Pharmacy Residency Program Manual

2025-2026

Erlanger

Chattanooga, Tennessee

Dear Resident,

Congratulations on beginning your Pharmacy Residency training at Erlanger. We are very excited to welcome you as a member of our highly trained and dedicated pharmacy team. Your residency year will be both exciting and challenging as it provides you with a wide variety of high-quality learning experiences to broaden your skills as a clinician.

The primary emphasis of your residency program will be on the development of clinical pharmacy practice skills. You will be delegated clinical responsibilities under the preceptorship of an experienced clinical pharmacist to develop your knowledge and skillset. You will be given teaching responsibilities to further refine your communication skills and abilities as a teacher. You will participate in ongoing service activities to further develop your problem-solving skills and your ability to work with others.

We will work together to customize your experience to your specific interests, strengths, and areas for improvement so that you are well-positioned to achieve your professional goals. The year ahead will be a busy one, but you will experience substantial professional and personal growth that is directly proportional to the level of commitment, dedication, and self-direction you apply. Your investment of time, talent, and energy will reap rewards in the future.

We are excited to mentor you and help guide you through this exciting year as you gain independence in becoming a clinical pharmacist. We are honored to be your residency program directors and look forward to being a resource for you.

Sincerely,

Brittany White, PharmD, BCPS, CACP

PGY1 Residency Program Director

Tia Collier, PharmD, BCCCP

PGY2 Critical Care Residency Program Director

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1. Program Purpose

OUR MISSION

To provide safe, quality care to those we serve through innovation, efficiency, expertise, and cost-effective solutions.

OUR VISION

Pharmacy patient care is the process through which a pharmacist collaborates with providers in designing, implementing, and monitoring a patient's therapeutic plan to produce specific outcomes for the patients.

ASHP PGY1 Pharmacy Residency Program

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

PGY2 Critical Care Pharmacy Program

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

PROGRAM OBJECTIVES

The PGY1 Pharmacy Residency Program is a one-year experience intended to provide post-graduate pharmacists an accelerated learning opportunity in inpatient ambulatory pharmacy operations, clinical competency and leadership development, as well as in clinical research. At the end of the residency year, graduates of the Erlanger PGY1 Pharmacy Residency Program are prepared for practice in an institutional setting or to enter a pGY2 residency or fellowship program of their desired specialty.

The PGY2 Critical Care Pharmacy Residency Program is a one-year experience intended to provide advanced pharmacy practice training in the area of critical care to develop well-rounded critical care pharmacists who can provide optimal clinical care in a variety of intensive care settings. This program builds on the experiences gained during a PGY1 Pharmacy Practice Residency and provides didactic and clinical experiences that will lead to the development of a practitioner with expert knowledge and skills in the area of critical care pharmacotherapy. The PGY2 Critical Care Resident will integrate accumulated experiences and knowledge gained in various critical care settings in order to function independently and serve as co-preceptor to PGY1 residents and students. Upon completion of the residency, the PGY2 Critical Care Resident will be prepared to practice in various critical care settings and obtain board certification in the specialty area.

PROGRAM ACCREDITATION

Erlanger Baroness Hospital Pharmacy residency programs are ASHP accredited.

2. Resident Rights and Responsibilities

The preceptors of our residency programs view your acceptance of the residency position as a contract between parties. As such, the institution and its preceptors have obligations to the resident and the resident has obligations to the preceptors. We have chosen to outline this commitment to one another in the form of an Appointment Agreement. Understanding your rights will ensure you get the most from your residency experience. Understanding your responsibilities will ensure you and future residents have the highest quality program and help you contribute to the profession of Pharmacy. See Appendix A for the Appointment Agreement.

REPORTING RESPONSIBILITIES (ALL RESIDENTS):

a. Residency Program Director & Residency Program Coordinators

- Schedule, program goals, overall evaluations, committee responsibilities
- Keep informed of all projects and assignments
- Resident project (may be delegated)
- Administrative and personnel issues, including leave
- Review and update Resident Development Plan quarterly, including the quarterly self-assessment
- Update preceptor time sheet biweekly (PGY1 only)

b. Resident Reporting to the Advisor, Life Mentor

- Schedule, program goals, overall evaluations, committee responsibilities
- Keep informed of special projects and assignments
- Administrative and personnel issues, including leave
- Meet monthly with mentor to assess progress throughout the residency year
- Review and update Resident Development Plan quarterly

c. Resident Reporting to the Preceptor:

- Contact preceptor at least 3 business days before each rotation to establish a time and place to meet to conduct rotation orientation. Review syllabus, objectives assessed, goals for the rotation, understand expectations and rotation requirements, and request calendar which includes topic discussions, requested PTO, and obligations. (Calendar may be provided at the preceptor's discretion.)
- Review rotation activities and goals in Pharmacademic and discuss progress with the preceptor at least weekly.
- Complete rotation evaluations in a timely manner. The expectation is that all evaluation forms be completed by the preceptor and resident **within 7 days** of the end of the rotation or learning experience.
- Attend assigned meetings; notify preceptor immediately if conflicts arise.

3. Residency Program Definitions

Residency Program Director (RPD): Individual responsible for directing the activities of a residency program and is responsible for completion of the PharmAcademic quarterly Resident Development plan and final evaluations. The RPD will ensure that the overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptor oversight for each training period are provided, and that resident evaluations are conducted routinely.

Residency Program Coordinator (RPC): Individual(s) providing essential administrative support for a residency program, working under the direction of the program director to ensure the program operates smoothly and effectively.

Preceptor: Individual assigned to educate, train, and evaluate the resident within their practice area or area of expertise. The preceptor reviews resident performance on an ongoing basis and conducts a final verbal and written evaluation at the conclusion of the learning experience.

Resident Advisory Council (RAC): a group comprised of clinical pharmacists and department management that serves as a forum to discuss all matters associated with the operation of the PGY-1 and PGY2 programs. RAC will meet monthly and may call additional meetings as needed to address issues as they arise. RAC serves in an advisory capacity to the RPDs and strives to maintain the quality and consistency of the residency programs.

4. Expectations and Responsibilities of the Resident

PROFESSIONAL CONDUCT

Pharmacy Residents are expected to act responsibly and adhere to the **Erlanger Standards of Conduct and Discipline Policy** found on Policystat. Plagiarism will not be tolerated and is a very serious violation of ethical standards and will result in disciplinary action during the residency program. Unfortunately, this is often committed without ill intent due to the writer not fully understanding how to paraphrase and cite correctly. Residents should be proactive at reaching out to preceptors or look for guidance if they are unsure.

ARTIFICIAL INTELLIGENCE

Artificial Intelligence (AI) must be used in a manner that enhances learning and supports patient care while adhering to strict standards of privacy, accuracy, and professionalism. This guidance governs AI use for educational, clinical, research, and operational purposes. The use of Artificial Intelligence (AI) to complete assignments is prohibited, however augmentation of resident work with AI is permitted (i.e., creation of a creative presentation title, manuscript proofreading) provided that the intent of the work is not altered, and that any conceptual information generated by AI is not used in any submitted work. Residents should ask for guidance on permissible use if unsure.

- Principles of AI use:
    - **Patient Safety and Integrity**: AI should support, not replace, clinical decision-making, always prioritizing patient safety and accuracy in healthcare records.
    - **Accuracy and Responsibility**: AI outputs must be critically assessed, and any recommendations made by AI must be validated by the user, with professional accountability maintained.
    - **Transparency and Citation**: Any use of AI in educational or clinical work must be clearly acknowledged and cited, regardless of the capacity or context of its use.
    - **Confidentiality and Privacy**: No protected health information (PHI) may be entered into an AI tool under any circumstances. AI usage must comply with HIPAA and other privacy regulations.
- Guidelines for using AI responsibly:

- **AI Should Assist Your Thinking, Not Replace It**: Use AI as a tool to help generate ideas, gather information, and analyze problems. Do not rely on AI to complete your work or assignments.
- **Engage with AI Responsibly and Ethically**: Critically evaluate AI-generated outputs, considering any biases, limitations, or ethical implications. Engage ethically by respecting privacy, confidentiality, and intellectual property rights, and ensuring that data used in AI applications complies with all regulations.
- **Take Full Responsibility for Your Final Product**: You are accountable for the final product, including any information provided by AI. If AI makes an error that you use, the responsibility is yours. Verify all facts, sources, and arguments for accuracy, and remove any information you cannot confirm.
- **Ensure Transparency and Documentation of AI Use**: Any use of AI must be declared and explained in your submissions. Include specific details on how and where AI supported your work.

- Prohibited uses:
  - **Medical Record Content**: AI cannot be used to generate content that will be included in a patient's medical record. All medical documentation must be created by healthcare professionals, ensuring accountability and accuracy.
  - **PHI Input Restrictions**: Residents, preceptors, and staff are strictly prohibited from inputting any patient-identifiable information (PHI) into AI tools to generate responses or insights. This includes using AI for clinical decision support if PHI is required for the input.
  - **Final Deliverables**: AI cannot be used to create any final deliverables, including official presentations, reports, or clinical documentation. AI may assist with research or brainstorming, but residents are responsible for producing the final work independently.

PROFESSIONAL DRESS

The pharmacy resident represents the department of pharmacy when interacting with hospital medical staff and patients. For PGY1 residents, **professional dress is to be worn at all times**. Exceptions include staffing shifts during which residents may wear Hunter Green scrubs or at the discretion of individual preceptors on certain rotations (Example: ICU, Emergency Department, and Oncology Infusion). The resident should contact preceptors prior to rotation start date to clarify dress expectations. For PGY2 residents, **Hunter green scrubs should be worn at all times**. Professional dress is encouraged when presenting any interdisciplinary formal education, continuing education, or when engaging in any activity at an outside institution. Employee identification badge should be worn at all times above the waist and is necessary for access to various areas of the hospital, including the pharmacy. Please review the Erlanger Professional Dress Code Policy in Policy Stat.

PATIENT CONFIDENTIALITY

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in private with concern for the patients' and families' emotional, as well as physical, well-being. Residents will complete HIPAA training during their orientation. Residents will not leave confidential documents (profiles, charts, prescriptions, etc) in public places or access the medical records of patients not directly under their care. Residents who do not abide by the constructs of patient confidentiality will face disciplinary action, which may include

personnel record notation(s) up to dismissal from the program. Personal computers should be locked when the resident is not at his/her desk and patient materials stored appropriately.

ATTENDANCE AND PUNCTUALITY

Residents are expected to attend **all** work functions **on time**. This includes but is not limited to punctual arrival for shifts, rotation start time, and all rotation activities. All leave requests should be discussed in advance with the preceptor involved to assure that service responsibilities can be fulfilled, then emailed to the RPD and Director of Pharmacy Services for final approval. PTO requests must be made at least 24 hours in advance with the exception of unpredictable illnesses or emergencies. PTO requests not made at least 24 hours in advance may be denied. ***If the resident is unable to work due to acute illness, both the primary preceptor and the RPD should be notified no later than 2 hours prior to the start of the assigned shift.***

The resident will need to comply with the **Erlanger Attendance and Punctuality Policy** regarding tardies and call outs. All PTO days must be added to the shared Outlook Clinical Schedule and Microsoft Teams Master Pharmacist Schedule. Once PTO or absence has been approved by a preceptor, the resident should email the RPD for final request and approval of the PTO. Residents can review their current PTO bank in Direct Access on the Intranet. Repeated noncompliance with this policy will result in disciplinary action as defined in the **Erlanger Standards and Discipline Policy**, including written warning, coach and counsel sessions, performance improvement plan, and up to dismissal from the program.

Residents are expected to provide a minimum of 1 business day notice to the preceptor if they will be unable to complete an assigned task, topic discussion, or meeting at the assigned date and time. Repeated occurrences of tardy or overdue work, timesheet documentation, meeting attendance or other professional and behavioral issues will result in disciplinary action per Erlanger Standards and Discipline Policy.

LICENSING REQUIREMENT

Erlanger PGY1 pharmacy residents shall obtain a pharmacist license in the state of Tennessee within 90 days of beginning the residency program. All required licenses and materials will be provided by the resident to the residency program director. This is consistent with the ASHP standards that a minimum of two-thirds of the residency program must be completed with a license. Residents unable to be licensed by this date will face dismissal from the program.

Erlanger PGY2 Critical Care pharmacy residents shall obtain a pharmacist license in the state of Tennessee within 60 days from the start of PGY2. PGY2 residents who are unable to obtain a license within this timeframe will be suspended from the program until licensure can be obtained for a period of no more than 30 days. During suspension the resident will not be paid but can continue to receive benefits if paid out of pocket consistent with the Standards of Conduct and Discipline Policy. After a 30-day suspension, if licensure cannot be obtained, the resident will be dismissed from the program. This is consistent with the ASHP standards that a minimum of two-thirds of the residency program must be completed with a license. Residents unable to be licensed by this date will face dismissal from the program. If suspended from the program and re-instated, the resident will still need to comply with the ASHP policy that no more than 37 training days are allotted to be missed from training during the residency program (see Erlanger's Leaves of Absence policy).

Rare circumstances of extended medical/personal leave that delay licensure, and therefore potentially delay successful completion of the program will be evaluated on a case-by-case basis by the RPD and Senior Director of Pharmacy. Residency extensions beyond one calendar month are unable to be accommodated (i.e. final end date no later than July 31st). Residents will only be paid for a total of 52 weeks of employment, even if time must be added to the end of the traditional residency year in order to fulfill the two-thirds licensed requirement.

