.

Each resident will receive a Resident Orientation as well as a Staffing Orientation Form. During the orientation period, each resident will have their packet signed off with dates indicating when the different orientation topics are reviewed. The original completed forms will be provided to the department director and a copy placed in the resident’s electronic notebook. Failure to have the forms completed by the end of rotation will jeopardize the start of the resident’s clinical rotations.

RESIDENCY PROGRAM STRUCTURE

Emory Saint Joseph’s Hospital’s residency is a 12 month long program. Residency orientation occurs during the month of July for PGY1 residents.

LEARNING EXPERIENCES

Residents’ baseline self-evaluations and interests are used to formulate customized training plans and rotation schedules. Rotations are generally one month 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.

Residents may choose 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 advisor and their RPD.

PGY1 PHARMACY RESIDENCY

PGY1 residency rotations are a calendar month in duration, with the exception of November and December. The rotation the resident selects in November will continue through the first two weeks of December. The last two weeks of December will be dedicated to the resident fulfilling their research requirement.

PGY1 residents may not spend more than one-third of their residency in one area (e.g. transplant, critical care, oncology).

PGY1 residents must spend two thirds or more of the program in direct patient care.

Residents should not spend back to back months in non-direct patient care rotations.
All PGY1 residents must complete the following REQUIRED rotations:

- Anticoagulation
- Critical Care
- Infectious Disease/Antimicrobial Stewardship
- Internal Medicine
- Nutrition Support
- Orientation
- Practice Management
- Quality Improvement
- Research
- Service Commitment

All PGY1 residents may select the following elective rotations:

- Antimicrobial Stewardship
- Bone Marrow Transplantation *
- Cardiac ICU
- Drug Information *
- Emergency Medicine
- Heart Failure
- Leukemia *
- Medical Oncology* (Inpatient or Outpatient)
- Neonatology *
- Neuro Critical Care *
- Outpatient Infectious Diseases
- Solid Organ Transplant (Liver, Kidney, or Thoracic)*

*Offered at EUH/EUHM

*PGY1 residents are allowed two off site rotations (defined as any rotation where the majority of the residents’ time is spent at an institution other than ESJH) during the residency year. If the resident chooses two off site rotations, both off site rotations must not be offered at ESJH (i.e. neonatology, solid organ transplant, etc).

^ PGY1 residents will be allotted a total of 10 research days plus two consecutive weeks of a research rotation the last two weeks of December. Four research days are to be used in the fall (one in August, September, October and November) and six in the spring (January, February, March, April, May and June). Residents must contact their rotation preceptor at least two weeks in advance of taking a research day. On their approved research day, residents are excused from all patient care activities, counseling, topic discussions and other rotation activities. Research days may not be taken on a weekend.

**NON-EMORY SAINT JOSEPH’S HOSPITAL ROTATIONS**

PGY1 residents must discuss off-site, non-Emory Saint Joseph’s Hospital elective rotations requests with the RPD prior to any investigation regarding feasibility. For PGY1 residents, the decision to allow an off-site rotation is made by the Residency Executive Committee based on whether the 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. Any non-Emory Saint Joseph’s Hospital rotations will count as an off-site rotation and MUST NOT be offered at the PGY1 resident’s primary site.

**TIME AWAY FROM ROTATIONS**

Comprehensive leave may not be taken on a weekend. Residents needing specific weekends off are encouraged to switch their schedule with the other resident.

A resident may not be absent from a rotation for >5 days, except to fulfill program-required leave, without prior approval of such by the resident’s program director and preceptor for the month. Program required leave includes any conferences required by their program (ASHP Midyear, SERC, specialty conference). Research days count towards the 5 days away from rotation.

**LONGITUDINAL LEARNING EXPERIENCES**

**MERCER UNIVERSITY COLLEGE OF PHARMACY - PHARMACY TEACHING PROGRAM – OPTIONAL EXPERIENCE**

The Mercer University College of Pharmacy Teaching Program (PTP) is optional for PGY1 residents.

**Objectives and Goals**

This practice-based program is based on ASHP residency standards and consists of seminars, classroom teaching experience, precepting experience, and developing a teaching portfolio. The primary goal of the PTP is to develop, through practice, the participants’ skills required to function in an academic setting.

Specific requirements for completing the PTP will be made available to the resident at the beginning of the residency year.

**PHARMACY PRACTICE EXPERIENCE**

PGY1 residents are required to fulfill a pharmacy practice experience during their residency. Each PGY1 resident is required to staff in the role of a licensed pharmacist every other weekend during the residency year.

Alterations in the staffing schedule (e.g. resident wants to swap weekends or supervisor wants to alter the schedule) must be approved in advance by the RPD in collaboration with the supervisor while meeting duty hour requirements. If/when two weekends are worked in a row, PGY1 residents should plan to ensure they still meet the requirement of four days out of the hospital per month.

