

**Post Graduate
Year One/Two
(PGY1/2)
Pharmacy
Informatics**

2019 - 2020

LIFEPOINT
HEALTH®

Residency Manual



Table of Contents

Overview.....	7
Welcome Letter PGY1	7
About LifePoint Health	8
Med Management Informatics Departmental Mission	8
Link to the LifePoint Organizational Chart	8
About Lipscomb.....	9
Lipscomb University College of Pharmacy and Health Sciences - Overview	9
Lipscomb University College of Pharmacy and Health Sciences - Mission.....	9
About Sumner.....	10
PGY1 Pharmacy Practice and PGY2 Pharmacy Informatics Residency Experience	11
Purpose.....	11
Overview	11
Special Features	12
General Residency Requirements:	12
Structure of Residency Program.....	13
Residency Advisory Council	13
Learning Experience (Rotation) Sites	13
Residency Activities and Requirements for PGY1 Year	13
Required Learning Experiences (Rotations)	13
Residency Activities and Requirements for PGY2 Year	15
Learning Experiences (Rotations)	15
Combined PGY1 and PGY2 Activities.....	16
Learning Experience Guidelines	16
Presentations:.....	17
Journal Club.....	17
Process Improvement	17
Drug Monograph or Drug Class Review	17
Drug Information Questions	18
Medication Utilization Evaluation (MUE)	18
Residency Recruitment Efforts.....	18
Required Professional Meetings	18
Other Professional Meetings	18
Other Residency Requirements.....	19
Sumner Staffing Commitment Guidelines	19

Sumner Department Staff Meetings	20
Research Project.....	21
Requirements.....	21
Project Selection/Scope of Projects/Approval.....	21
Research Process/Timeline (Appendix A).....	21
Research Project Evaluations	21
Research Project Completion	21
Resident Assessment Strategy.....	23
Initial Resident Self-Evaluation.....	23
Customized training plan - Resident Learning Development Plan.....	23
Feedback.....	23
Evaluations for Learning Experiences.....	24
Midpoint Evaluation	24
End of Experience Summative Evaluation and Summative Self-Evaluation.....	24
Longitudinal Experiences	24
Resident's Evaluation of Preceptors and Learning Experiences	24
Evaluation of Program	25
Residency Evaluation Summary	26
Residents.....	26
Preceptors	26
Residency Program Director/Residency Coordinator	26
Compliance with Established Evaluation Policy	26
Residency Program Portfolio.....	27
PGY1 Resident Schedule	28
PGY1 Teaching Certificate:.....	29
PGY2 Pharmacy Informatics Resident Schedule	30
Expectations of the Resident	31
Requirement for Receiving a Certificate	31
24-month Residency Policies	32
Pharmacy Residency Advisory Council Charter	33
Selection of Candidates for the Residency Program Policy.....	38
Orientation/Benefits.....	47
Orientation	47
Benefits.....	47
Professional Practice	49

Professional Conduct.....	49
Professionalism.....	49
Professional Dress	49
Travel & Other Considerations.....	50
Employee Badges.....	50
Patient Confidentiality and Patient Rights.....	50
Attendance	51
Duty Hours	52
Moonlighting.....	52
Duty Hours and Moonlighting Policy	53
Duty Hours:	53
Moonlighting:.....	53
Extended Leave of Absence	55
Resident Disciplinary Policy and Procedure.....	56
I. PROCEDURE FOR RESIDENT COMPLAINTS	56
II. PROBATION.....	56
III. SUSPENSION	56
IV. DISMISSAL	57
V. RIGHT TO APPEAL DISMISSAL	58
Successful Completion of PGY1 Pharmacy Residency Program	60
Successful Completion of PGY2 Pharmacy Residency Program	61
Expectations and Responsibilities of Preceptors	62
Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program.....	63
ASHP Standards.....	63
Agreement.....	63
Preceptor Development Policy.....	64
Assessment of Preceptor Development Needs:.....	64
Development Process for Annual Preceptor Development Plan:	64
Review of Effectiveness of Previous Year's Plan:	65
Requirements of the Residency Program Director and Preceptors Policy.....	66
Program Leadership Requirements	66
Residency Program Directors' Eligibility	66
Residency Program Directors' Qualifications.....	66
Residency Program Leadership Responsibilities	67