LIABILITY INSURANCE

Residents are required to carry personal liability insurance for the duration of the residency program. Liability insurance may be obtained through a carrier chosen by the resident, and record of insurance coverage must be submitted to the RPD for filing as soon as Tennessee Pharmacist Licensure is obtained. Recommendations for insurance carriers are available upon request.

PGY1 DOCUMENTATION OF PRECEPTOR TIMESHEET

It is the responsibility of the PGY1 to document direct time spent with their preceptor on the Preceptor Time Sheet in the resident Microsoft Teams Channel This sheet should be updated on a bi-weekly basis at a minimum This documentation is utilized for CMS reimbursement and is vital for the continuation and growth of the residency program. Failure to maintain this will result in disciplinary action at the discretion of the RPD and Senior Director of Pharmacy.

5. Resident Advisors and Mentorship

A PGY1 Resident Advisor will be assigned as a professional advisor during the first quarter of the program. This resident-advisor relationship is designed to aid in facilitating and tracking the PGY1 resident's progress throughout the residency year and to provide an additional person (in addition to the RPD and RPC) for the resident to go to if any problems, questions, or concerns arise. The PGY1 Resident Advisor will also serve as the resident's preceptor for the PDE longitudinal rotation. The PGY2 resident will be assigned a life mentor.

PGY1 RESIDENT ADVISOR GUIDELINES

- Meet with resident monthly
- Attend RAC to participate in preceptor feedback
- Expectations as outlined in the PGY1 Resident Advisor Policy
- Represent resident's interest for any circumstances that required remediation
- Support the resident in plans for upcoming year (PGY2 interviews, job search, etc.)

PGY2 RESIDENCY PROGRAM LIFE MENTOR RESPONSIBILITIES

- Meet with resident at least monthly to discuss rotations, goals, longitudinal activities, and life
- Attend RAC to participate in preceptor feedback
- Review feedback given to the resident in PharmAcademic
    - Discuss with resident any "needs improvement" evaluations obtained in PharmAcademic
    - Provide guidance, in collaboration with RAC, to develop action plans for the resident to achieve each goal and objective
- Participate in completing quarterly development plan and discussion
- Represent resident's interest for any circumstances that need to go to the Remediation Committee
- Support resident in plans for upcoming year (job search, etc.)
    - Provide at least 1 CV review (prior to PPS and/or job applications)

- Review and assist as needed in the development of the resident's letter of intent (for PPS and/or job applications)
- Help prepare resident as needed for PPS and/or job interviews – can be a list of questions to prepare for interviews and/or by conducting a mock interview
- Assist and ensure resident has action plan on when and how to successfully obtain board certification in residency specialty area

6. Failure To Progress and Dismissal of The Resident from the Program

Failure to comply with the policies and procedures of Erlanger the Department of Pharmacy or the requirements set forth within the residency manual may result in implementation of a performance improvement plan (PIP) and disciplinary action including potential dismissal from the residency program. As an employee of Erlanger, resident behavior must be conducted in accordance with the policies and standards of the facility as well as ASHP residency standards. Furthermore, any act of dishonesty, plagiarism, or violation of HIPAA may result in immediate dismissal as deemed appropriate by the RAC, RPD, and Department Management.

1) PROBLEM IDENTIFICATION
    a. Failure to progress can include but is not limited to
        i. Receiving a "needs improvement" on a residency objective on more than one learning experience
        ii. Receiving a "needs improvement" on more than three residency objectives on a single learning experience
        iii. Documentation in PharmAcademic of unprofessional behavior on more than 2 occasions (i.e. failure to meet deadlines, unprofessional conduct with other members of the healthcare team, tardiness to patient care rounds or required meetings)
        iv. Submits poor quality work (i.e. for project, presentations) where extensive editing is required beyond expected for the resident level of experience

2) PHASE-1: REMEDIATION
    a. A special RAC meeting with a minimum of 5 RAC members will be held to discuss the resident's circumstances to determine the most appropriate and effective mode of remediation based on an individualized assessment of the resident's learning experiences and performance. If it is determined that a PIP is the best course of action, the PIP will be developed by RPD and will be shared with the resident and signed by the resident and RPD documenting understanding of expectations outlined. The purpose of the PIP is to identify specific, measurable, achievable, repeatable, and time bound (SMART) goals. The resident will additionally be assigned an advocate which will be another residency preceptor to help them achieve the SMART goals.

3) PHASE 2: FAILURE TO ACHIEVE GOALS OF REMEDIATION
    a. Within 5 working days of the time bound goals deadline identified in the PIP, if the resident was not able to successfully complete the PIP, a meeting including all program RPDs, the assigned resident advocate, and department managers will be convened to assess performance and recommend further action in conjunction with HR.

7. Resident Supervision

As trainees, pharmacy residents are required to have adequate oversight and supervision. The Residency Program Director for the respective program is considered to be the primary supervisor for the resident. The preceptor with whom the resident is working is also responsible for supervising the trainee. This may be the preceptor of the rotation or the preceptor of the activity. The Clinical Coordinator or Manager for the resident's practice area will assist with Human Resources management

8. Entering Self-Assessment and Development Plan

Each resident will complete an entering Initial Development Plan and an entering self-assessment within 30 days of the start of the residency program. This plan for development will assist the Residency Director and Preceptors in identifying areas of strength and weakness as well as assist in determining a plan for the resident's future development.

RESIDENT CUSTOMIZED DEVELOPMENT PLAN

The RPD will utilize the above initial assessment to customize the training program for each resident based upon an assessment of the entering resident's knowledge, skills, abilities, and interests. Modifications may be made throughout the residency year if needed pending preceptor availability and progress in achieving the ASHP-established goals and objectives. An electronic copy of the customized plan will be available in PharmAcademic. The goals and plan will be updated and progress evaluated on a quarterly basis, discussed with both the resident and the RAC. Specific comments will be made indicating how the program's plan has been modified to account for the residents' strengths and weaknesses. The plan will also include reference to the effectiveness of previous actions taken. The initial plan will be completed prior to the end of the orientation period. The Quarterly Development Plan will be completed initially by the resident, then discussed with the resident, mentor, and program director where adjustments may be made. Following that, the plan will also be shared with the preceptors and posted into PharmAcademic. The Plan for Development will be updated quarterly (every 90 days) and uploaded into PharmAcademic by the RPD/RPC.

9. Preceptor Expectations and Responsibilities

Pharmacists (and on occasion, non-pharmacists) at Erlanger may participate as preceptors for pharmacy residents. Preceptor eligibility and expectations are summarized in the Erlanger Pharmacy Residency Program Preceptor Appointment Policy. Each preceptor must be appointed at a residency advisory council meeting and must meet the criteria outlined by ASHP standards for preceptors, or they will be assigned a preceptor mentor. Active participation as an Erlanger Pharmacy Residency Program preceptor is an expectation for all clinical pharmacists. Staff pharmacists who are interested in precepting residents can be appointed as a preceptor if ASHP APR standards are met. Preceptors are required to maintain professional activities consistent with the standards set forth by ASHP. The RPDs will review the ASHP academic and professional records of preceptors at least every 2 years to confirm preceptors meet the standards. Preceptors who fail to meet the standards will be assigned a mentor and development plan until standards are met. To maintain eligibility to participate in resident teaching, the preceptor must show willingness to precept and be proficient in the field for which they will teach and supervise the residents in addition to maintaining APR standards.

Preceptors are expected to provide regular and honest feedback to the resident, emphasizing the strengths of the resident and identifying additional areas of opportunity. Feedback should be specific and qualitative so the resident may improve his or her performance. Formal evaluations, conducted in a timely manner, are also mandatory for all preceptors. Preceptors are encouraged to give formal evaluations by the last day of the learning experience (quarterly if the learning experience is longitudinal). *PharmAcademic evaluations must be completed no later than seven (7) days after the end of the rotation experience.*

At the midpoint of an evaluated learning experience, the assigned preceptor will complete an evaluation of the residents' performance. Written midpoints in PharmAcademic are not mandatory, but verbal feedback will be provided to the resident. The preceptor should assess whether the resident is progressing according to the expected progression outlined in the objectives and activities of the learning experience description to successfully complete the requirements of the learning experience. If the preceptor feels the resident is not progressing satisfactorily, the RPD must be notified immediately, and additional action may be taken. This should also be documented as a snapshot in PharmAcademic.

Preceptor development will be an ongoing effort provided by the program, with the purpose of providing targeted education and training to the preceptors by focusing on accreditation requirements set forth by ASHP. Both the RPD and a designated preceptor development coordinator will be identified to manage preceptor education. Ideas for preceptor development will be solicited at PGY1 RAC meetings as a standing agenda item and through the end of the year through the optional preceptor survey. Topics may include but are not limited to: providing evaluation and feedback to the resident; the four preceptor roles; learning experience description development; development of learning assignments targeted towards Competency Areas, Goals, and Objectives (CAGOs); recruitment; and interviewing skills. Preceptors will need to participate in at least 2 sessions offered per year when averaged over a 2-year period or attend other programs/courses consistent with preceptor development if unable to attend ones offered at our institution.

10. Resident Feedback

INFORMAL FEEDBACK

Residency Program Director and/or Coordinator(s) meet with the resident(s) at least monthly to receive updates and solicit feedback on all aspects of the residency program. After meeting with the resident(s), program leadership will discuss any needed adjustments/actions during the next monthly RAC meeting, or sooner if needed. In RAC meetings, these adjustments are designated as immediate or future changes and may be voted on to ensure agreement with the changes or need for development of alternative action plans.

QUARTERLY FEEDBACK

Residency Program Director, Coordinator(s), and/or Mentor meet with the resident quarterly to discuss resident progression on each residency objective, resident well-being, short- and long-term goals, to create action plans as needed, and to receive updates and solicit feedback on all aspects of the residency program.

EXIT INTERVIEW

The RPD/RPC(s) will lead exit interviews with the resident(s) in the final days of the residency program (once all evaluations have been submitted). Exit interview topics will be sent at least 5 days prior to the interview meeting. The RPD will de-identify and compile the feedback to determine opportunities for improvements for the next class of residents. The RPD will share specific opportunities with appropriate RAC sub-committees and with appropriate individuals.

11. Topic Discussions General Standards

The resident is required to complete various topic discussions throughout the residency year which will be scheduled at the discretion of the preceptor based on the learning experience and goals of the resident. Topic discussion expectations may be modified at the discretion of the preceptor. It is the resident's responsibility to contact the preceptor prior to the scheduled date with sufficient time or clarification. The expectations of the resident for topic discussions will be adjusted based on resident and residency year progression. If the resident fails to meet expectations on a majority of rotation topic discussions, the RPD/RPC, mentor, and rotation preceptor will create an action plan to assist the resident with progression and success The following outlines the general requirements of the resident for successful preparation and completion of topic discussions.

RESIDENT TOPIC DISCUSSION EXPECTATIONS

- Contact topic discussion preceptor in advance for clarification of expectations including but not limited to handout requirement, additional learning material to be reviewed, and confirmation on who is leading the topic discussion if not already known.
- Review clinical guidelines, landmark trials, and any required readings provided by the preceptor.
- Complete objectives for the topic discussion (if applicable)
- Create a handout if required by the preceptor (generally no more than 4 pages)
- Come prepared to lead discussion with ample knowledge of the material covered (Reading from prepared notes is not acceptable, but an outline may be referenced as a guide.)
- During the course of the resident topic discussion presentation, if the resident has not sufficiently prepared for the assigned topic discussion, the preceptor may reserve the right to cancel the discussion and reassign at a later date.

RESIDENT TOPIC DISCUSSION PREPARATION

When preparing for a topic discussion, the resident is expected to cover (at a minimum) the following objectives for each disease state unless otherwise specified by preceptor:

- Etiology
- Pathophysiology and risk factors
- Clinical presentation
- Diagnosis
- Management (including non-pharmacologic and pharmacologic treatments and monitoring)

12. Resident Orientation to Learning Experience:

The resident should schedule and meet with the upcoming rotation preceptor within 3 business days of the rotation start date. It is the resident's responsibility to provide the rotation preceptor with a list of obligations, PTO requests, and any activities that may impact day-to-day rotation activities prior to the rotation orientation meeting. Residents are encouraged to provide this information to the preceptor one week prior to the start of rotation via email. The following checklist will be utilized for each learning experience orientation.

1. Resident's personal goals for this learning experience
2. PharmAcademic syllabus, including
    a. Resident expectations and responsibilities and how the resident will be evaluated
        i. Model profile review skills, provider recommendation skills, workload management skills in the beginning of each rotation
    b. Duty hours

    c. Weekly expectations and resident progression
    d. Topic discussion assignments and specific expectations
    e. Projects to be completed during the learning experience
    f. In-services and/or journal clubs to be completed during learning experience
3. PharmAcademic evaluation form including goals and objectives to be checked off during the learning experience
4. Scheduled weekly feedback sessions

13. Harassment and Retaliation

UNLAWFUL HARASSMENT AND RETALIATION

This section is meant to be an adjunct to the existing Erlanger Unlawful Harassment, Discrimination, and Retaliation Policy. Residents who wish to report an incident related to discrimination and harassment may contact their residency program director, pharmacy department leadership, preceptor, or any other pharmacy staff. We are all available to guide you in how to report and to find resources and assistance to address these matters. We have an open-door policy should you need to discuss anything. As a program, we will NOT knowingly collaborate with those who harass, intimidate or bully our residents, trainees or colleagues. We stand strongly against discrimination, bullying, and harassment of any kind. Please do not hesitate to reach out at any time should you need assistance with navigating any issues.