**QUALITY IMPROVEMENT/RESEARCH PROJECT**

Each PGY1 resident will complete a Quality Improvement/Research project during their residency year. Successful completion of the project entails:
1. Obtaining Collaborative Institutional Training Initiative (CITI) certification during residency orientation (http://www.citiprogram.org/)
2. Choosing a research topic
3. Collaborating with the research preceptor(s)
4. Submitting a research proposal to the IRB
5. Preparing and presenting a poster at UHC +/- MCM
6. Collecting and analyzing data
7. Presenting data at the Southeastern Residency Conference (SERC) in Athens, GA including preceding practice presentations to preceptors
8. Writing and revising a manuscript suitable for publication

Preceptors and previous residents will develop a list of research topics from which the resident may choose. Residents may also suggest original research projects provided that:

1. Project is feasible for completion within the residency year (i.e., circumstances must be within the resident's control and the scope of the project must be reasonably narrow).
2. Research generates unique information (i.e., topic must be presentable at the Southeastern Residency Conference).
3. Research produces data useful to Emory Healthcare
4. Project is approved by Residency Advisory Committee (RAC).

At the discretion of the program RPD, residents may take one research day each month from July – November and January – June (10 total).

PROFESSIONAL DEVELOPMENT SERIES

All Emory Healthcare residents are invited to the monthly professional development series. This series of lectures and interactive discussion will focus on topics related to the professional development of future pharmacy leaders. Topics included may vary year to year, but will generally include mentorship, leadership, interviewing and CV development, a review of relevant AK Whitney Award Lectures, communication, change and navigating employment. The PGY2 Professional Development Chair will work with the Professional Development preceptors on scheduling and communication to residents.

ADDITIONAL RESIDENCY REQUIREMENTS

JOURNAL CLUB

PGY1 Residents will be scheduled to participate in the Atlanta Area Journal Club (APRIE) with other residents from programs within the Atlanta area. The schedule for these meetings will be distributed early in the residency year. Attendance is mandatory for APRIE.

GRAND ROUNDS PRESENTATIONS
Each pharmacy resident is required to complete Pharmacy Grand Rounds presentations for ACPE credit during the residency year per the requirements of their respective programs; each presentation is presented once at EUH and EUHM. The invited audience will consist of members of the Department of Pharmacy and other disciplines as appropriate. Every resident must make every effort to attend each Grand Rounds presentation once. The Grand Rounds Committee will set the presentation schedule as well as reserve rooms for each event. Emphasis is placed on the evaluation and presentation of the information in a formal, organized, and informative style. This will help to extend the knowledge and skills of the residents in therapeutics and drug literature evaluation. Both Grand Rounds presentations must involve the attendees through active participation. The expected duration of the program is 50 minutes with a 10 minute question/answer session at the conclusion. PowerPoint should be utilized.

Topic selection should be approved by the resident’s advisor. The topic must incorporate items identified in the educational needs assessment and the topics need to be relevant to the practice of pharmacy and patient populations cared for at Emory Healthcare.

Resident advisor or other designated Grand Rounds advisor should review all the resident’s materials prior to submission. Residents should plan accordingly to allow for adequate time for feedback. The resident must arrange a meeting location for immediately after his or her Grand Rounds presentation for 15-20 minutes of feedback from the resident’s Grand Rounds advisor. This meeting should occur at the campus where the resident’s advisor is based unless otherwise arranged.

Timeline for grand rounds presentations:

- Residents are required to submit necessary elements for ACPE credit 30 days in advance in order for participants to receive ACPE credit. These elements are to be submitted via email to Maha Safwat, Assistant Director of Pharmacy at Wesley Woods Center. The required elements are:
  - Presentation Title (FINAL version)
  - Objectives (FINAL version)
  - Curriculum Vitae of presenter

- Completed draft slide set and learning assessment questions with answers are submitted to the Grand Rounds preceptor three weeks prior to the presentation. The preceptor is expected to provide feedback at least two weeks prior to the initial presentation. The resident is expected to practice his or her presentation with the advisor the week prior to the presentation.

- The objectives must be covered in the presentation and participant understanding determined by a learning assessment (i.e. post-test). The assessment must be consistent with the objectives defined for the CPE activity. Ten assessment questions are the minimum requirement.

- Residents must list their preceptor on the title slide.

- Please include the following statement as the first slide in Handout following the title page:
  - I do not have (nor does any immediate family member have) a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity, or any affiliation with an organization whose philosophy could potentially bias my presentation.
  - There was no Financial Support obtained for this CPE Activity
- Indicate if the presentation will include a discussion of off-label use.