Appointment or Selection of Residency Program Preceptors.....	67
Pharmacist Preceptors' Eligibility.....	67
Preceptors' Responsibilities	67
Preceptors' Qualifications.....	68
Preceptors-in-Training	68
Non-pharmacist preceptors	68
PGY1 and PGY2 Preceptor Criteria for Appointment or Reappointment	68
ASHP Postgraduate Year One Pharmacy Residencies - Competency Areas, Goals, and Objectives (CAGO) and Guidance...April 2016.....	69
REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES (CAGO) FOR POSTGRADUATE YEAR TWO (PGY2) PHARMACY INFORMATICS RESIDENCIES -2017	71
Appendix A:Summary of Research Progress/Timeline.....	73
Appendix B: Inpatient Staffing Training Checklist for Pharmacy Residents	74
Appendix C:Journal Club Schedule	75
Appendix D: Visual Presentation Evaluation Rubric.....	76
Appendix E: Scoring Rubric for Oral Presentations:	77
Appendix F: Drug Monograph Form	78
Appendix H: Moonlighting Approval Form	79
Appendix I: Learning Evaluation Rating Scale	80
Appendix J: PGY1 Residency Checklist.....	81
PGY1 RESIDENCY CHECKLIST	81
Appendix K: PGY2 Residency Checklist	84
PGY2 RESIDENCY CHECKLIST	84
Appendix L: PGY1 and PGY2 Preceptor Appointment/Reappointment Form	86
Preceptor Bi-Annual (Two-Years) Self-Assessment and Appointment/Reappointment Form.....	88
Preceptor Qualifications	89
2. Recognition in the area of pharmacy practice for which you serve as a preceptor.	90
4. Ongoing professionalism, including your personal commitment to advancing the profession. (Must have completed at least 3 activities in the last 5 years.	90
<input type="checkbox"/> Membership and Service in National, State, and/or Local Professional Associations	90
<input type="checkbox"/> Publications, Presentations, Posters, Other Productions (Self or Co-Authored)	90
<input type="checkbox"/> Regular moderator or evaluator at a regional residency conference or other meetings ..	90
<input type="checkbox"/> Pharmacy Student/Technician/Staff/Healthcare Provider/Preceptor Development/Patient/Consumer Education/ Teaching Experience	90
<input type="checkbox"/> Faculty/Instructor Appointment.....	90
<input type="checkbox"/> Teaching Certificate Program (if completed)	90

□	Participant in Wellness Programs, Health Fairs, or other Disease Prevention Programs	90
☞	Other Service to the Health Care Organization(s) or Academic Institution(s) (Narrative) ...	90
☞	Active community service related to professional practice	90
☞	Active involvement on committees within an enterprise.....	90
	Learning Experience(s) (Rotation(s)) Assessment	92

Overview

Welcome Letter PGY1

Dear Resident,

We are excited to have you as our resident. We would like to welcome you as member of the LifePoint family as we start this journey together through the residency experience. LifePoint Health is excited to offer the 24 month PGY1 Pharmacy Practice/PGY2 Pharmacy Informatics Residency.

Congratulations on your graduation from pharmacy school and passing your pharmacy boards. What an accomplishment!

LifePoint Health's national presence and our commitment to making communities healthier will provide you with many opportunities within healthcare, pharmacy and pharmacy informatics.

This will be a full two years of growth and development for both our program and the resident. We look forward to growing together.



PAIGE PORTER

AVP, MEDICATION MANAGEMENT INFORMATICS

PHARMACY INFORMATICS RESIDENCY PROGRAM DIRECTOR

Health Informatics & Technology Services (HITS)

LifePoint Health®

330 Seven Springs Way

Brentwood, Tennessee 37027

Cell 859.229.8678

Office 615.920.7537

Paige.Porter@lpnt.net

About LifePoint Health

This Residency Manual will serve as the terms and conditions of the residency

Mission

Making Communities Healthier

Our Vision

We want to create places where...