14. Chief Resident Expectations

Chief residents are expected to act as leaders among the pharmacy residents and display exemplary behavior and professionalism. Expectations are found in appendix B. If a chief resident is unable to fulfill duties as outlined, the RPDs reserve the right to remove the resident from this position and appoint an alternative resident.

15. Residency Interviews

QUALIFICATIONS OF PHARMACY RESIDENCY APPLICANTS

Applicants must be a citizen of the United States with anticipated completion/possession of a Doctor of Pharmacy degree from an ACPE-accredited college or school of pharmacy or have a foreign pharmacy graduate equivalency committee certificate from the NABP, with eligibility for licensure in the state of Tennessee. Applications are only accepted via PhORCAS and must be completed prior to the application deadline of January 3rd by 11:59 P.M. EST each year.

PGY2 residents must additionally have completed or be anticipated to complete an ASHP accredited PGY1 residency (or in process of ASHP accreditation). The PGY2 RPDs will confirm the resident is enrolled in a PGY1 residency and on track for completion after matching with the PGY1 resident. An electronic copy of the PGY1 residency certificate will be obtained after graduation and kept on file if graduate tracking is unavailable in PharmAcademic from the PGY1 program. The completion of a PGY1 program will be confirmed within 14 days of the PGY2 start date.

PGY1 Required application materials include:
Application in PhORCAS, letter of intent, curriculum vitae, official pharmacy school transcript(s), three letters of recommendation (clinical preceptors preferred) [Note: Undergraduate transcripts not required]

All applications will be scored on a standardized rubric evaluated by clinical pharmacist preceptors. Clinical preceptors review pre-assigned components (same components scored by the same clinical pharmacist for consistency), assigned by the RPD and/or RPC. PGY1 scoring rubric includes evaluation of the applicant's letter of intent, clinical rotation experiences, GPA, leadership and organizational involvement, work experience, presentations, publications/research, and letters of recommendation. Any questions or clarifications with regard to scoring will be evaluated and decided upon by the RPD.

PGY1 Residency Program Application Requirements

- Transcript from an accredited college of pharmacy
- Transcript(s) from undergraduate work only if receiving degree from a pharmacy school using a PASS/FAIL grading system
- Curriculum Vitae
- Three letters of recommendation (Should speak to the applicant's clinical skills and knowledge base; letters from a clinical rotation preceptor are preferred)
- Letter of Intent
- GPA
    - Applicants from schools using a GPA grading system will be eligible for application if the overall GPA is ≥ 3.2. Applicants with a GPA less than 3.2 will be automatically excluded from the application review process.
    - Applicants from schools using a PASS/FAIL grading system will be eligible for application after providing their undergraduate school transcript(s) and their total pre-interview score (excluding GPA score) must fall within the top 75% of all applicant scores. Applicants not in the top 75% of total scores may be eligible for an interview if there are fewer than 40 applicants in each recruitment cycle.
- Selected applicants will be invited to interview with Erlanger Baroness Campus, through the PhORCAS system. Either onsite or virtual interviews are offered at the discretion of the RPD. A limited number of applicants will be invited to an interview based on the number of interview days that are able to be offered. Interviews will be offered on a rolling basis based on pre-interview scores (excluding letters of recommendation) until a maximum number of 40 interview dates have been assigned. The RPD reserves the right to add additional interview dates for candidates beyond the maximum number of 40, as needed based on the volume of candidates meeting criteria for program interviews.

PGY2 Required application materials include:

Application in PhORCAS, Letter of Intent, Curriculum Vitae, official pharmacy school transcripts, three letters of recommendation (clinical preceptors preferred, a critical care or emergency medicine preceptor required for the PGY2 Critical Care Pharmacy Residency). PGY2 scoring rubric includes evaluation of the applicant's letter of intent, clinical rotation experiences, leadership and organizational involvement, presentations, publications/research, and letters of recommendation. Progression through a PGY1 residency program and letters of recommendation will be heavily weighed. All applications will be scored on a standardized rubric evaluated by the residency program director and clinical pharmacist preceptors. Any questions or clarifications with regard to scoring will be evaluated and decided upon by the RPD. A limited number of applicants will be invited to an interview based on the number of interview days that are able to be offered. Selected applicants will be invited to an onsite interview at Erlanger, Baroness Campus, through the PhORCAS system. Either onsite or virtual interviews are offered.

RESIDENCY INTERVIEWS

Residency candidates will be asked a series of designated questions covering topics such as communication skills, professional goals, critical thinking, application of clinical knowledge, and leadership by members of the clinical pharmacy staff. A presentation or patient case may be required for interviews for a PGY2 program and will be determined by the RPD. Interview questions and processes are evaluated on a yearly basis by the RAC for effectiveness and optimization.

At the completion of interviews, preceptors will rank the candidates individually prior to discussing with the interview committee in order to reduce bias. Additionally, all preceptors participating in residency recruitment undergo Equality, Diversity, and Biases training yearly. The interview committee will then meet to tabulate, discuss, and rank the candidates for the Match as a group. The interview committee reserves the right to modify the ranking of the candidates based on multiple factors including but not limited to: personal correspondence with applicant preceptors, prior experience with the candidate (i.e. student who rotated at this practice site), unprofessional behavior during the interview or other encounters, prior knowledge of previous work experience, and candidate interests. The RPD has final say/tie-break authority.

SECOND MATCH

Erlanger will participate in the second match process in the event that all positions are not filled with the first match. Eligible applicants must submit the same materials as in the first match. A truncated scoring tool will be utilized in Phase II due to the abbreviated time frame. Invited candidates will be interviewed virtually in a similar process to Phase I. After interviews, residency applications will be ranked in order of numerical rank preference and if necessary, revised based on the discretion of the RPD.

If the program does not match through Phase II, it will proceed into the scramble should it be necessary. The program will review applications and interview with the same truncated criteria.

EARLY COMMITMENT

Current Erlanger PGY1 residents interested in pursuing a specialty PGY2 program offered at Erlanger are encouraged to apply for early commitment. The early commitment process starts prior to ASHP Midyear Clinical Meeting and consists of submitting an official application to the PGY2 RPD by the **first Monday of November** which includes a written letter of intent and an updated CV.

- All interested PGY1 residents will be interviewed by the respective RPD/RPC and PGY2 preceptors.
    1. Application materials, career goals, professionalism, leadership skills, verbal communication skills, written communication skills, and initiative/enthusiasm will be used to evaluate each resident. If more than one PGY1 resident applies to the PGY2 program, a numeric score will be assigned to each resident based on previously mentioned criteria.
    2. Each interested PGY1 applicant will be required to complete an interview with a group consisting of no less than the PGY2 RPD and/or RPCs, preceptors, and the current PGY2 resident. Preceptors having significant interactions with the interested PGY1 residents and the PGY1 RPD will be asked for comment on the PGY1 resident's capabilities and ability to perform in an advanced residency program. The interviewers will meet to discuss the candidates to determine which candidate(s) is the best fit for the program based on formal feedback obtained during the interview process and throughout the current residency year based on the aforementioned qualities. That chosen candidate will then be formally offered the position.
    3. The final decision to early commit by the PGY1 resident and the program after internal interviews are completed is no later than the **last Friday of November**.
    4. If no candidate is deemed appropriate, the program will participate in the Residency Match Program.
- Once the position of the PGY2 residency is offered and accepted, the American Society of Health-System Pharmacists (ASHP) Resident Matching Program Letter of Agreement form will be signed by the resident and RPD and returned to the National Matching Program by the **third Friday in December**. By signing this agreement, it is understood that:

1. The resident will not make any commitments to or contracts with any other program for PGY2 training beginning the following year. If the resident has already registered for the Match, the resident agrees to be withdrawn from the Match.

2. The residency program agrees to have the position withdrawn from the Match.

3. The residency program agrees that the PGY2 position that has been committed to the resident will not be offered to any other applicant without a written release from the resident.

Of note, the early commitment process is NOT a requirement to apply for a PGY2 program at Erlanger. If the resident has hesitation around the PGY2 choice and/or whether pursuing a PGY2 is in their interest, residents are encouraged to apply to the program within the normal match timelines (application deadline in early January, interviews in Jan/Feb and Match submission in March). Additionally, the PGY2 program reserves the right to forgo any early commitment and request interested residents to apply during the Match.

16. Residency Stipend and Benefits

RESIDENCY STIPENDS AND BENEFITS

PGY1 Resident Stipend: $58,734; paid out every two weeks

PGY2 Resident Stipend: $63,784.50; paid out every two weeks

Leave: The resident will accrue 20 days of Paid Time Off (PTO) throughout the residency year at a rate of 6.34 hours per pay period (12.68 hours monthly). Refer to the ("PTO") Policy. Residents are responsible for monitoring their PTO bank for accuracy of added and subtracted time either by viewing this information in Kronos or Employee Direct Access.

Health Insurance: Residents will be offered health, dental, vision insurance during their employment. Insurance will be addressed during the onboarding process and at hospital orientation.

Finding a Provider: Residents are encouraged to establish care with a local primary care provider upon entry into the residency program, but this is not required. For acute illnesses requiring an urgent appointment with a healthcare provider, residents should make an appointment with their primary care provider. For residents who do not establish a primary care provider, location and contact info for local Erlanger urgent care clinics is below. Residents should avoid requesting urgent appointments for acute illnesses from a physician at the Academic Internal Medicine or UT Family Practice Clinic unless they have established a primary care provider at that clinic.

Erlanger Express Care – Lifestyle Center
325 Market St Unit 102, Chattanooga, TN 37402
(423) 541-5122

Erlanger Express Care – Gunbarrel
1635 Gunbarrel Road, Suite 110, Chattanooga, TN 37421
(423) 541-5102

Parking: Free parking is provided in approved staff lots. Residents must use their badge to enter staff lots, per hospital policy. Parking will be addressed during hospital orientation.

Travel: Resident registration and travel to ASHP Midyear Clinical Meeting, Southeastern Residency Conference, and the Society of Critical Care Medicine Congress will be funded/reimbursed by the Department of Pharmacy. Forms must be filled out in accordance with the Erlanger Reimbursement for Travel and Business Meetings Policy.

REIMBURSEMENT FOR RESIDENCY TRAVEL AND CONFERENCES:

- Meals: Compensation for meals purchased at required conferences is available up to a limit of $70 per day. Residents may submit requests for reimbursement for meal expenses only for meals that are not provided by the conference. Expenses are not eligible for reimbursement. The meal stipend is subject to change based on budgetary adjustments specified by the Senior Director of Pharmacy.
- Mileage: Residents driving their own vehicle for conference travel may request reimbursement for gas purchased by submitting the Erlanger Mileage Reimbursement form.
- Reimbursement will not be provided for any travel, taxi, or rideshare to locations around the conference for social purposes, such as events or excursions not related to the professional conference.

OTHER BENEFITS

- Complimentary and required Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS), training
- Optional Pediatric Life Support (PALS) training
- Dedicated office space
- Personal work phones
- Erlanger-issued laptop
- Various wellness resources including discounted gym membership and complementary counseling
- Complimentary access to University of Tennessee Digital Medical Library
- Complimentary mobile access to Lexicomp, Micromedex, NeoFax, and UpToDate
- Opportunities to participate in select Learning and Organizational Development classes
- Discounted meals in the Erlanger Cafeteria
- Merchandise discounts at select retailers
- Complimentary national organization memberships as available (i.e. ASHP, SCCM for PGY2)

17. Resident Work-Life Balance & Well-being

Completing a PGY1 or PGY2 residency requires perseverance, resilience, and understanding of appropriate work-life balance. It is important to review what is most important to your mental and physical health and continue to devote time and energy to those persons or activities. We encourage you to speak about your work-life balance with your life mentor or advisor, preceptors, RPD & RPCs, and fellow residents. Take advantage of the resources offered to you at Erlanger. If you are experiencing moderate or severe symptoms of stress, please speak with your RPD/RPC to create an action plan. Discussion and tracking of well-being of the residents will be done through the duty hour attestation function in PharmAcademic, during RPD/RPC/Mentor meetings, and during the quarterly development plan discussions.

18. Professional Meeting Attendance

Residents will be granted financial reimbursement and education time for attendance at the ASHP Midyear Clinical meeting, a regional residency conference, and national specialty conferences (PGY2s). In addition, other authorized time away from rotation may be granted to attend continuing education programs, other clinical meetings, or to lecture. Approval from the resident's preceptor and RPD is required prior to requesting this time.

The in-person ASHP Midyear Clinical Meeting is usually held from Saturday through Thursday during the first two weeks of December. The resident may be granted up to 5 education days for in-person Midyear Clinical Meeting attendance. At the Midyear Clinical Meeting the resident will be minimally expected to present a poster, assist with recruitment at the residency showcase, and participate in Personnel Placement Service (PPS) interviews if applicable (PGY2s). The resident will also attend continuing education programs as time permits (goal of 9 hours of educational sessions for those that are not participating in PPS and 3 hours of sessions for those that are participating in PPS). Virtual meeting attendance may have different hour requirements.

All residents are required to present their research findings at SERC. In addition to presenting, residents are required to attend their co-residents' presentations as able based on the schedule. Further, residents should actively attend other resident presentations for a minimum of 2 hrs per conference day.

The PGY2 residents are encouraged to present their research or MUE project at an Advanced Specialty national meeting and/or a regional conference (e.g., SCCM Congress).

In extenuating circumstances when a resident is unable to participate in these required conferences, the RPD may elect to arrange for an alternative conference or meeting to accommodate this presentation requirement.