- PowerPoint slides in the form of a **handout** (6 slides per page as PDF) and assessment questions (blank and with answers) must be submitted to Maha Safwat by close of business on the Friday prior to the date of the first presentation if the first presentation is on a Thursday or by close of business day on the Wednesday prior to the date of the presentation if the first presentation is on a Tuesday. The handout should include materials that address the defined objectives and provide adequate guidance to the completion of the learning assessment questions. The PowerPoint slides may change slightly before the date of the presentation, but assessment questions may not change after submitted prior to the presentation. If the slides change then the resident must email Maha Safwat the final version.

- Provide the final PowerPoint slides to the PGY2 Grand Rounds Coordinator, the Grand Rounds Coordinator Preceptor, and Edu.MediaServices@emoryhealthcare.org at least 48 hours prior to the first presentation so they can be uploaded for broadcasting. The final handout version of the slides will need to be sent to the PGY2 Grand Rounds Coordinator at this time in a 6 slide per page PDF.

- Residents should email the administrative assistants at each campus (EUH and EUHM) with answer key to assessment questions within 24 hours of finishing Grand Rounds.

- The resident is responsible for providing and collecting all of the following: presentation sign in, ACPE evaluation form, learning assessments, and resident presentation evaluation form. These are due to the administrative assistant at each respective site after the presentation.

- The presenter is responsible for having a fellow co-resident bring a device where they can read the Adobe Connect chat box questions at the end of the EUH presentation to the presenter for him or her to answer.

- The day after completing your 2nd presentation, please e-mail out the answers to your 10 assessment questions to pharmacists at all campuses.

Residents are evaluated with the ACPE evaluation form as well as a Grand Rounds Presentation Evaluation Form developed specifically for residents. All forms are available on the resident share drive. Completed forms should be kept and placed in the electronic residency portfolio.

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**MONTHLY RPD MEETING WITH PGY1 RESIDENTS**

The PGY1 RPD or coordinator will meet with the PGY1 residents as a group to discuss upcoming events and have open dialogue regarding aspects of the residency program at least once per month. These meetings may be formal or informal.

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**RECRUITMENT**

A number of opportunities exist for residents to recruit potential candidates who may be interested in pursuing residency training at EHC. In addition to assisting the recruitment committee with recruitment
efforts, PGY1 residents should attend and actively participate in the following recruitment sessions as time permits:

1. Residency showcase sponsored by Mercer University College of Pharmacy, The University of Georgia College of Pharmacy, Philadelphia College of Osteopathic Medicine and South University School of Pharmacy.
2. Residency Open Houses.
3. Any other local residency showcase.
4. ASHP Residency Showcase - Midyear Clinical Meeting (MCM)
5. Residency IPPE session for Mercer students
6. Any other opportunities to interact with pharmacy students regarding the residency program

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**PGY2 LEADERSHIP POSITIONS**

The leadership positions below will have authority over all Emory Healthcare pharmacy residents, where applicable.

1) **Chief Pharmacy Resident**
   
The Chief Pharmacy Resident is a PGY2 pharmacy resident who manages and coordinates all of the current pharmacy residents (PGY1 and PGY2). The Chief Pharmacy Resident at Emory Healthcare will be a PGY2 resident who has completed their PGY1 residency at an Emory Healthcare site. Emory University Hospital Midtown and Emory Saint Joseph’s Hospital PGY1 residents will have rotating chief responsibilities and will report to the Emory Healthcare Chief Pharmacy Resident. Selection of the resident will be made by the current pharmacy residency program directors (PGY1 and PGY2) and the current year’s Chief Pharmacy Resident at Emory. All PGY1 residents who early-commit to a PGY2 program at Emory Healthcare will interview for the position of Chief Resident. Chief Residents will serve from June of their PGY1 year through May of their PGY2 year to ensure adequate overlap and allow for a passing off of responsibilities between the incoming and outgoing Chief Resident. If there are no incoming early committed residents the responsibilities will be shared amongst all of the PGY1 and PGY2 residents.

Responsibilities of the chief resident include:

- Serves as a mentor to the EUHM and ESJH PGY1 Chief residents
- Serves as an advisor/coach/mentor to PGY1 and PGY2 pharmacy residents
- Coordinates ordering of business cards and lab coats from department secretary
- Serves as a liaison between the residency executive committee, pharmacy administration and the residents
- Understands and relays responsibilities for time and attendance
- Understands and relays key pharmaceutical services goals/ projects with a focus on those impacting residents
- Triages situations that may arise within the residency class and alerting necessary individuals of such situations where appropriate
- Promotes autonomy and independence among the residents
- Attends Residency Executive Committee Meetings
- Discusses relevant issues affecting residents with RPD’s
- Interviews candidates for chief resident
- Serve as a direct report for and back-up to the following individuals:
  - On-Call Coordinator
◊ REACH Coordinator
◊ Travel Coordinator
◊ Grand Rounds Coordinator
◊ Professional Development Coordinator