- People choose to come for healthcare,
- Physicians want to practice, and
- Employees want to work

High Five Guiding Principles

LifePoint expects to achieve its mission by adhering to the “High Five” Guiding Principles:

- Delivering high quality patient care
- Supporting physicians
- Creating excellent workplaces for our employees
- Taking a leadership role in our communities
- Ensuring fiscal responsibility

Founded in 1999 Focused on non-urban communities

Owns and operates:

- More than 80 community hospitals in 30 states
- More than 45 post-acute service providers and facilities
- More than 50 outpatient facilities
- The sole community hospital provider in the majority of its markets
- Nearly 60,000 employees
- Has more than 3,000 employed providers
- Maintains relationships with more than 8,600 physicians across our communities

LifePoint Health maintains a variety of clinical information systems including but not limited to:

Meditech

- Client Server
- Magic
- 6.x

MEDHOST

- Enterprise
- MEDHOST
- EDIS

• **Paragon**

- **Allscripts**

• **EPIC**

- **Cerner**

Med Management Informatics Departmental Mission

To offer and support the most efficient application of technology and information systems to the medication-use process to improve workflows, outcomes and increase patient safety and efficiency of care.

[Link to the LifePoint Organizational Chart](#)

About Lipscomb

Lipscomb University College of Pharmacy and Health Sciences - Overview

Lipscomb has a rich history in preparing students to be leaders in multiple career fields and, most importantly, a strong history in preparing students for a life of service. I am excited that we carry our legacy and tradition of excellence to the field of pharmacy education. Lipscomb's location in Nashville, Tennessee is an extraordinary asset for our students. Nashville is regarded as the health care capital of the world thanks to more than 300 health care corporations that call the city home and is growing with opportunities every day. The pharmacy profession is also growing, and is in the midst of a revolution in health care delivery which will result in the improvement of quality of life for millions of individuals. At the center of this revolution is the discovery of and appropriate use of medications. Pharmacists in a variety of practice settings will bear accountability for achieving optimum outcomes for patients. Pharmacy is a service profession built on compassion and commitment to those who have health care needs. It is critical that pharmacists, as essential members of the health care team, apply Christian principles such as compassion, understanding and caring into their practices. The College of Pharmacy will embrace an environment that emphasizes a commitment to a life of Christian service and ideals. It is an exciting time to be in the pharmacy profession, and Lipscomb is an exciting place to begin that journey.

We are focused on continually improving on an extraordinary college steeped in the traditions of public service, focused on health care delivery to the public and a commitment to the principles of Christian service. The college is accredited by the Accreditation Council for Pharmaceutical Education. For more information on our accreditation, go to www.acpe-accredit.org. Explore our website for current information or call the College of Pharmacy at 800.333.4358, x 7160, or 615.966.7160. You may contact us by email at pharmacy@lipscomb.edu. We also encourage you to personally visit our campus at any opportunity.

Dr. Tom Campbell, Interim Dean

Lipscomb University College of Pharmacy and Health Sciences - Mission

The mission for the Lipscomb University College of Pharmacy is to provide an educational environment characterized by academic excellence and Christian faith, where student pharmacists are prepared to optimize patient medication outcomes in an ethical and compassionate practice. The college will achieve its mission by improving patient care through:

- Excellence in education
- Excellence in scholarship
- Clinical and professional service
- Professional development
- Interdisciplinary collaboration

About Sumner

Sumner Regional Medical Center (SRMC) has been providing quality health care to Gallatin, Hendersonville and the surrounding areas for more than 50 years. Since opening in 1959 as Sumner County Memorial Hospital, SRMC has grown from a facility with just 50 employees and seven physicians to a comprehensive health care leader in the community with over 1,000 employees and 300 physicians.

Since 1994, SRMC is a LifePoint facility and has served as the flagship hospital of the healthcare entity, HighPoint Health System. SRMC is fully accredited by The Joint Commission and is governed by a local board of directors. The hospital is also one of the largest non-government employers in Sumner County.

Today, SRMC operates as a 155-bed healthcare facility and provides quality care in numerous areas, including cancer treatment, cardiac care, same-day surgery, orthopedics, diagnostics, women's health and rehabilitation services. As the community grows, SRMC strives to continually improve its services and programs to meet the changing needs of Gallatin, Hendersonville and the surrounding areas.