19. Electronic Residency Documents

Residents are required to maintain a record of residency documents for the duration of the residency. All forms and documents will be saved to the Pharmacy X:drive. Electronic Resident Binders should be updated monthly throughout the residency year. The following documents are required to be uploaded:

- Resident Curriculum Vitae
- Resident Academic and Professional Record
- TN Pharmacist License
- PGY1 Residency certificate (PGY2 only)
- Quarterly Development Plan reports completed in Pharmacademic
- Drafts and completed assignments and presentations throughout the year along with any documents that highlight the learning experience of the resident (MUE, committee presentation documents, quality improvement projects, feedback forms, topic discussion handouts, journal club handouts, etc.)
- Final copies of all completed assignments and presentations marked “FINAL”
- Examples of formative evaluations, including evaluation forms from required presentations
- Documentation of feedback provided during teaching and precepting opportunities
- Completed code blue sign-off sheet
- 3 de-identified pharmacy completed pharmacy consults (i.e. pharmacokinetic, anticoagulation, nutrition support, CRRT)
- RQI quarterly documentation
- De-identified eSAFEs and responses (PGY2 only)

- All residency deliverables (see PGY1 graduation deliverables checklist)
- Rotation activities log (PGY1 only)
- Preceptor Time Sheet (PGY1 only)

20. Staffing, Moonlighting, and Holidays

Traditional rotations are minimally eight hours Monday – Friday, however, hours may change according to the requirements of each specific rotation. It is the resident's responsibility to contact the preceptor prior to the start of each rotation to determine the rotation expectations. The resident is to adhere to the schedule outlined by the preceptor. As a resident and an emerging clinician, it is important to remember hours outside of traditional work hours may be warranted for certain activities such as preparation for topic discussions and preparation related to rotation learning. Please reference ASHP resident program standards for a detailed summary of resident activities that do and do not count as duty hours.

PGY1 residents are required to complete one operational ("staffing") shift every fourth weekend (7.5 hour shifts on Saturday and Sunday) with the exception of travel weekends for the ASHP Midyear meeting. Additionally the PGY1 residents will complete one four-hour, week-night staffing shift per week. The PGY2 Critical Care Resident will staff in the Emergency Department every 3rd weekend (7.5 hour shifts on Saturday and Sunday) with the exception of travel weekends for the ASHP Midyear meeting and national conferences attended by PGY2 residents. The residents will be allotted a compensation day for each weekend day spent at a conference. This does not count toward the allotted project/compensation days. In addition, during orientation weekend staffing may be required at any time. If residency or rotation requirements are incomplete, weekend and/or evening staffing may be required in order to complete an objective.

HOLIDAYS

- PGY1 residents will be expected to staff holidays and shift assignments will be distributed by the RPD based on a resident input on preferred holidays. In the event that the PGY1 residents cannot come to an agreement on how to distribute holiday staffing shifts, the RPD will assign the schedule. Residents are not eligible for a special holiday pay rate due to their exempt employee status.
- PGY2 resident will provide clinical staffing on Christmas Eve and Christmas Day unless otherwise agreed upon by the RPD.

MOONLIGHTING (INTERNAL AND EXTERNAL)

- Residents may work additional internal staffing shifts if approved by the RPD. A total of 16 hours of additional shifts per pay period may be considered. The resident may work outside of the Erlanger Residency program requirements only with the permission of the Residency Program Director and Chief Clinical Pharmacist. Outside work should not interfere with the ability of the resident to achieve the goals and objectives of the residency program. If the resident is granted permission to work outside of the residency program, if at any time the Residency Program Director perceives that these outside work activities are interfering with the resident's quality of care or educational responsibilities, the resident will be asked to discontinue the outside work. Requests for outside work up to 16 hours per pay period may be considered including any internal shifts worked.

- Tracking: If permission is granted to work outside the residency program, the resident is required to provide the Residency Program Director and Chief Clinical Pharmacist with the location, anticipated number of hours per month, and predicted duration of outside work to ensure that 80 hours weekly is not exceeded. The resident should send an email message to the Residency Program Director and Chief Clinical Pharmacist to notify of each shift worked. The Residency Program Director and Chief Clinical Pharmacist will track the number of moonlighting hours worked.

21. Absences, Leave, Project/Compensation Days, Duty Hours, Paid Time Off

WORK ABSENCES

- The resident earns Paid Time Off (PTO) at 20 days per year which is accrued over the year. PTO is earned at a rate of 6.34 hours every 2 weeks, coinciding with pay periods. If time off is taken for any reason except bereavement leave (holiday, vacation, absence, interviews), PTO will be used.
- If short-term leave is requested prior to the resident accruing sufficient PTO hours, the resident may use short–term disability if available based on Erlanger Human Resources Policies. If the resident is not eligible to use Short Term Disability and does not have sufficient PTO hours accrued to cover the requested time off, the resident may take unpaid leave with approval on a case-by-case basis by the RPD. Unpaid leave may not exceed the required rotation contact days by ASHP.
- In accordance with ASHP Accreditation standards, time away from the residency program does not exceed a combined total of 37 days per 52-week training period. Time away from the residency program includes vacation time, sick time, interview days, personal time, holidays, religious time, jury duty time, bereavement leave, military leave, parental leave, leave of absence, and extended leave. Conference and education days will not be included in the number of days away from the program.
- PTO must be used for holidays not worked.
- **Planned absence**: If the resident has an appointment, interview, vacation request, or other planned absence, the resident should contact the preceptor to make arrangements for the time he or she will be off the rotation. Requests should be made prior to the start of the rotation. Permission to be off the rotation must be granted by the Preceptor before the request is approved by the RPD. Additionally, the resident should send an email message with the dates of the planned absence to the RPD. Planned absences may require that the learning experience time be made up, as determined by the rotation preceptor and RPD. PTO may not be taken during assigned weekend/holiday staffing. If time off is needed during assigned weekend and holiday shifts, the resident must trade weekend/holiday shifts with a teammate that is trained to work the assigned shifts.
- **Unplanned absence:** For an unplanned absence such as a sick day, the resident should contact the preceptor and the RPD. Additionally, the resident should send an email to the RPD and chief for tracking in the Kronos System. Unplanned absences may require that the learning experience time be made up, as determined by the rotation preceptor and Residency Program Director.
- A resident must work a minimum of 15 days on each one-month rotation in order to complete the requirements of the rotation. (“Contact days”)

- PTO requests for dates in the last week of the residency program in June may be subject to denial unless extenuating circumstances occur.
- Employees may sell unused PTO per calendar year during any pay period at a per-hour rate equal to 50% of the employee's current base pay rate, provided employees maintain at least 37.5 hours in their PTO Bank.
- At the completion of the residency program, the resident will be eligible to receive unused PTO pay out at 100% of the current pay rate.

OTHER ABSENCES

- Bereavement Leave: Paid bereavement leave of up to twenty-two and one-half (22½) hours for full-time and regular part-time employees can be taken within fourteen (14) calendar days following the death of an immediate family member of the employee or their spouse, including miscarriage. (Authorized time for part-time employees will be a paid on a prorated amount based on the employee's regularly scheduled hours.
- Long term leave may be taken as sick leave, PTO and/or leave without pay. Family and Medical Leave (FMLA) may be available to those employed for greater than one year. The duration of total long-term leave shall be approved by Human Resources, the RPD and RAC. Additional time without pay may be requested and granted at the discretion of the RPD and Human Resources. The resident will be required to "make up" time missed in accordance with Residency Program requirements. A resident must work a minimum of 15 days on each one-month rotation. Maximum long term leave is 8 weeks; graduation date may be delayed to ensure completion of the residency program.

PROJECT/COMPENSATION DAYS

PGY1 residents will be assigned scheduled project days throughout the course of the residency year, and these will be provided to the resident during program orientation by the RPD. Any changes to the designated PGY1 project days will be communicated in writing throughout the residency year and MUST be approved in advance by the PGY1 RPD. Residents must be present on campus during working hours on project days unless otherwise approved by the RPD in advance.

The PGY2 Critical Care resident will be allotted a maximum of 7 project or compensation days per residency year to be utilized as needed based on project workload and deadlines and for weekend stafing schedule. This number is subject to change based on elective rotations, projects undertaken throughout the residency year, and resident performance at the RPD's discretion. No more than 2 days may be utilized as project/compensation days on a single monthly rotation. Project/compensation days must be scheduled PRIOR to starting the rotation on which the resident wants to take the day. All project/compensation days MUST be approved in advance by the rotation preceptor and PGY2 RPD. Once approved, the project/compensation day will be documented in the clinical pharmacy Outlook Calendar and via email to the PGY2 RPD. Failure to document appropriately may result in the loss of the project/compensation day. Resident must be present on campus during working hours on project days unless otherwise approved by the RPD. On project/compensation days, the resident is not responsible for clinical consults or code blue response. However, the resident is responsible for obtaining code blue response coverage when fully independent in code blue response.

WORK HOURS

As outlined in the ASHP accreditation standard for postgraduate year one (PGY1) and two (PGY2), the pharmacy practice and specialty residencies will adhere to the guidelines set forth by the ASHP as applicable.

DUTY HOURS are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences and committee meetings that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process. Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs, and research; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, and include all in-house call and moonlighting (both internal and external). Residents must be scheduled for a minimum of one day free of duty every week, when averaged over four weeks and no at home call will be assigned on these days. Consecutive duty hours for a PGY1 resident must not exceed 16 hours in duration. Residents must have a minimum of 8 hours free from duty between scheduled duties but should ideally have 10 hours of duty free time. Duty hours will be tracked on PharmAcademic and reviewed monthly. Residents are required to inform the program director if duty hours are projected to be exceeded. If the hours are exceeded, the resident will discuss with RPD to identify the cause and ensure future compliance. Any instances of non-compliance with this policy identified will be assessed and actions taken, as needed, to avoid future instances of non-compliance

Residents can view the ASHP duty hour requirements for pharmacy residencies policy here: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx

RESIDENT LEAVE

Per ASHP Standards, time away from the residency program must not exceed 37 days per 52-week training period. Thirty-seven days is defined as 37 scheduled training days and does not include compensatory days for staffing shifts. Per ASHP this includes vacation time, sick time, religious time, parental leave, interview time, personal time, military leave, jury duty time, leave of absence, extended leave, and conference days (though considered a required part of the program). Any absences longer than this will be required to be made up by July 31 to complete training.

Professional/Educational Leave: Professional or Educational Leave is provided to attend conferences and meetings. Leave requests to attend conferences (outside of ASHP Midyear, SCCM Congress, and SERC) must be provided to the RPD and Director of Pharmacy at least ninety days (90) prior to the conference. Registration, arranged travel, and reserved hotel rooms will not be considered prior to approving the request. Decisions to grant additional educational or professional leave will be based on the following criteria:

- Resident willingness to use his/her own resources to attend the meeting
- Resident rotation and duties may be covered by another resident or current preceptor
- Resident's role, if any, at the conference

22. Residency Evaluation Procedures

The Residency Program and the PharmAcademic System is based on the ASHP Residency Learning System (RLS). Residents should acquaint themselves with the RLS at the beginning of the residency year.

Residency programs are broken down into Outcomes, Educational Goals, and Educational objectives.

- *Outcomes:* Educational outcomes are statements of broad categories of the residency graduates' capabilities.
- *Educational Goals (Goal):* Educational goals listed under each educational outcome are broad sweeping statements of abilities.

- *Educational Objectives*: Resident achievement of educational goals is determined by assessment of the resident's ability to perform the associated educational objectives below each educational goal. Each objective is classified by taxonomy (cognitive, affective, or psychomotor) and level of learning within that taxonomy to facilitate teaching and assessment of performance.

For the precepting, project, and quality improvement experiences, custom outcomes, goals and objectives have been defined. Please refer to the Learning Experience Description for more information on those elements.

Performance Evaluations will be tracked through the web-based PharmAcademic system. Each resident will receive access to PharmAcademic at the beginning of the residency year. PharmAcademic models this same structure for the evaluation of residents. For each learning experience, the program has assigned outcomes and associated goals and objectives to be taught and evaluated. This may be viewed by the resident in PharmAcademic along with a description of the learning experience itself.

Resident Evaluation of Preceptor and Rotation Experience: Weekly and at conclusion of each rotation, the preceptor of the learning experience and the resident will meet. The resident will be made aware if he/she is making progress toward the stated goals set forth by ASHP and the residency program for the rotation. This will be accomplished by utilizing the ASHP evaluation tool. The evaluation tool includes goals and objectives that are evaluated by the preceptor to determine if the resident needs improvement (NI), is making satisfactory progress (SP), or has achieved (ACH) the objective. Each resident will complete an evaluation of the preceptor, the rotation experience, and a summative evaluation of their performance prior to the final evaluation meeting with the preceptor. The evaluations should contain qualitative assessments of performance and focus on strengths and areas for improvement, rather than a recitation of activities performed. The preceptor will review the resident's self-evaluation and include feedback in their evaluation of the resident. The preceptor will provide verbal feedback regarding their evaluation of the resident in a timely manner. ***All evaluations must be completed within seven (7) days of the end of the rotation***.