• Recruitment
◊ Works with recruitment committee in updating ASHP recruitment materials
◊ Assigns residents to coordinate interview days
◊ Coordinates resident’s ranking of PGY1 candidates

• Residency Retreats
◊ Schedule date/time/place for residency retreat twice yearly (January and June) and notifies all residents and preceptors
◊ Collaborate with co-residents to provide structured feedback on the residency
◊ Ensure resident attendance
◊ Provides orientation and guidance to next year’s Chief Pharmacy Resident

Responsibilities of the rotating chief ESJH resident include:
• Serves as the site specific resident contact to the EHC Chief Pharmacy Resident
• Serves as a liaison between the residency executive committee, pharmacy administration, and the residents
• Attend the Residency Advisory Committees
• Residency Retreats
◊ Schedule date/time/place for residency retreat twice yearly (January and June) and notifies all residents and preceptors
◊ Collaborate with co-residents to provide structured feedback on the residency
◊ Ensure resident attendance
• Provides orientation and guidance to next year’s Chief Pharmacy Resident

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**EMERGENCY RESPONSE**

**ACLS**

All PGY1 residents will receive Advanced Cardiac Life Support (ACLS) certification in July. Residents are expected to be signed off by Critical Care Pharmacy Specialist by the end of September. Following certification, PGY1 residents will respond to Code Blues as they are able throughout rotations. In addition residents will respond to all Code Blues while staffing ICU.

Responsibilities of residents include but are not limited to:

I. Provision and preparation of all medications
II. Provision of drug information and pharmacotherapy treatment recommendations based on ACLS algorithms
III. Calculation of dosages and administration rates
IV. Contacting pharmacy to obtain medications/drips which are not stocked on the cart
V. Signing and attesting to the Code Blue form.
VI. Charging of the medications used from the code tackle box in PharmNet
VII. Restocking the code tackle box

**Stroke Response**
All PGY1 residents will receive training regarding pharmacy stroke response in July during orientation. Following signoff, residents will respond to stroke alerts DAILY from 0900-1200 and when appropriate during rotations.

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**RESIDENT NOTEBOOK**

Each resident is required to maintain an electronic residency notebook documenting their activities during the residency program. Residency notebooks should be electronic and saved in the resident share drive. Upon completion of their residency year the folder will be copied into the preceptor share drive for reference. Items not available electronically should be scanned into the appropriate section of the residency notebook.

Checklist for notebooks

<table>
<thead>
<tr>
<th>PGY1 Residency Notebook Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emory Saint Joseph’s Hospital</td>
</tr>
<tr>
<td><strong>SECTION</strong></td>
</tr>
<tr>
<td><strong>Contents</strong></td>
</tr>
<tr>
<td><strong>CV</strong></td>
</tr>
<tr>
<td>• A copy of the resident’s incoming CV</td>
</tr>
<tr>
<td>• A copy of the resident’s CV at the end of the residency</td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
</tr>
<tr>
<td>• At least five examples of notes written in the electronic medical record. Any PHI should be blacked out. Examples include but not limited to:</td>
</tr>
<tr>
<td>o Pharmacokinetic notes</td>
</tr>
<tr>
<td>o Warfarin counseling</td>
</tr>
<tr>
<td>o Discharge counseling</td>
</tr>
<tr>
<td><strong>Orientation</strong></td>
</tr>
<tr>
<td>• Orientation checklist completely initialed</td>
</tr>
<tr>
<td>• Copy of acceptance letter</td>
</tr>
<tr>
<td>• Copy of BLS/ACLS certifications</td>
</tr>
<tr>
<td><strong>Presentations</strong></td>
</tr>
<tr>
<td>• APRIE handouts</td>
</tr>
<tr>
<td>• Inservices (please within the name of the file include the approximate date presented)</td>
</tr>
<tr>
<td>• Journal club / Case presentation handouts</td>
</tr>
<tr>
<td>• Grand Rounds handouts / evaluations</td>
</tr>
<tr>
<td>• Inservices with preceptor edits</td>
</tr>
<tr>
<td>o May include a track changes document</td>
</tr>
<tr>
<td><strong>Publications</strong></td>
</tr>
<tr>
<td>• Copies of any pharmacy related publications</td>
</tr>
<tr>
<td>o Peer reviewed</td>
</tr>
<tr>
<td>o Non – peer reviewed</td>
</tr>
<tr>
<td>• Newsletters, in-services, etc</td>
</tr>
<tr>
<td><strong>Quality Improvement</strong></td>
</tr>
<tr>
<td>• IHI self-study module verification of completion</td>
</tr>
<tr>
<td>• P&amp;T Projects (minutes, newsletters, agenda for meeting coordinated)</td>
</tr>
<tr>
<td>• Any projects with preceptor edits/feedback (MUE, monograph, etc.)</td>
</tr>
<tr>
<td>o May include a track changes document</td>
</tr>
</tbody>
</table>
### Research Project
- Any paper data collection sheets
- Abstracts with preceptor edits/feedback
  - May include a track changes document
- SERC slides with written feedback/notes from practice sessions
- Evaluations from attendees at SERC
- Manuscript with preceptor edits
  - May include a track changes document
- Any documents regarding IRB:
  - IRB submission
  - IRB approval letter / documentation
  - IRB closeout letter
- UHC abstract
- Poster
- SERC abstract
- SERC presentation PowerPoint
- Data collection form if applicable (no patient data)
- Research database
- Manuscript final