PGY1 Pharmacy Practice and PGY2 Pharmacy Informatics Residency Experience

Purpose

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

The purpose of the PGY2 residency is to build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

The residency training focuses on the development of skills necessary to provide optimal drug therapy to patients in a small/suburban community, function competently on inter-professional teams, and become leaders in the medication use process.

The PGY1 year will be structured as a Pharmacy Practice residency with a focus in medication management informatics. The PGY2 year will be structured as a specialty in pharmacy informatics. Participants will gain the tools and knowledge to become innovators and leaders in this field.

Overview

The LifePoint Health Pharmacy Informatics Residency Program is a unique 24 month postgraduate curriculum that offers training opportunities in a variety of areas such as acute care, ambulatory care, drug information, pharmacy operations, and clinical services, with an emphasis on medication management informatics.

This program was the second of its type in the ASHP Pharmacy Residency Programs. LifePoint Health offers operational-based learning that spans across our corporate office (Health Support Center), our facilities and practice settings, as well as Lipscomb University College of Pharmacy.

The residency program is designed to offer an individual training plan for each resident based on their interests, goals, and past experiences. The Resident will be exposed to a variety of experiential/supplemental learning opportunities. The relationship with Lipscomb University College of Pharmacy requires completion of a teaching certificate and offers an optional Master of Science in Health Care Informatics (MHCI). Qualified full-time employees have the opportunity to enhance their career by taking certain courses at a discounted or no tuition charge, which is reviewed on a yearly basis for the employee.

Special Features

The objective of the two-year residency in Pharmacy Informatics is to offer training and education for pharmacists interested in pharmacy informatics within a consistent environment and providing safe medication-use through clinical information systems and automation; and to prepare candidates for pharmacy informatics positions in the health informatics sector. The overarching goal of this 24-month residency program is to prepare pharmacists to assume medication management informatics positions in health care related informatics fields, as well as to develop pharmacy personnel with the ability and expertise to manage and oversee the distributive, technical, and clinical aspects of supply chain and medication-use systems.

- This is a 24-month residency program which can be tailored to the background and interest of the individual resident.
- This 24-month program allows the individual resident to work closely with other disciplines both in the hospital setting and in a corporate office setting.
- Pharmacy residents will have the opportunity to provide comprehensive medical care in a suburban community

General Residency Requirements:

- The requirements for the residency program are determined by the Residency Advisory Committee (RAC) with reference to the American Society of Health-System Pharmacists (ASHP) required competency areas, goals and objectives for the residency program.
- The outcomes selected for the residency program include ASHP required outcomes, goals, and objectives.

Structure of Residency Program

Residency Advisory Council

The Residency Advisory Council (RAC) is responsible for and provides oversight of the Pharmacy Informatics Residency Program. The RAC will serve as a forum to discuss all matters associated with the operation of the program. The RAC is responsible for:

- Establishing criteria for selecting residency candidates
- Ranking of the residency candidates
- Determining LifePoint Health specific objectives of the residency program
- Determining the criteria for successful completion of the residency program

The RAC is composed of the Residency Program Director (RPD), the Residency Program Coordinator (RPC), and Residency preceptors, with additional Ad Hoc members. The Council is chaired by the RPD. See Policy for Residency Advisory Council Charter and Member List.

Meeting times

The RAC will meet bi-monthly, with a minimum of four times a year and may call additional meetings as needed to address issues as they arise.

Learning Experience (Rotation) Sites

This residency program Learning Experience (Rotation) will be held at a number of different practice locations, including but not limited to:

- Sumner Regional Medical Center in Gallatin, TN – a 155 bed community hospital
- Lipscomb University College of Pharmacy – Nashville, TN
- LifePoint Health Support Center – Brentwood, TN

Residency Activities and Requirements for PGY1 Year

Required Learning Experiences (Rotations)

Block Learning Experiences (Rotations) (5 weeks each)

- Orientation (4 weeks)
- Ambulatory Care
- Clinical Informatics Intro
- Corporate Pharmacy Management/Operations
- Critical Care
- Elective Experience (one)
- Internal Medicine
- Pharmacy Management (Facility)
- Pharmacy Practice/Staffing
- Transitions of Care

Potential Elective Learning Experience (Rotation)s:

- Emergency Medicine
- Infectious Disease/Antibiotic Stewardship
- Internal Medicine, Advanced
- Pharmacy Revenue Integrity

Longitudinal Experiences

Experience	Projects and Activities
Education and Professional Development	<ul style="list-style-type: none"> • Journal Clubs (a minimum of two per year) • Case Presentations • Pharmacy In-services/Therapeutic Exchange (a minimum of two per year) • Co-precepting pharmacy students • Teaching Certificate (per Lipscomb requirements) • Active ACLS Certification <p>Required Meetings:</p> <ul style="list-style-type: none"> • ASHP Midyear Clinical Meeting or similar, including a poster presentation of residency project • MidSouth Residency Conference (Memphis) • Other meetings as approved for professional development • Committee Involvement
Medication Safety and Drug Information	<ul style="list-style-type: none"> • Minimum of six Drug Information questions during PGY1 • Process Improvement activities (one per year)
Work Experience	<ul style="list-style-type: none"> • Pharmacy Staffing (pharmacy practice)
Research Project	<ul style="list-style-type: none"> • Residency Research Project (a unique project will be required for the PGY1 and PGY2 year) and manuscript • IRB training is required (IRB approval may or may not be required based on the project selection but training is still required)

Residency Activities and Requirements for PGY2 Year

Learning Experiences (Rotations)

Required Learning Experiences (Rotations) (4 weeks each)

- Orientation (2 weeks)
- Clinical Informatics II
- Clinical Informatics III
- Clinical Decision Support
- Corporate Pharmacy Management/Operations, Advanced
- Data Management
- Healthcare Data Management
- Elective (one)
- Revenue Integrity Informatics
- Technical Concepts

Potential Electives PGY2 Learning Experiences (if not taken in PGY1)

- Critical Care, Advanced
- Emergency Medicine, Regular or Advanced
- Infectious Disease
- Internal Medicine, Advanced
- Medication Safety, Advanced
- Pharmacy Revenue Integrity, Advanced

Longitudinal Experiences

Experience	Projects and Activities
Education and Professional Development	<ul style="list-style-type: none"> • Journal Clubs (a minimum of two per year) • Case Presentations • Process Improvement activities (one per year) • Drug Monograph or Drug Class Review (one per year) • Pharmacy In-services/Therapeutic Exchange (a minimum of two per year) Co-precepting pharmacy students Required Meetings: <ul style="list-style-type: none"> • ASHP Midyear Clinical Meeting, including a poster presentation of residency project • MidSouth Residency Conference (Memphis) • Other meetings as approved for professional development • Committee Involvement
Work Experience	<ul style="list-style-type: none"> • Pharmacy Staffing (pharmacy practice) @ Sumner Regional
Research Project	<ul style="list-style-type: none"> • Residency Research Project (a unique project will be required for the PGY1 and PGY2 year) and manuscript

Combined PGY1 and PGY2 Activities

Learning Experience Guidelines

LifePoint Health will utilize four types of learning experiences for the PGY1 and PGY2 program. The types of learning experiences include rotations both core (required) and selective (elective), longitudinal and supplemental experiences throughout each year.

Due to the different locations and preceptors for the various core learning experiences (rotations) and longitudinal experiences (rotations), who you are reporting to may vary. Please be flexible and do not hesitate to reach out to anyone on the RAC.

PGY1 core and elective Learning Experience (Rotations) will be five (5) weeks and longitudinal experiences will be scheduled either quarterly (3 months). There are four areas that are required:

- Patient Care
- Advancing practice and improving patient care
- Leadership and management
- Teaching, education, and dissemination of knowledge

PGY2 core and elective ss will be four (4) weeks and longitudinal experiences will be scheduled either quarterly (3 months).

A Learning Experience Description Template is provided in Appendix X

Additional program requirements will be provided to specific residents, which may include activities to fulfill ASHP residency requirements, such as staffing, case presentations, journal clubs, MUE, staff development sessions, and ASHP Clinical Midyear attendance (this is just a sample of requirements and is not all inclusive).

Residents shall provide complete pharmacy services in coordination and cooperation with departmental professional and support staff that are consistent with departmental policies and procedures for operations and clinical practice, and meet all the requirements and obligations of pharmacists on staff.