Preceptor's Evaluation of Resident's Rotation Performance: each preceptor will complete a criteria-based evaluation of the resident. This should be completed on the last day of the rotation but no later than 7 days following the end of a rotation. The minimum requirements necessary to satisfy the **required rotations** are included in the Learning Experience expectations. Evaluation definitions include the following:

> Needs Improvement (NI): the resident exhibits the need for continued practice, improvement, or exposure, or may not be able to complete the objective independently. The resident is deficient in knowledge or skills in this area, requires assistance to complete the goal or objective, or is unable to ask appropriate questions to supplement learning. Resident possesses some knowledge about concepts and processes but requires extensive preceptor intervention to complete tasks.
>
> Satisfactory Progress (SP): the resident is able to complete the task but still has specific areas for improvement. The resident has adequate knowledge or skill in this area but may occasionally require assistance to complete a goal or objective, is able to ask appropriate questions to supplement learning, and requires skill development over more than one rotation. Resident demonstrates skill and performs mostly independently but requires directed preceptor intervention to complete tasks.
>
> Achieved (ACH): the resident is able to complete the task independently at the level expected by the RPD. The resident fully accomplished the ability to perform the goal or objective, requires assistance to complete the goal or objective in minimal instances, and minimum supervision is required, and requires no further developmental work in this area. Resident is developing the ability to practice independently with limited supervision from the preceptor.
>
> Achieved for Residency (AchR): the resident is able to complete the task independently at the level expected by the RPD. This indicates that the resident has mastered this goal or objective and can perform associated tasks independently across the scope of pharmacy practice.

-Resident demonstrates ability to perform skill and self-monitor quality. The resident is capable of practicing independently with minimal supervision.

- Objectives related to direct patient care in R1.1 must be marked as "achieved" by a preceptor at least twice to be considered "achieved for residency" for the PGY1 and the PGY2 critical care programs. All other objectives need to be marked as achieved by a preceptor only once to be considered "achieved for residency" for these programs.

Mentors and RPD/RPC will be tracking progress and propose goals to be ACHR for residents. Approval will be granted through RAC, and only the RPD will mark ACHR in PharmAcademic.

"Achieve" all R1.1 and "Achieve" 80% of remaining Residency Goals and Objectives with no "Needs Improvement" on any Residency Goals and Objectives is required for residency graduation consideration.

Failure to advance NI goals to SP or ACH will be considered unsuccessful completion of the residency requirements and may result in failure to receive a residency certificate. ACHR will be designated for each outcome, goal and objective that was achieved based on the above definition. If a resident receives a NI on an Objective already ACHR, the ACHR will be null and void. The resident will have to achieve the objective on a future rotation again. Please refer to Requirements for Satisfactory Completion for program-specific requirements to receive a residency certificate.

Formative Evaluations: each preceptor must provide periodic opportunities for the resident to practice and document criteria-based, formative self-evaluation of aspects of their routine performance. These opportunities may include written feedback on notes, in-services or presentations, or rotation activities. When completed, the resident should upload this feedback into PharmAcademic and into their personal Residency (electronic) folder on the X:Drive.

Longitudinal Learning Experience Evaluation: All longitudinal learning experiences will be evaluated at periods consistent with ASHP. Evaluations must be completed within three days of the end of the quarter to allow time for incorporation into the resident's Quarterly Evaluation by the RPD. Additional evaluations ("On Demand") may be assigned if needed during individual learning experiences.

Quarterly Evaluations: the RPD will evaluate the resident quarterly based on the resident's progress toward achieving the criteria-based residency program goals and objectives and individualized goals established by the resident and RPD at the beginning of the residency year, as well as overall performance feedback. The RPD will incorporate evaluations completed by preceptors and the resident's criteria-based self-assessment. The RPD and resident will meet in person to discuss progress and plans for the upcoming quarter.

Quarter	Date Due to RPD
1st Quarter: July 1 -September 30	September 30
2nd Quarter: October 1-December 31	December 31
3rd Quarter: January 1-March 31	March 31
4th Quarter: April 1-June 27	June 20

23. Residency Program Activities and Structure

GENERAL RESIDENCY ACTIVITIES

RESIDENT ORIENTATION

A formal orientation program for residents is scheduled at the beginning of each residency year. Each resident will gain experience and develop an understanding of the hospital's medication distribution system, establishing a solid foundation for the remainder of the residency year. Residents will gain experience in the steps required to ensure that medications are distributed to patients in the facility in an accurate and efficient manner, including use of pharmacy automation, Omnicell, sterile compounding, cart fill, and order entry. Residents will also discuss topics such as the design of the residency program, rotation experiences, research, medication use evaluations, professionalism, and communication skills. The RPD or designee will review the program policies with the matched candidates and will document acceptance in PharmAcademic within 14 days from the start of the residency.

PHARMACY CONSULTS

Each resident will complete daily clinical pharmacy consults with the exception of Ambulatory Care rotation months. Assigned consults should be completed by resident the consult cut-off time of 1400. Residents are strongly encouraged to complete consults as early during their shift as possible, when clinical data and lab results are available.

Pharmacokinetic, Anticoagulation, and TPN consults will be assigned to the PGY1 residents daily by the PGY1 chief resident. The PGY2 chief resident is available to assist with consult assignments when questions arise. The chief resident should review the chief resident expectations document for details on consult assignments.

MEDICATION USE EVALUATIONS

Each resident will perform a Medication Use Evaluation (MUE) which will aim to support or improve patient care at Erlanger. MUE topics may be determined prior to the beginning of the residency year, based on topics of interest to the department. A thorough timeline of MUE assignments and deadlines will be provided to the PGY1 resident during Orientation. PGY2 residents may have MUE assignments and deadlines provided at a later date as needs arise, but no later than May 1 of the residency year.

RESEARCH

The residency research project is an ASHP requirement and must be completed prior to graduation from the residency program. The residents will complete an original research project, problem solving exercise, or the development, enhancement or evaluation of an aspect of pharmacy services. Each research project will have a primary and secondary preceptor assigned to ensure appropriateness and completion. The research project is a longitudinal project that will be completed in stages during the residency year and for PGY1 residents includes the month of December, and two weeks in February, which will be dedicated to research. **A manuscript, of suitable quality for publication, must be submitted to the research preceptor and RPD prior to residency graduation.** Preliminary projects will be presented at the ASHP Midyear Clinical Meeting (if MUE not presented) and finalized projects will be presented at the Southeastern Residency Conference (SERC) in Athens, Georgia in late spring. The decision to publish and the publishing timeline will be up to the resident and their research team.

ACADEMIC LECTURES/PRESENTATIONS/DEPARTMENT MEETINGS

Residents must attend a minimum of 80% of academic lectures, student/resident presentations, Pharmacy and Therapeutics (P&T) Committee meetings, clinical pharmacy meetings, Drug Shortage (PGY2 only), and Critical Care

Committee (PGY2 only) given over the course of the residency year. Additional lectures, such as hospital-wide Grand Rounds, may be required by individual preceptors. Clinical Pharmacy Meetings are held on the third Wednesday of each month from 1230-1330pm in the pharmacy conference room (PCR) and virtually on Microsoft Teams. Pre-P&T Committee attendance will be required when a resident is presenting at P&T. P&T Committee meetings are held virtually on Microsoft Teams on the fourth Tuesday of each month.

CONTINUING EDUCATION

Each resident will present one formal continuing education lecture to the pharmacy department. The goal of this presentation is to enhance the resident's communication skills and presentation techniques. The topic of the presentation will be selected by the resident but must receive approval from the continuing education chair and should involve a therapeutic area or therapeutic/practice controversy. An hour will be allotted for each presentation, and the content provided by the resident should be limited to 50 minutes, with 10 minutes allowed for questions. Per ACPE guidelines, interaction with the audience should be included (case studies, post-test, quiz, etc.). A detailed timeline will be developed by each resident once their presentation month is chosen. CE application materials will be submitted to the continuing education chair a minimum of 30-days prior to the scheduled activity.

TEACHING RESPONSIBILITIES

Residents will participate in teaching activities at the direction/discretion of the Department of Pharmacy. The purpose of teaching activities will be to develop and refine resident communication skills and to promote the effectiveness of the resident as a teacher. Teaching responsibilities may include clinical or didactic teaching for pharmacy students, medical students, medical residents, or hospital personnel. Activities may include precepting on experiential rotations, formal lectures, case presentations, journal clubs, in-service presentations, or topic discussions throughout the residency year. The resident should seek an active role in determining opportunities to participate in teaching activities. Residents will have the opportunity to complete a teaching and learning certificate program through an associated college of pharmacy, information to be presented at the beginning of the residency year.

RECRUITMENT

Each resident will assist with the recruitment efforts of the pharmacy program. Residents provide an important source of information and advice for potential residency candidates and will be required to participate during the Residency Showcase at the ASHP Midyear Clinical Meeting. Residents may also be given the opportunity to participate in recruitment at state residency showcases in the fall, prior to Midyear. Additionally, residents will be given time to interact with potential residents during the formal interview process.

CONFERENCE AND MEETING ATTENDANCE

Attendance at the annual ASHP Midyear Clinical Meeting and the Southeastern Residency Conference (SERC) is expected as long as the resident is meeting residency requirements. The resident will participate in the active recruitment of interested candidates during the residency showcase and present the preliminary results of his or her research project at the ASHP Midyear Clinical Meeting. The formal research project will be presented at SERC. Travel expenses will be covered by the Department of Pharmacy.

PGY2 residents will be given an additional opportunity to attend a specialty conference during the residency year. Funding may be available through the Department of Pharmacy to offset conference and travel costs. PGY2 residents will be provided complementary registration to the Society of Critical Care Medicine and ASHP as funds allow.

PGY1 ENTRUSTED PROFESSIONAL ACTIVITIES

Upon entry into the PGY1 Pharmacy Residency:

- Medication History/Reconciliation
- Discharge Medication Counseling
- Warfarin Education
- Drug Information Questions
- IV to PO Conversions
- Renal dose adjustments
- Appropriate literature search and review

End of Quarter One:

- Communication Skills
- Anticoagulation Consults
- Pharmacokinetic Consults
- Renal Dosing Consults
- Basic central pharmacy staffing
- Documentation of Interventions
- EPIC proficiency
- Journal Club Presentation

End of Quarter Two:

- Adverse Drug Event Reporting
- TPN Consults
- Leading a topic discussion/ teaching a topic to a learner
- Identify drug therapy usage issues within the hospital

End of Quarter Three:

- Proficient at ACLS/Code Attendance
- CRRT/ECMO Pharmacy Consults
- Providing constructive feedback to learners
- Improving/Solving drug therapy usage issue (identified in Q2)
- Function as an independent learner in Family Medicine Clinic

End of Quarter Four:

- Run a service-line independently
- Perform the shift lead role in the central pharmacy
- Collaborate with a multidisciplinary team to have interventions implemented
- Serve as a primary preceptor for a student pharmacist

PGY1 ROTATION CALENDAR

A detailed calendar will be created during the initial Resident Development meeting with the RPD which will include a plan for Orientation, TPN Boot Camp, and Rotations 1-9.

PGY1 RESIDENCY STRUCTURE

Required Rotations	**Elective Rotations**	**Longitudinal Rotations**
Orientation	Advanced Required Rotation	Nutrition Support
Internal Medicine	Family Medicine Inpatient	Anticoagulation
Critical Care (Medical Intensive Care, Surgical/Trauma Critical Care)	Emergency Medicine I and II	Pharmacokinetics
Infectious Diseases	General Pediatrics	Hospital Practice
Ambulatory Care	Neonatology	Research Project
Research	Trauma Surgery Step Down	Code Blue
	Pediatric Emergency Medicine**	Professional Development and Education (PDE)
	HIV Clinic	
	Cardiovascular Critical Care	
	Leadership	
	Management	
	Drug Diversion	
	Medication Safety	

*With the exception of TPN boot camp and Rotation #1, rotations are month-long rotations following the calendar months. TPN boot camp is limited to 2 weeks, and Rotation #1 will be approximately six weeks.

**Pediatric Emergency Medicine rotation may be available during the second half of the program, and must be approved by the RPD for residents who have demonstrated proficiency in consult completion, time management, and code response.

Additional Longitudinal Activities for PGY1 residents

- Nutrition Rounds
    - Mondays at 12:30 in the WW3 Conference Room
    - Attend the Monday after your weekend
- Code Response Expectations

    - Resident will respond to codes Saturday-Friday following scheduled work weekends (including your work weekend).
    - Expectations for resident assigned the code pager:
        - Code response is expected on evening staffing shifts and weekend staffing shifts.
        - Bring the code pager to the main pharmacy at 3pm each day to hand off to the evening decentralized pharmacist
        - Restock the Code Bag before leaving for the day.
    - Will have another pharmacist attend with you until independence has been achieved
    - The Code Bag must be checked and restocked Friday afternoons by the Chief PGY1 Resident. (Ensure bag is stocked and ready for the weekend)
- Pharmacokinetic/Anticoagulation Consults
    - Will be assigned by the PGY1 Chief Resident
- Pharmacy Practice (Staffing)
    - Every 4th weekend
    - One day per week from 4pm-8pm

PGY1 PHARMACY RESIDENCY GRADUATION DELIVERABLES CHECKLIST

Each PGY1 Pharmacy Resident is expected to complete all items on the PGY1 Residency Graduation Checklist in order to successfully graduate and receive a certificate of completion from the program.