### Teaching Certificate (if applicable)
- Copy of the Teaching Certificate
- IPPE/APPE student evaluations of co-preceptorship
- Mercer lecture slides
- Teaching philosophy
- Reflections
- Lecture evaluations

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**REQUIREMENTS, EXPECTATIONS, AND OBLIGATIONS FOR PGY1 RESIDENCY PROGRAM**

Adapted from Standard 4 of the ASHP Accreditation Standard for PGY1 Pharmacy Residency programs:

4.1 Program Leadership Requirements

4.1.a. The Emory Saint Joseph’s Hospital PGY1 program will have a single residency program director (RPD) who must be a pharmacist with a primary practice site at Emory Saint Joseph’s Hospital
4.1.b. The RPD will establish and chair a residency advisory committee (RAC) specific to that program. At Emory Saint Joseph's Hospital, the RAC will be comprised of the RPD, residency coordinator (if appointed) and PGY1 residency preceptors for that year. The RAC will meet monthly following the resident hand off meeting.

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

With approval from the Pharmacy Director, and/or designee, a residency program coordinator may be selected by the RPD. The following are additional responsibilities of the RPD, but can be assigned to the Coordinator:

- Discussions with residents (pre-assessment, initial plan, quarterly evaluations)
- Maintain Emory Residency Website
- Oversee accreditation preparation and ongoing maintenance of policies, with final approval from RPD
- Annually review Residency Manual
- Oversee application review, interviews and orientation
- Oversee staffing responsibilities

**Emory PGY1 Residency Program Directors’ Eligibility, Qualifications and Responsibilities**

The RPD must be a licensed pharmacist 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:

- 4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
- 4.3.b. demonstrating ongoing professionalism and contribution to the profession
- 4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization

The RPD is responsible for:

- 4.4.a. organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;
- 4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;
- 4.4.c. implementing use of criteria for appointment and reappointment of preceptors;
- 4.4.d. evaluation, skills assessment, and development of preceptors in the program;
- 4.4.e. creating and implementing a preceptor development plan for the residency program;
- 4.4.f. continuous residency program improvement in conjunction with the residency advisory committee; and,
- 4.4.g. working with pharmacy administration.

The Emory RPDs must have demonstrated their ability to direct and manage a pharmacy residency (e.g., previous involvement as a preceptor in an ASHP-accredited residency program, management
experience, previous academic experience as a course coordinator) and must have a solid record (e.g., per performance evaluations and employee file for previous 12 months).

When the RPD position is open, the position is announced via email. An interview team of peers, either volunteer or appointed, interviews applicants and provides a team assessment of each of the candidates. The assessment is reviewed by the Pharmacy Director and Clinical Coordinator who interview the candidates and ultimately appoint the RPD.

**Emory PGY1 Residency Program Preceptor Eligibility, Qualifications and Responsibilities**

Preceptors are appointed by the RPD. 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 must demonstrate the ability to precept residents’ learning experiences by meeting one or more qualifying characteristics in all of the following six areas:

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

**New Preceptor Orientation / Preceptors-in-Training**

4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must:

4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor; and,
4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

All new preceptors at Emory Saint Joseph’s Hospital will undergo New Preceptor Orientation within six months of hire or start date. The RPD will be responsible for scheduling and conducting the orientation. The New Preceptor Checklist will be completed by the preceptor.

**Responsibilities of All PGY1 Preceptors**:

1. To develop learning experience descriptions for their rotations clearly stating the goals to be evaluated and the activities that will be performed in line with the goals selected.
2. Discuss the learning experience description with the resident at the start of rotation.
3. To develop individual teaching plans based on each resident’s strengths or lack of experience.
4. Be available on a regular basis for formalized instruction and/or answering questions.
5. Effectively communicate ideas/principles to the resident and other health care professionals in their area of practice.
6. Reflect an attitude of professional stature in serving as a role model.
7. Be receptive to new ideas and continually pursue new knowledge/skills related to pharmacy.
8. Encourage the resident to develop self-directed learning.
10. Arrange opportunities for the residents to develop confidence and improve communication skills.
11. Evaluate resident performance and give feedback on an ongoing basis. A resident should be aware of areas for improvement prior to the summative evaluation.
12. When indicated, work closely with the resident advisors and the RPD in the development of snapshots for use in developing a plan for the resident to achieve a set goal.
13. Continually enhance and restructure the rotation based on resident evaluations and changes in practice.
14. Support the residents by attending Grand Rounds, Journal Club and any other professional presentation given by the residents.
15. Support the residents by attending the end of year celebration.
16. Attend and participate in the biannual residency retreat.
17. Contribute research project ideas and be willing to serve as research project preceptor.
18. Participate in the monthly resident hand off as required.
19. Participate in resident interviews on a rotating basis.
20. Serve on residency program committees.
21. Complete summative evaluations and discuss with resident face to face within 5 business days of rotation completion.
22. Complete summative evaluations providing the resident with constructive criticism so that they can improve in future endeavors.
23. Attend the minimum amount of preceptor development modules as required by the department.

**EVALUATIONS**

Three types of evaluations are completed with each learning experience:

1. **Preceptor evaluation** of residents’ progress and attainment of goals and objectives is accomplished with a final evaluation.

2. **Resident evaluation of the preceptor and learning experience** is completed at the end of each rotation or quarterly for longitudinal learning experiences.

3. **Student evaluations of the resident as co-preceptor (if applicable)**

The resident's performance during the residency year is evaluated using PharmAcademic. Formal evaluations (completed in PharmAcademic) are only required for the final evaluation.

**SELF-ASSESSMENTS**

A baseline evaluation will be completed in PharmAcademic by the resident before clinical rotations begin. The contents of this evaluation are used by the RPD to create a customized or development training plan in the month of July.
The resident will be required to self-assess/self-evaluate within PharmAcademic on at least a quarterly basis. This self-evaluation should be completed and signed prior to meeting with the preceptor to discuss (so that the preceptor can comment on the resident’s ability to self-assess). Prior to meeting for the Quarterly Evaluations the resident will complete their self-evaluations on the Resident Development Plans to allow the RPD time to review prior to meeting.

**SUMMATIVE EVALUATIONS**

At the conclusion of each patient care rotation and throughout the year on a quarterly basis for longitudinal experiences, preceptors will assess the resident’s performance according to the goals and objectives selected in PharmAcademic.

Residents and preceptors will use the following scale to complete summative evaluations:

- **NI= Needs Improvement** - resident’s progress won’t result in achievement of objectives
- **SP= Satisfactory Progress** - resident’s progress is expected to result in achievement of objectives
- **ACH = Achieved** - resident’s performance is ideal and meet’s what’s expected as a PGY1 graduate of the residency program
- **NA = Not Applicable**

**Competency** – the quality of having the knowledge, skills, abilities, attitude, and behaviors to perform at the level of a clinical pharmacist.

Residents and preceptors must have a face-to-face verbal discussion regarding the summative evaluation within 1 week following end of rotation. PharmAcademic evaluations are due within 5 business days of the end of the rotation. A resident can ask for a midpoint evaluation if not offered by the preceptor.

For month long learning experiences NA should not be selected during the evaluation process. If the month long learning experience did not allow the resident the opportunity to perform in relation to a certain objective then a NI should be selected and comments should state that there was no opportunity to demonstrate competency. It is acceptable for NA to be used for longitudinal learning experiences as long as there is a plan in place to allow the resident opportunity to demonstrate competency related to the objective.

**FORMATIVE EVALUATIONS**

Throughout the residency, residents will receive verbal and written feedback from rotation preceptors. In certain situations, preceptors may use PharmAcademic for feedback throughout the resident’s rotation to provide additional written feedback to residents in a specific area of focus. This feedback helps to identify specific criteria that are or are not being met, facilitate resident – preceptor discussion, and offer effective methods for resident improvement. Residents who are not progressing according to expectations receive more frequent formative feedback. Preceptors will use PharmAcademic for feedback to (1) identify the required objective which has not been met, (2) facilitate discussion, and (3) develop an effective strategy to correct the deficiency.
Residents will meet with their RPD to complete the quarterly evaluation. This is the process for tracking residents’ progress toward achievement of their educational goals and objectives. The RPD will examine data in a retrospective fashion to determine areas of resident strength and weakness based on evaluation feedback. Residents must complete a self-evaluation of their performance using the same retrospective data before this evaluation occurs. At the quarterly evaluation meeting, any necessary adjustments to residents’ customized or development plans, including remedial action(s), will be documented and implemented. During the quarterly evaluations it will be decided if the resident has achieved a goal for the residency. If so, the RPD will indicate this in PharmAcademic.