- "Achieve" 80% of Residency Goals and Objectives with "Satisfactory Progress" on the remaining 20% of Goals and Objectives with no "Needs Improvement"
- Complete Employee Online Learning per department and hospital policy
- Complete required and elective rotation experiences (52 weeks)
- Conduct one Medication Use Evaluation (MUE)
- Present results of MUE at Pharmacy and Therapeutics Committee or other relevant forum (e.g., Medication Safety Committee, Critical Care Committee)
- Prepare and present research poster at a regional or national Clinical Meeting
- Complete year-long research project and present at Southeastern Residency Conference (SERC) or other relevant conference in the event of extenuating circumstances preventing SERC attendance
- Present results of the research project to the pharmacy staff
- Complete manuscript of research project in publishable form
- Provide three de-identified patient care notes appropriately documented in the medical record
- Prepare and present two journal clubs
- Prepare and present one hour-long continuing education lecture to pharmacy staff
- Complete all required staffing shifts (every fourth weekend and one assigned afternoon per week) with absences in accordance with hospital absenteeism policy
- Participate in recruitment efforts of the department
- Complete all PharmAcademic Evaluations

- Completed preceptor time sheets (bi-weekly)
- Maintenance of electronic residency documents

PGY2 CRITICAL CARE RESIDENCY PROGRAM STRUCTURE

Required rotations (4 weeks unless specified)

- Orientation (2 weeks)
- Emergency medicine (6 weeks)
- Surgical/Trauma Critical Care I and II
- Medical Intensive Care I and II
- Cardiovascular ICU
- Neuroscience ICU
- Infectious Diseases

Elective options

- Pediatric ICU
- Emergency Medicine II
- Pediatric Emergency Department
- Toxicology (2 weeks only)
- Project
- Additional electives may be selected based on resident interest

Longitudinal Components

- Nutrition Support
    - 2 week nutrition bootcamp
    - Year long TPN management
    - Nutrition rounds with PGY1 preceptee
    - Year-long precepting opportunity
- Interdisciplinary Presentations and Practice Education
    - 2 required Critical Care Journal Clubs and 4 required Case Conferences
    - One- hour long CE presentation
    - In-services and opportunity for UTCOP lecture
- Critical Care Leadership and Management
    - Attendance at critical care related meetings
        - Critical care committee once per month
        - Drug Shortage committee once per month
        - P&T once per month
        - Critical Care and ED Team meeting once per month
    - Completion of 1 MUE
    - Completion of 1 QI initiative
    - Other activities may be assigned as they arise (i.e. developing a drug shortage plan)
- Critical Care Precepting
    - Code Blue attendance
    - Longitudinal precepting of PGY1 residents during the code blue experience and nutrition experience
    - Precepting students and residents during month long rotation
    - Optional precepting of PGY1 continuing education
- Clinical Staffing – Emergency Department
    - The critical care PGY2 resident will complete staffing in the emergency department every 3rd weekend
    - Clinical staffing on Christmas Eve and Christmas Day
- Project
    - The resident will design and conduct once major (research) and one minor (MUE) project

- Project weeks will be built in throughout the year to allow for facilitation of data collection

PGY2 CRITICAL CARE PHARMACY RESIDENCY GRADUATION DELIVERABLES CHECKLIST

The PGY2 Critical Care Pharmacy Resident is expected to complete all items in order to successfully graduate and receive a certificate of completion from the program.

- "Achieve" all R1.1 Residency Goals and Objectives
- "Achieve" 80% of remaining Residency Goals and Objectives with no "Needs Improvement" on any Residency Goals and Objectives
- Complete Employee Online Learning per department and hospital policy
- Complete required and elective rotation experiences (52 weeks)
- Conduct one Medication Use Evaluation (MUE). Present findings to appropriate stakeholders.
- Complete at least one Quality Improvement Initiative. Present findings to appropriate stakeholders.
- Complete year-long research project
- Prepare and present research poster at National or Regional Clinical Meeting (i.e. ASHP Midyear, SCCM, SERC)
- Prepare and submit a manuscript on any residency project completed during PGY2 approved by the project preceptors and RPD as suitable for publication
- Prepare and present two journal clubs
- Present four patient case presentations
- Prepare and present one hour-long continuing education lecture to pharmacy staff
- Precept at least two pharmacy residents or learners
- Achieve independence on all nutritional support components
- Achieve code blue independence as indicated by completion of the PGY2 Critical Care Code Blue Sign-Off Criteria
- Provide educational lecture to UT College of Pharmacy as available
- Complete required staffing shifts with absences in accordance with hospital absenteeism policy
- Participate in recruitment efforts of the department
- Complete all PharmAcademic Evaluations and provide meaningful and actionable feedback
- Documentation of at least three clinical consults (1 nutrition support, 1 pharmacokinetic, 1 CRRT)
- Maintenance of electronic residency documents
- Complete all ASHP required appendix topics (disease state tracker) with areas listed in the appendix encountered through patient care (as required) or didactic discussions.

24. Residency Program Exit Reminders

ITEMS ISSUED TO THE RESIDENT THAT MUST BE RETURNED UPON PROGRAM EXIT

- Technology: Residents will be provided with a laptop that will be available for use while performing patient care activities. The laptop will be signed out at the beginning of the year and will be returned at the end of the residency year. Residents will be held financially responsible for their assigned laptops (in case of loss, breakage due to neglect, etc). Use of smartphones, tablets, or other devices is allowed in accordance to the Use of Personal Mobile Phones/Smart Phones and Other Personal Communication Devices While at Work Policy.
- Keys: Residents will be issued a key to the clinical office at the beginning of the year that must be returned at the end of the year.
- ID Badge: Resident ID badge will serve to provide access to restricted areas of the hospital, including the main pharmacy.
- Pharmacist License: Do not forget to obtain your pharmacist license on file from Erlanger before you leave

APPENDICES

APPENDIX A. RESIDENT APPOINTMENT LETTER

ERLANGER BARONESS HOSPITAL

PHARMACY RESIDENCY PROGRAM

APPOINTMENT AGREEMENT

This Erlanger Pharmacy Residency Program Appointment Agreement (the "Agreement") is by and among **Erlanger,** on behalf of the Erlanger Department of Pharmacy, and the **Resident** identified below ("Resident"), and sets forth the terms and conditions of the Resident's appointment to a pharmacy training program that is approved by the American Society of Health-Systems Pharmacists and is sponsored by Erlanger (the "Program"). During the term of this Agreement, Resident shall be an employee of Erlanger and appointed to the Program at Erlanger Baroness Hospital.

RESIDENT:

RESIDENCY PROGRAM:

DURATION OF APPOINTMENT AGREEMENT: _____ (the "Appointment Date") **to** _____ (the "Duration of Appointment")

ANNUAL STIPEND:

In consideration of the mutual promises contained herein and intending to be legally bound, Erlanger and the Resident each agree as follows:

1.0 TERMS OF APPOINTMENT

1.1. **Duration.** Subject to **Section 4.0** below, this Agreement shall be effective for the aforementioned Duration of Appointment and shall expire automatically upon the Resident's completion of the Program. Modification of this Agreement for any reason must be in writing.

1.2. **Compensation and Benefits**. Erlanger shall pay to Resident the annual stipend set forth above, pursuant to Erlanger's standard payroll policies and processes, and Resident shall be eligible for Erlanger's standard employment benefits, a description of which may be obtained from Human Resources.

1.3. **Conditions Precedent.** As a condition precedent to appointment, the Resident must provide appropriate documentation (as listed below) to Erlanger. This Agreement may be declared a nullity by Erlanger and shall not become effective if the Resident fails to provide Erlanger with all of the following documentation required for certification of eligibility as set forth below:

1.3.1. The Resident must provide Erlanger the following documents **prior** to the Appointment Date:

a. Verification of graduation from an ACPE-accredited College of Pharmacy (diploma) or graduation from an ASHP Accredited PGY1 residency program (for PGY2 residents).

1.3.2. The Resident must provide Erlanger with proof of eligibility to work in the United States as required by the U.S. Citizenship and Immigration Services Form I-9 (e.g., U.S. passport, permanent resident card, U.S. driver's license plus birth certificate, or other acceptable documents as required by the Form I-9). Failure to submit appropriate documents to support the Form I-9 by the end of the first three days of employment shall result in the Resident's removal from payroll and may result in this Agreement being declared a nullity by Erlanger.

1.3.3. The Resident must obtain an active registered license to practice pharmacy in the State of Tennessee by October 1 of the residency year.

1.3.4. Any document provided to Erlanger pursuant to this Agreement that is not printed in English must be accompanied by an acceptable original English translation performed by a qualified translator. Each translation must be accompanied by an affidavit of accuracy acceptable to Erlanger.

1.3.5. Failure to submit the required documentation as set forth above may result in a delay in the Resident's start date and pay and potentially the nullification of this Agreement. With respect to documentation that must be provided prior to the Appointment Date, a Resident will not be appointed and may not work in any capacity until all required documents have been submitted and the appointment process has been satisfactorily completed.

1.4. **Other Conditions of Appointment.** The Resident acknowledges and agrees that appointment is expressly conditioned upon, and may be revoked by Erlanger at any time, if the following conditions are not met and sustained:

1.4.1. completion and submission of the proper credentialing documentation listed above;

1.4.2. compliance with all of Erlanger's requirements relating to pre-appointment or renewal prior to the Appointment Date of this Agreement, including, but not limited to (as applicable): pre-appointment background check; pre-appointment drug screen; and receiving all required immunizations prior to appointment in full compliance with applicable policies and all applicable federal,

state, and local laws and regulations concerning infection control and epidemiology;

1.4.3. completion of all elements of orientation and any organizationally required education during the Duration of Appointment;

1.4.4. be in sufficient physical and mental condition to perform the essential functions of appointment with or without reasonable accommodations, as further described in applicable policy;

1.4.5. maintain satisfactory performance and professional conduct during the entire Duration of Appointment; and

1.4.6. completion of all required elements of the Program, listed in Appendix A

1.5. **Authorizations** The Resident shall permit and authorize Erlanger to disclose Resident's personal immunization status and/or immunization records to any clinical entity which provides an educational experience for Erlanger-sponsored residency programs, if said disclosure is required for compliance with that entity's Human Resources or Infectious Disease Control policies.

1.6. **No Employment Guarantee**. Notwithstanding any other provision of this Agreement, the Resident acknowledges and agrees that the Program is primarily an educational program, and this Agreement does not create and shall not be interpreted to create an employment relationship between Erlanger and the Resident beyond the duration of this Agreement.

2.0 ERLANGER'S RESPONSIBILITIES

Erlanger declares that the primary purpose of the Program is educational and agrees to adequately support the educational experiences and opportunities required by the Program. Accordingly, Erlanger agrees, among other things:

2.1. to use its best efforts, within available resources, to provide an educational training program that meets the ASHP accreditation standards;

2.2. to use its best efforts, within available resources, to provide the Resident with adequate and appropriate supervision, support staff and facilities in accordance with federal, state, local and ASHP requirements;

2.3. to comply with the obligations imposed by all applicable state and federal laws and regulations to report instances in which the Resident is not reappointed or is terminated for reasons related to alleged mental or physical impairment, incompetence, malpractice or misconduct, or risk of patient safety or welfare. Erlanger shall also comply with any reporting obligations imposed by the Tennessee Board of Pharmacy with respect to the Resident's license to practice pharmacy as part of the Program;

2.4. to orient the Resident to the facilities, philosophies, rules, regulations and policies of Erlanger and the institutional and program requirements of ASHP and the Program's Residency Advisory Committee ("RAC"). Erlanger and the Program shall inform the Resident of any changes or updates in applicable policies, rules, and regulations. Erlanger

shall also ensure that the Resident is informed of, obeys, and adheres to established educational and clinical activities;

2.5. to maintain an environment conducive to the physical and mental health and well-being of the Resident;

2.6. to evaluate, through the Residency Program Director and Program preceptors, the educational and professional progress and achievement of the Resident on a regular and periodic basis. Rotational preceptors shall present to and discuss with the Resident a written summary of the evaluations at least once monthly during the period of training and/or more frequently if required by the Resident Advisory Committee, Residency Program Director, Erlanger, or other agency as deemed appropriate;

2.7. to provide a fair and consistent method for review of the Resident's rotations, program and personal concerns and/or grievances, without the fear of reprisal;

2.8. upon satisfactory completion of the Program and satisfaction of the Program's requirements and Resident's responsibilities contained herein, furnish to the Resident a Certificate of Completion of the Program; and

2.9. to provide a work environment free from discrimination and harassment. Any resident who believes he/she has been subjected to discrimination or harassment or has witnessed discrimination or harassment should contact his/her Residency Program Director.

3.0 RESIDENT RESPONSIBILITIES

The Resident agrees to:

3.1. comply with the pre-appointment procedures of Erlanger prior to the Appointment Date;

3.2. develop a personal program of self-study and professional growth with guidance from the Program;

3.3. develop a personal program to support individual wellness, to include attending to adequate sleep when off-duty, seeking professional assistance for both medical and psychologic health needs if those occur, and identification of strategies that promote personal reflection and stress reduction;

3.4. participate fully in the educational and scholarly activities of the Program and, as required, assume responsibility for teaching and supervising other residents and students;

3.5. participate in safe, effective, and compassionate patient care under supervision, commensurate with the Resident's level of advancement and responsibility;

3.6. perform satisfactorily and fulfill the educational and clinical responsibilities of the Program requirements (as determined by the Residency Program Director) and, to the best of the Resident's ability, perform the customary services of a resident;

3.7. accept the duties, responsibilities, and rotations assigned by the Residency Program Director at Erlanger and other facilities affiliated with the Program;

3.8. meet the Program's standards for learning and advancement, including objective demonstration of the acquisition of knowledge and skills;

3.9. conform to all applicable rules, regulations, policies and procedures of Erlanger, including, but not limited to the Erlanger Pharmacy Residency Program Manual; Erlanger Standards of Conduct and Discipline; Erlanger Professional Dress Code Policy; Erlanger Attendance and Punctuality Policy; Erlanger Drugs and Alcohol Policy;

3.10. accurately and appropriately complete all patients' medical records within the time period specified by Erlanger;

3.11. act ethically, morally and professionally in keeping with the Resident's position as a pharmacist, as appropriate;

3.12. present at all times a courteous and respectful attitude toward all patients, colleagues, employees and visitors at Erlanger and other facilities and rotation sites to which the Resident is assigned and obey and adhere to "Erlanger Standards of Conduct and Discipline Policy";

3.13. participate in evaluating the quality of the education provided by the Program;

3.14. fulfill the duties of the assigned schedule of service;

3.15. register and annually maintain the Resident's pharmacy license, with the Tennessee Board of Pharmacy, as appropriate, through the term of this Agreement (the Resident understands that failure to obtain and maintain valid licensure annually will result in the Resident being removed from clinical duties and forfeiting the Resident's pro rata stipend payments during the time the Resident's license has not been registered or renewed);

3.16. obey and adhere to all applicable state, federal, and local laws, as well as the standards required to maintain accreditation by Det Norske Veritas (DNV)Erlanger and Program surveys, reviews, and quality assurance and credentialing activities;

3.17. access the Resident's Erlanger email account and the current electronic residency management system (PharmAcademic) regularly to maintain timely communication with the Resident's program director, manager, and pharmacy leadership;

3.18. report any patient care-related incidents in accordance with Erlanger Medication Safety Best Practices s);

3.19. maintain during the term of the Resident's appointment life support certification(s), including BCLS, ACLS, and PALS as required by the Program;

3.20. return, at the time of the expiration or in the event of termination of this Agreement, all Erlanger's property, including, but not limited to, books, laptop, equipment, name badge, complete all necessary records; settle all professional and financial obligations; and complete a departmental clearance sheet as requested by Erlanger; and

3.21. abide by the terms, conditions and general responsibilities outlined in this Agreement.

4.0 AT-WILL EMPLOYMENT

Resident is an at-will employee, and Erlanger may terminate this Agreement and Resident's employment at any time, for any reason or no reason. Nothing in this Agreement shall be interpreted to be in conflict with, or to eliminate or modify, the at-will status of Resident. In the event that Erlanger elects to

terminate Resident's employment, this Agreement shall automatically terminate effective as of the date of termination of Resident's employment.

Resident Pharmacist	Erlanger Residency Program Director
Signature:_____	Signature: _____
	Print Name: _____
Print Name:_____	
Date:_____	Date:_____

APPENDIX B. CHIEF RESIDENT RESPONSIBILITIES

PGY2 Chief Resident Responsibilities:

- Provide feedback regarding PGY1 performance in Code Blues, Nutritional Support, and any precepting experiences in addition to any concerns or issues brought up directly by the PGY1 residents
    - PGY2 should touch base with PGY1 residents **1 week** prior to residency advisory counsel (RAC)
    - Compile all pertinent feedback from the PGY1s and add in PGY1 RAC agenda (when applicable) monthly for RAC review and discussion
    - Any urgent issues should be provided directly to the PGY1 RPD prior to PGY1 RAC
    - PGY2 Chief may be asked to attend PGY1 RAC as needed
- Assist with ASHP Midyear Planning
    - Coordinate booking hotel and flights for residents
        - Submit receipts and travel confirmation info to PGY1 RPD via email
    - Ensure residents register for conference
        - Submit resident registration receipts and confirmation to PGY1 RPD via email
    - Review required session attendance and conference professionalism expectations
    - Organize group dinner (unless not requested by resident group)
- Set up CE paperwork for the Spring Resident Research CE (SERC CE)
    - Coordinate with Brandy Hollums, Residency CE Coordinator
- Schedule two resident social/team building activities
- Assists the PGY1 Chief Resident with consult distribution
    - Consult distribution is determined by the PGY1 residents

PGY1 Chief Resident Responsibilities:

- Daily consult distribution to co-residents (see Table 1)
    - In general, consults should be distributed equally, in a sequential manner.
    - Assign ICU consults to the resident currently rotating the consult area. If none, ICU clinical pharmacist will complete all ICU consults EXCEPT for anticoagulation consults, which should be distributed equally among residents.
- Check and update/restock the code bag AT LEAST once a week and after each code response. Best practice is to check each Friday at a MINIMUM. Checking more frequently is strongly suggested.
- Final Review of Consult inbox at 2pm daily to ensure any new consults have been assigned and are in process of completion prior to leaving for the day
- Orient new pharmacy students to warfarin counseling, including supervising at least one counseling session and ensuring correct patient chart documentation of warfarin counseling; the chief should coordinate with a coresident to ensure that all warfarin counseling is completed on the dates with the chief is out of office.
- Report resident issues or concerns to PGY1 RPD or PGY2 Chief

Table 1. CLINICAL CONSULT AREA ASSIGNMENTS

Consult Area	Resident Assignment*
3000, 4000 (CSDU), CSSU, 5000, 6000, 7000, 8000, 9000, MEC, CLOB, ESTAR	Equally distribute among PGY1s regardless of current rotation area (except AmCare)

CVICU, MICU, NNICU, NTICU, TICU, SICU, TSDU	Assign consults to the resident currently rotating the consult area; if none, distribute equally.
Adult ED	Assign consults to the resident currently rotating the ED; if none, distribute equally.

**PGY1 residents are exempt from inpatient consult assignments during Ambulatory Care rotation*

APPENDIX C. RESIDENCY DEVELOPMENT SERIES SCHEDULE

Resident Professional Development Series (2025-2026)

1200-1300 unless otherwise notified

7/4	Making Recommendations & Epic Chat Etiquette	Brittany
7/8	Medication Histories and Simple Epic Reports	Jeff, Emily Goodwin
7/10	Data Collection, Excel and RedCap training Research methods, Writing, Abstracts*	Chris, Abbi, Tia
7/17	ACLS Training*	Tab/Abbi (Invite all CC)
7/18	CE Lecture Intro and Overview	Brandy Hollums
7/22	Time Management	Brittany
7/24	Kinetics Training (Vanc, AMG)	Cyle, Mitch
7/30	Creating and Delivering Quality Presentations	Brittany
8/8	Analyzing a Journal Article / Presenting a Journal Club Orientation to Journal club expectations	Cyle, Mitch
8/22	Medication access and transitions of care (1p-2p)	Lacie/Brandy
9/11	Giving and Receiving Feedback & Crucial Conversations*	Tia, Brittany
9/19	ACLS Check In and Skills*	Jeff/Emily Chastang
9/26	Analyzing Data with Excel/ RedCap	Brittany, Chris, Tia
10/10	Creating and Presenting a Poster*	Tia/Abbi
10/24	RPD Check In - Wellness	Brittany
11/14	CV building* (come prepared with CV draft)	Brittany/Tia
12/3	Lunch and learn: PPS, ASHP Recruitment Expectations, general interview skills (bring final CV reviewed by advisor)*	Tab/Brittany/Tia
12/5	ACLS Check-in*	Tab
12/19	(speak with mentor about interview skills and practice questions prior) Mock Interviews*	Advisor
1/9	Manuscript Development and Submission*	Abbi, Research Preceptors
1/16	Statistics Review	Cyle
3/6	Leadership, Organizational Development, Networking*	Julia/Brittany/Tia
5/8	Specialty Certification & National Organization Involvement*	Brittany/Tia/Tab/Panel

*PGY2 Attendance Required

APPENDIX D. PGY1 CODE BLUE SIGN-OFF CRITERIA

PGY-1 Pharmacy Resident Code Blue Sign-Off Criteria*				
Skill	**Date**	**Preceptor Signature**	**Date**	**Preceptor Signature**
Obtain BLS and ACLS certification				
Attend Code Blue and RDS check-ins for the first two semesters				
List Hs/Ts and discuss how each could apply to patient scenarios				
Be capable of talking through the steps of the ACLS algorithm				
When arriving at code, introduce themselves and offer to take over code cart				
Identify shockable vs. non-shockable rhythms during the code				
Anticipate needed medications based on ACLS algorithm				
Quickly locate medications and prepare them from the code cart and code bag				
Prepare, dilute, and label medications efficiently and accurately				
Hand-off medications to the nurse, stating the medication and dose loudly enough for the code team to hear				
Describe appropriate medication administration when necessary				
Provide medication recommendations to the code team when necessary				
Clearly communicate with other members of the code team				
Assist in post-code stabilization and transition of care				
Debrief with code preceptor: Identify and discuss the cause of the code, rhythms identified, medications administered, and next steps				
Restock code cart and update code bag stocking form after the code				

Once each criterion is checked-off twice (except "obtain ACLS/BLS certification"), the resident will be considered "signed-off" and eligible to attend codes without preceptor supervision.

**Sign-off is not required for PGY1 resident graduation*

Resident Name: _____

Preceptor Signature: _____

Date of Sign-Off Criteria Completion: _____

APPENDIX E. PGY2 CRITICAL CARE CODE BLUE SIGN-OFF CRITERIA

PGY-2 Pharmacy Resident Code Blue Sign-Off Criteria				
Skill	**Date**	**Preceptor Signature**	**Date**	**Preceptor Signature**
Obtain BLS and ACLS certification				
Attend Code Blue and RDS check-ins for the first two quarters				
List Hs/Ts and discuss how each could apply to patient scenarios				
Be capable of talking through the steps of the ACLS algorithm				
When arriving at code, introduce themselves and offer to take over code cart				
Identify shockable vs. non-shockable rhythms during the code				
Anticipate needed medications based on ACLS algorithm				
Quickly locate medications and prepare them from the code cart and code bag				
Prepare, dilute, and label medications efficiently and accurately				
Hand-off medications to the nurse, stating the medication and dose loudly enough for the code team to hear				
Describe appropriate medication administration when necessary				
Provide medication recommendations to the code team when necessary				
Clearly communicate with other members of the code team				
Assist in post-code stabilization and transition of care				
Precept PGY1 residents on their code blue response learning experience				
Meet with the PGY1 resident after each code response to discuss events of the code, progress in active participation during code response, and comfort level attending the code				
Provide feedback regarding PGY1 code blue experience to code blue preceptor via email within 48 hours				
Debrief with code preceptor: Identify and discuss the cause of the code, rhythms identified, medications administered, and next steps				

Once each criterion is checked-off twice (except "obtain ACLS/BLS certification"), the resident will be considered "signed-off" and eligible to attend codes without preceptor supervision.

Resident Name: _____

Preceptor Signature: _____

Date of Sign-Off Criteria Completion: _____

PGY-2 Code Blue Sign-off Deadline for Residents: 06/01/26

APPENDIX F. PGY2 CODE BLUE FEEDBACK FORM FOR PGY1 ATTENDANCE

PGY1 Resident Code Evaluation **PGY1 Resident:**

Please evaluate how the PGY1 resident performed the following roles. If independent not selected, constructive feedback is required. Return completed form to Chris Wilson to be uploaded in Pharmacademic.

1. Locate and prepare requested items from the crash cart
    - ❑ Independent
    - ❑ Required preceptor assistance
    - ❑ Required preceptor modeling
    - ❑ NA
2. Locate and prepare requested items from code bag and/or Omnicell (if required)
    - ❑ Independent
    - ❑ Required preceptor assistance
    - ❑ Required preceptor modeling
    - ❑ NA
3. Uses clear closed loop communication
    - ❑ Independent
    - ❑ Required preceptor assistance
    - ❑ Required preceptor modeling
    - ❑ NA
4. Exhibits calm and authoritative demeanor
    - ❑ Independent
    - ❑ Required preceptor assistance
    - ❑ Required preceptor modeling
    - ❑ NA
5. Anticipates needs
    - ❑ Independent
    - ❑ Required preceptor assistance
    - ❑ Required preceptor modeling
    - ❑ NA
6. Afterwards, can summarize the code including potential causes and is able to assist in stabilizing patient if ROSC is obtained
    - ❑ Independent
    - ❑ Required preceptor assistance
    - ❑ Required preceptor modeling
    - ❑ NA
7. Was debrief completed?
    - ❑ Yes; If yes, please list pharmacist involved:
    - ❑ No
8. Additional comments (optional)

APPENDIX G. PGY1 PHARMACY ANTICOAGULATION CONSULT SIGN-OFF CRITERIA

Erlanger Pharmacy Anticoagulation Consult Sign Off Criteria

The PGY1 resident must have each criterion signed off for completion by an Anticoagulation preceptor. Once all criteria have been signed-off, the resident will be considered eligible to manage pharmacokinetic consults without preceptor supervision. This signed finalized, completed form must be emailed from the resident to the PGY1 RPD for inclusion in the resident files.

Skill	Preceptor Signature	Date
DRUG KNOWLEDGE		
Consistently demonstrates understanding of warfarin mechanism of action and pharmacokinetics through development of appropriate plans for initiation and dose adjustments of warfarin.		
Consistently demonstrates understanding of "Bridging" conceptually and consistently recommends evidence-based plans for parenteral anticoagulant bridging when indicated.		
For warfarin or DOAC consults, the resident consistently performs thorough chart search to determine the following: Whether patient has previously received oral anticoagulants and if so, has made attempt to discuss historical anticoagulant use with the patient or family member; obtains information about who is outpatient prescriber for warfarin and recent INR/warfarin dosing trends (can obtain this verbally from the patient, but must call provider office if patient/family unable to provide information).		
Has managed bivalirudin or argatroban at least once and can verbalize indications for heparin-alternative therapies		
LABS		
Consistently orders appropriate labs for the anticoagulant consult (E.g., INR, aPTT, anti-Xa, CBC)		
CHART DOCUMENTATION		
Progress notes are consistently free of grammatical errors with all necessary information included and completed prior to 2pm		
Epic Anticoagulation Monitoring List hand offs are consistently updated with correct information and sufficient hand-off detail for consult		
Warfarin Consult is cleared from Epic Consult InBasket and checked off on Anticoagulation Monitoring list upon completion of the consult each day		
Monitoring plan is clear, levels are ordered when needed		

Resident Name: _____

Preceptor Signature: _____

Date of Sign-Off Criteria Completion: _____

PGY-1 Checklist Deadline for All Residents: 06/30/25 - required for graduation

APPENDIX H. PGY1 PHARMACY PHARMACOKINETIC CONSULT SIGN-OFF CRITERIA

The PGY1 resident must have each criterion signed off for completion by an ID preceptor. Once all criteria have been signed-off, the resident will be considered eligible to manage pharmacokinetic consults without preceptor **supervision**. This signed finalized, completed form must be emailed to the PGY1 RPD for inclusion in the resident files.