The process:
1) Resident will contact their RPD to set a meeting to discuss the quarterly evaluation and update the resident’s customized/development training plan. These meetings should occur in July, October, January, and April of the residency year.
2) The resident should complete their quarterly evaluation in PharmAcademic and their quarterly evaluation/customized/development training plan template prior to the meeting.
3) The RPD will review the resident’s evaluations for the preceding three months prior to the meeting.
4) The RPD fills out their evaluation prior to the meeting.
5) During the meeting the evaluation will be discussed and the status of the customized or development training plan will be discussed and updated.
6) For an objective to be marked as ACHR it must be marked as ‘Achieved’
   a. on at least two Learning Experience Evaluations for Competency Area I (Patient Care) and E5 (Management of Medical Emergencies)
   b. on at least one Learning Experience Evaluation for all other Competency Areas

CUSTOMIZED OR DEVELOPMENT TRAINING PLANS

The RPD and resident will customize the training program for the resident based upon an assessment of the resident’s entering strengths, weaknesses, interests, and goals. Any discrepancies in assumed entering knowledge, skills, attitudes, or abilities will be accounted for in the resident's customized or development plan. Similarly, if a criteria-based assessment of the resident’s performance of one or more of the required educational objectives is performed and judged to indicate full achievement of the objective(s), modifications will be made to the resident’s program/plan accordingly. This would result in changes to both the resident’s educational goals and objectives and to the schedule for assessment of resident performance. The resulting customized plan must maintain consistency with the program’s stated purpose and outcomes. Customization to account for specific interests must not interfere with achievement of the program’s educational goals and objectives. The customized plan and any modifications to it, including the resident’s schedule, must be shared with the resident and all preceptors.

Customized training plans will either be completed via the PharmAcademic customized training plan template or by electronic documentation. If PharmAcademic is not used, the document must be uploaded quarterly into the resident’s folder on PharmAcademic.
MONTHLY RESIDENT PASS OFF

Preceptors for the PGY1 residency will meet or have a conversation at the end/beginning of each rotation to discuss residents’ evaluations from the prior rotation and the coming rotation. Through this meeting upcoming preceptors will make appropriate adjustments to the residents learning activities to address any areas for improvement. The RPD will take this information into account during the quarterly evaluations of the resident. Discussions regarding residents will be conducted in the following manner:

1. Clinical knowledge
2. Patient presentations
3. Pharmacokinetics
4. Patient counselling
5. Interactions with rest of team
6. Self-motivation
7. Attitude

PRECEPTOR EVALUATIONS & LEARNING EXPERIENCE EVALUATION

Preceptors depend on resident comments to improve their learning experiences and preceptorship just as residents depend on preceptor feedback. Residents are encouraged to be honest in their assessments and make comments. Residents should sign in PharmAcademic prior to evaluation session so the preceptor may ask follow-up questions as needed. In the event the resident is not comfortable with certain feedback to be given or received, the resident should consult their respective RPD.

STUDENT EVALUATIONS

If applicable, P4 students will evaluate the resident’s performance as a co-preceptor during the rotational experience. Evaluations will be emailed to the students prior to the end of their learning experience. These evaluations will then be emailed to the resident for review. The evaluations should be filed in the resident’s teaching portfolio. Residents will also upload these evaluations into PharmAcademic.

RESIDENCY RECRUITMENT PROCESS

Applicants must be licensed to practice pharmacy in the state of Georgia or eligible for licensure in the state of Georgia and obtain licensure by September 15th of the year of residency. 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. The RPD will utilize the ASHP mandated National Matching Program (MATCH) for selection of candidates and will utilize a formal mechanism for evaluating applicants and ranking applicants whose names will be submitted to National Matching Services, Inc. for final selection. In the event no candidate is identified through the Match program, 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. However, once the interview process is finished, hiring will be done through the normal mechanisms for hiring applicants at Emory Saint Joseph’s 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.

Minimum application requirements include a CV, letter of intent, at least three letters of recommendation, and transcripts from undergraduate and pharmacy school. Applicants are evaluated by the Pharmacy Department utilizing a point based system approved by the RAC. Components of the scoring tool include:

- Involvement in organizations
- Presentations
- Complexity of rotations
- Work experience
- GPA
- Additional skills
- Appropriate fit for ESJH
- Recommendation letters

All program representatives will utilize PhORCAS WebAdmit for scoring of candidate applications. Following scoring of all representatives, the Residency Selection Committee will meet and discuss applicants and select those for interview, as well as alternate candidates. The Residency Selection Committee (RSC) will include the following: Pharmacy Director, RPD, Clinical Specialists, Clinical Pharmacists, and Pharmacy Residents. Applicants invited to interview will be emailed the current year’s residency program manual.

Each of the 16 interview candidates will be given a short test and be interviewed by three different groups. The candidates will be interviewed utilizing the questions contained in the Residency Applicant Interview Rating Form. Each candidate will also meet briefly with the RPD to answer questions regarding the program and meet with the current PGY-1 residents as well.

Each interviewer will document scores in WebAdmit and the RPD will input the scores of the test and determine a final ranking of all candidates. The RSC will then meet to review and discuss the post interview ranking list. Changes can be made to the order of the ranking of candidates and number of candidates ranked based on a majority vote by the committee members. The RPD will input the final ranking list agreed upon by the RSC into the National Matching Services, Inc Website.