Pharmacokinetic Consult Skill	**Preceptor Signature**	**Date**
Consistently demonstrates ability to formulate appropriate initial regimens for vancomycin dosing		
Consistently performs thorough chart search to determine if patient has previously received vancomycin and whether trough- or AUC-based monitoring was conducted		
Consistently calls outside facility when indicated (e.g., patient was transferred from outside hospital) to inquire about vancomycin doses given prior to transfer (dose, interval, administration times)		
Progress notes are consistently free of grammatical errors with all necessary information included		
Epic Vancomycin monitoring list handoffs are consistently clear and concise including necessary information		
Pharmacokinetic consults are consistently cleared from Epic Consult InBasket and checked off on Vancomycin Monitoring List only when finished		
Monitoring plans are consistently clear, levels are ordered when needed		
Has managed at least one pulse-dosed vancomycin regimen (e.g., AKI or ESRD), including communicating plans with Dialysis Unit staff		
Has had practice with dosing using AUC monitoring (this may not occur until ID rotation)		
Demonstrates consistently the ability to determine when an alternative may be more appropriate		

Resident Name: _____

Preceptor Signature: _____

Date of Sign-Off Criteria Completion: _____

PGY-1 Checklist Deadline for All Residents: 06/30/25 - required for graduation

APPENDIX I. PGY1 NUTRITION SUPPORT CONSULT SIGN-OFF CRITERIA

PGY-1 Pharmacy Resident Nutrition Support Sign-Off Criteria		
Skill	**Preceptor Signature**	**Date**
Able to assess indication for appropriateness prior to initiation		
Demonstrates understanding and implications of patient specific GI anatomy		
Selects appropriate macronutrient goals and initial regimen for new starts		
Manages salt-based electrolytes for patients requiring custom TPN		
Demonstrates understanding of indications requiring micronutrient addition and/or adjustment		
Experience with patients receiving TPN while requiring RRT (i.e. CRRT, HD)		
Plans address non-TPN medications that are pertinent to nutrition support (e.g. antidiarrheals, IVF, insulin, etc.)		
Monitors pertinent subjective and objective information to assess for any needed regimen adjustments and evaluate ongoing need for TPN		
Experience with transitioning from continuous to cyclic TPN		
Able to recognize TPN-related adverse effects and events		
Experience with coordinating patients discharging on TPN		
Progress notes are free of errors with necessary information included		
Handoffs are clear and concise including necessary information		
Effectively leads patient presentations and calculations during nutrition rounds		
Documents all required data withing TPN spreadsheet for assigned consults		

Once each criterion is signed-off by assigned Nutrition Support preceptor, the resident will be considered "signed-off" and eligible to manage TPN consults without preceptor supervision. Sign off is not a required graduation deliverable.

Resident Name: _____

Preceptor Signature: _____

Date of Sign-Off Criteria Completion: _____

APPENDIX J. RESEARCH PROJECT TIMELINE AND RESPONSIBILITIES

Resident Research Project Timeline and Responsibilities

Date	Activity	Resident Responsibility
7/2	Research Orientation	▪ Learn about the main project options and responsibilities that will be completed throughout the year ▪ Research project will be presented at Midyear in December and SERC in April ▪ Project leaders to discuss each project in detail and rational for project. ▪ Conceiving and developing a research question and plan ▪ Data management and protection ▪ Background and significance ▪ Literature review/ Annotated bibliography ▪ IRB requirements ▪ Review Statistician Use Policy: Policy for Statistician Use for Residency Research.docx
7/25	**DUE DATE**	▪ Research question ▪ Literature articles and annotated bibliography ▪ Background complete ▪ IRB materials ▪ Methods (inclusion/ exclusion criteria, sample size calculation, endpoints) ▪ Data collection sheet
8/1	PGY1 Project Day	▪ Schedule meeting with preceptors ▪ Data collection trial ▪ Review materials turned in on 7/25 ▪ Determine with research team if statistician will be involved in project; email Corewell Group to set up initial meeting if statistician involved. Meeting should occur before end of August. Resident should make deadline for final data results clear.
8/8	**DUE DATE**	▪ Submit IRB proposal, follow up PRN
8/22	**DUE DATE**	▪ Abstract for Midyear due to preceptors (title, background, methods)
8/29	**DUE DATE**	▪ Finalized abstract for Midyear due to preceptors ▪ Submit abstract for Midyear when approved
9/30	PGY1 Project Day	▪ Schedule meeting with preceptors ▪ Data collection and entry into database ▪ Work on Midyear poster
10/31	PGY1 Project Day **DUE DATE**	▪ Schedule meeting with preceptors ▪ Data collection and entry into database ▪ Finalized Midyear poster to preceptors for last review
11/10	**DUE DATE**	▪ Finalized poster to Brittany White
11/14	**DUE DATE**	▪ Brittany to submit poster for printing
December		▪ Present poster at Midyear ▪ Schedule meeting with research team ▪ Data collection and entry into database
12/5	**DUE DATE**	▪ Practice poster session to preceptors in Main Pharmacy Clinical Hallway
January		▪ Data collection and entry into database

1/30	Statistician Meeting **if applicable*	▪ Discuss progress and data collection ▪ Finalize statistic information needed upon completion of data collection
	PGY1 Project Day	▪ Schedule meeting with preceptors ▪ Data collection and entry into database ▪ SERC presentation development
February		▪ Finalize SERC abstract ▪ Finalize data collection ▪ Schedule meeting with statistician
2/6	**DUE DATE**	▪ SERC abstract due to research team preceptors for review and editing
2/13	**DUE DATE**	▪ Final SERC abstract due to research team preceptors for approval to send to RPD
2/20	**DUE DATE**	▪ Final abstract due to RPD ▪ Submit abstract when approved by RPD ▪ Data collection complete ▪ Review data with preceptors
2/27	**DUE DATE**	▪ Data collection database to statistician (*if applicable)*
March	Statistician Meeting, if applicable	▪ Review completed statistics ▪ Ensure understanding of statistical analyses and finalize all stats ▪ Statistician available PRN via email
3/31	PGY1 Project Day	▪ Schedule meeting with preceptors ▪ Prepare for SERC presentation ▪ Prepare Manuscript
4/3	**DUE DATE**	▪ FINAL completed SERC Presentation due to preceptors
4/10	**DUE DATE**	▪ Finalized Presentation Slides due to Brittany ▪ Schedule SERC practice session with research team prior to first official practice session with research committee
4/13, 4/14	**DUE DATE**	▪ Practice presentations for SERC with research committee (exact date subject to change by research committee) ▪ Bring copies of slides ▪ 2 residents present per practice day/practice session.
4/23-24	SERC	▪ Present project at SERC in Athens, GA
5/1	PGY1 Project Day	▪ Schedule meeting with preceptors ▪ Work on research manuscript - resident should clarify with research team expectations for manuscript (e.g., publication plans) ▪ Work on P&T write-up for PGY1s (Use SBAR format)
5/22	**DUE DATE**	▪ Manuscript due to research team preceptors for review and first round of edits
May date TBD	**DUE DATE**	▪ Present results to P&T) for PGY1 projects and committee of choice identified by the research project team for PGY2 ▪ Implement post-study findings
6/5	**DUE DATE**	▪ Revised Manuscript due to research team preceptors ▪ Final Manuscript suitable for publication due to research preceptor
6/19	**DUE DATE**	▪ Final Manuscript due to RPD for PGY1s and research preceptor for PGY2s for completion sign off *Required for graduation*

APPENDIX K. CE PRESENTATION EVALUATION FORM

RESIDENT CE PRESENTATION EVALUATION FORM

Resident: _____
CE Topic: _____
Evaluator: _____
Date: _____

4	Above Average
3	Acceptable
2	Needs Improvement
1	Unacceptable

CONTENT:

- Clarity of content 4 3 2 1
- Quality of content 4 3 2 1
- Clearly addressed objectives 4 3 2 1
- Evaluated primary literature thoughtfully 4 3 2 1
- Clinically relevant information 4 3 2 1
- Appropriate information for audience 4 3 2 1
- Emphasis on appropriate points 4 3 2 1
- Discussed effect/potential effect on clinical practice 4 3 2 1
- Utilized medically appropriate terminology 4 3 2 1

Comments on Content:

ORGANIZATION:

- Smooth transitions between topics 4 3 2 1
- Logical flow of sections/ideas 4 3 2 1
- Clear thought process 4 3 2 1
- Appropriate use of media (graphics, animations) 4 3 2 1
- Clear summary/conclusions 4 3 2 1
- Knowledge check placement 4 3 2 1

Comments on Organization:

PRESENTATION:

- Voice was appropriate (volume, pitch, speed, clarity, etc.) 4 3 2 1
- Speech was free of distractors (ums, conversation fillers, etc.) 4 3 2 1
- Presenter appeared confident & knowledgeable (eye contact, pronunciation) 4 3 2 1
- Appropriate mannerisms (posture, facial expressions, hand movements) 4 3 2 1
- Engaged with audience 4 3 2 1
- Oriented audience to visual aid (tables/graphs/figures) 4 3 2 1
- Answered questions with adequate response 4 3 2 1

Comments on Presentation:

OVERALL IMPRESSION/QUALITY: 4 3 2 1

COMMENTS FOR IMPROVEMENT & AREAS OF STRENGTH:

APPENDIX L. JOURNAL CLUB EVALUATION FORM

Erlanger Resident Journal Club Evaluation Rubric

Resident Being Evaluated: _____ Date: _____

Preceptor Completing Evaluation: _____

RETURN OR EMAIL A COPY OF THIS COMPLETED FORM TO THE RPD FOR THE ELECTRONIC RESIDENCY BINDER

Article:

Criteria	**Overall Score**
Review of Methods:	**1 2 3 4 5**
Defined patient population (inclusion & exclusion criteria	
Presented methods in detail to ensure understanding	
Critiqued study design & methodology as compared to state objective(s)	
Discussed appropriateness of statistical methods	
Comments	
Discussion of Results:	**Overall Score**
Explained results as related to study objective	
Reviewed "clinical" versus "statistical" significance	
Assessed study validity	
1 2 3 4 5	
Comments	
Review of Author Conclusions:	**Overall Score**
Identified & discussed strengths & weaknesses of study	
Discussed appropriateness of conclusions	
Gave professional judgment/opinion	
Discussed potential effect on clinical practice	
1 2 3 4 5	
Comments	

Resident Overall Presentation:	**Overall Score**
Voice was appropriate (volume, pitch, speed, clarity, etc.)	
Speech was free of distracters (ums, conversation fillers, etc.)	
Presenter appeared confident & knowledgeable (eye contact, pronunciation)	
Presentation was organized & order flowed logically	
Answered questions with adequate response	
1 2 3 4 5	
Comments	
Biggest Strengths of Presentation:	**Areas for Improvement:**
1.	**1.**
2.	**2.**

1-NEEDS REMEDIATION 2-BELOW EXPECTATIONS 3-ACCEPTABLE 4-ABOVE AVERAGE 5-EXCELLENT

APPENDIX M. CASE PRESENTATION FEEDBACK FORM

A copy of this form will be sent for inclusion in Electronic Residency Binder when submitted

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

Required

1.Date of Patient Case Presentation (M/d/yyyy)

2.Preceptor Completing Evaluation

3.Resident Being Evaluated

For the following questions, please choose one of the following: remediation needed, below expectations, meets expectations, exceeds expectations, excellent

4.Case is Summarized in a Concise Manner with Pertinent Information and Easy to Follow

5.Comments for Case Summarization and Pertinent Information Inclusion:

6.Case is Presented in a Systems-Based Format

7.Comments for Systems-Based Presentation Performance:

8.Creates Appropriate Treatment Plan for Each Problem/Disease State

9.Comments for Treatment Plan Creation and Addressing Problems:

10.Demonstrates Literature-Based Foundation for Treatment Plan

11.Comments for Literature Basis of Treatment Plan and Answering Questions:

12.Demonstrates Ability to Evaluate Treatment Course and Outcomes

13.Comments for Evaluation of Treatment Course and Outcomes:

14.Strength of Presentation #1

15.Strength of Presentation #2

16.Area for Improvement #1

17.Area for Improvement #2

18.Overall Score for Patient Case Presentation

APPENDIX N. PGY2 DIDACTIC TEACHING FEEDBACK FORM

Thank you for attending! If you have further questions, please reach out to me at _____.

1. The learning objectives for this course were clearly stated.
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree
2. The instructor was well prepared and knowledgeable in the course topic.
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree
3. The course instructor communicated clearly and effectively.
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree
4. The course instructor encouraged feedback, class participation, and interaction.
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree
5. I would take another course taught by this instructor.
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree
6. This course increased my interest in the topic discussed.
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree

    e. Strongly disagree
7. The pace and volume of the presentation made it easy to understand the material.
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree
8. What were some strengths of this presentation?
9. What were some areas of improvement for this presentation?
10. Enter any other feedback here.