**EARLY COMMITMENT PROCESS FOR CURRENT EMORY PGY1 RESIDENTS**

1. Current Emory Healthcare PGY1 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 17:00 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. 

Note that the early commitment deadline is earlier than the ASHP deadline.

PGY1 PHARMACY RESIDENCY EXIT

PGY1 residents will participate in the final residency retreat for the purpose of improving the quality of the program. 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.

The resident will be compensated at 100% pay rate for any unused comprehensive leave. This amount will be present on the final check or a separate check following the final check. If the resident is employed by Emory Healthcare following his/her residency any unused comprehensive leave will be rolled over.

DUTY HOURS

All residency training programs must adhere to the guidelines put forth by the ASHP Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies. These guidelines are available online at https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Emory Pharmacy Residents will adhere to the following guidelines.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive all moonlighting.

1. All moonlighting must follow the “Resident Moonlighting Policy” in this document.
2. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call will not be assigned on these free days.
3. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.
4. Continuous duty periods of residents should not exceed 16 hours.
5. At-home or other call hours are not included in the 80 hours a week duty hour’s calculation, unless the resident is called into the hospital.
6. Residents are required to complete the duty hour documentation via email a monthly basis and send it to their respective RPD.

RESIDENT MOONLIGHTING POLICY

Both internal and external moonlighting can adversely affect the resident’s ability to achieve the goals of the residency program. Moonlighting during regular Emory Saint Joseph’s Hospital duty hours as
well as during periods of authorized absence is strictly prohibited. Internal and external moonlighting is prohibited and can result in disciplinary action.

RESIDENT DISCIPLINARY ACTIONS

The resident is required to follow the rules, regulations, and policies of EHC as well as state and federal laws; disregard could result in the resident’s dismissal from the program in accordance with Emory Healthcare policy.

The corrective action process will be utilized if the resident fails to meet his/her obligations and responsibilities inherent to successful completion of the training program. This includes but is not limited to satisfactory progress towards attainment of all program goals and objectives, and adherence to all medical center, hospital, pharmacy, and residency policies.

Corrective disciplinary action by the Residency Executive Committee (REC) should be used to correct or improve unacceptable work performance, non-compliance of an employee commitment, attendance and/or conduct; to prevent recurrence of unacceptable performance, attendance and/or conduct; to provide an opportunity for resident growth; and to protect the interests of Emory Healthcare. All communications with residents regarding disciplinary matters should clearly identify the issues of concern. Discipline should be timely and consistent.

When it appears that a resident’s work performance, non-compliance of employee commitments, attendance and/or conduct warrants discipline, department leadership, in consultation with the Human Resources Department as needed, should decide what type of discipline should be taken. The Human Resources Department consultation and approval is required prior to any disciplinary action involving suspension without pay/final written warning in lieu of suspension and/or discharge.

If the resident is a PGY 1, then the REC team has the ability to follow the Emory Healthcare policy: Initial Period of Employment (EHC-HR-406) for disciplinary actions.

If the resident is a PGY 2, then the REC team needs to follow the following actions in conjunction with the Emory Healthcare policy: Corrective Disciplinary Action (EHC-HR-104).

The following will be considered prior to the REC taking disciplinary action and when evaluating the appropriate level of discipline to administer:

1. Identification of the facts
2. The overall history of the resident’s performance, attendance and/or conduct in the job and length of service
3. The nature, severity and effects of the unacceptable performance, attendance, and/or conduct, and
4. Previous disciplinary action(s)

VERBAL / WRITTEN WARNINGS
Verbal and written counseling may be provided to the resident when s/he is not meeting outlined expectations. Preceptors will outline specific expectations for improved performance and behavior.

Residents are expected to listen to feedback from preceptors, ask clarifying questions, and collaborate with the preceptor to develop and execute a plan for remediation.

PROBATION

A resident may be placed on probation during the residency year. REC meets quarterly but, may also be convened on an ad-hoc basis to place a resident on probation for the following reasons:

(a) Patient Care Rotations

Preceptors rate a resident's performance on any learning experience as “True NI” (not NI for not able to demonstrate competency due to lack of opportunity which must be noted in the comment field for learning experience) or NI for a specific learning objective for more than 2 months

(b) Other

Residents who fail to meet the expectations outlined in verbal and written warnings, snapshot achievement opportunity plans, or as determined by the REC.

The REC will meet with the resident and discuss the disciplinary action (verbal/written, suspension, termination). In conjunction with a formal disciplinary action form, the program director will also write a performance improvement plan. The resident will remain on probation until the REC decides the probationary period is complete as described in the performance improvement plan - as evidenced by the resident's corrective actions. Residents on probation may not receive a residency completion certificate.