Residents shall actively participate in learning experience activities including: team meetings, rounds, and other interdisciplinary conferences. The preceptors shall be responsible for identifying these opportunities and committing residents to effectively participate.

Residents are encouraged to seek opportunities to educate other ancillary health care practitioners such as physician's assistants, nurse practitioners, physical therapists, etc., on subjects relating to pharmacology and drug use.

Residents shall provide clinical instruction for Doctor of Pharmacy students on clinical clerkships, under the supervision and guidance of their preceptors, if applicable.

Presentations:

- Refer to the Presentation Evaluation Form (Appendix D) or the Oral Presentation Evaluation Form (Appendix E) for full details and requirements.

Journal Club

Resident journal club is a forum where residents present a recent, original research journal article for discussion between but not limited to pharmacy students, other residents, preceptors, and staff. The goal of this experience is to provide an arena for critical literature evaluation and presentation interaction not uniformly available to all residents via other established activities. Residents, along with their preceptors, will facilitate discussion and interaction throughout the presentation.

Residents are required to attend at least 90% of pharmacy journal club sessions. The PGY2 resident is responsible for leading the Journal Club and training the PGY1 resident throughout the year.

Present to Nashville-area journal club group and the LifePoint Health team at least twice annually.

Refer to the Journal Club Learning Experience for full details and requirements and in Appendix C for the schedule sign-up form

Process Improvement

The purpose of Process Improvement is for the resident to identify opportunities for improvement of the organization's medication-use system and act on how to change the process. The process improvement activity is an all-inclusive activity including both identifying the process issue and working to rectify the problem or change processes in order to prevent future issues. The resident will be responsible for identifying and completing two (2) process improvement activities throughout the residency (One per residency year). These can be completed at any time during the residency year and may be identified in any practice setting the resident is actively participating in.

Drug Monograph or Drug Class Review

Each resident must complete a drug monograph for SRMC Formulary Review or LifePoint Health Corporate Pharmacy Operations. The drug monograph review should include at a minimum: pharmacology of the medication, adverse events, and issues related to administration, and cost information on the medication. Residents should review current medical literature and summarize the key clinical trials of the medication. Residents should consider the efficacy, toxicities and costs of the agent being reviewed in formulating a recommendation on the medication.

Residents may be asked to conduct a medication class review in lieu of a drug monograph.

The drug monograph or drug class review should be presented to P&T or other appropriate hospital committees. Residents are also responsible for disseminating information related to formulary change to the medical and nursing staff.

The RPD and/or RC are responsible for assigning and approving all drug monograph or drug class reviews.

Refer to the Drug Monograph Form in Appendix F for a sample form.

Drug Information Questions

The purpose of the Drug Information activity is for the resident to formally answer drug information questions posed during rounds, other clinical activities, or from the LifePoint Health facilities. The resident is to use primary literature to construct a written response to the drug information question. The resident is required to construct six (6) formally written drug information questions throughout the course of the PGY1 residency year. It is up to the resident or preceptor to identify the drug information question, construct a formal response, and work with a preceptor to evaluate the response before distributing.

Medication Utilization Evaluation (MUE)

The PGY1 resident will complete a Medication Utilization Evaluation to develop an understanding of the medication-use cycle. The MUE should include: reason(s) for selecting the medication, a summary of background information on the medication, a detailed description of the methodology on how the information was collected and analyzed, a summary of results of their findings, and recommendations. The MUE will be reported to an appropriate committee to which the information is being reported.

Additional MUEs may be requested as part of activities on a specific Learning Experience (Rotation) but are not required for completion of the residency program.

Residency Recruitment Efforts

All residents must participate in the recruitment efforts of LifePoint Health's residency program because each resident is an important source of information and advice for potential candidates. There will be scheduled time within the interview process for candidates to interact with current residents.

Current residents are required to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting and other recruitment events.

Required Professional Meetings

- Each Resident is required to submit an abstract and complete a platform presentation at the MidSouth Residency Conference (or other approved conference).
- Each Resident is required to submit an abstract and complete a poster presentation detailing his/her project outline, methodology, and results (if available) at the ASHP Midyear Clinical Meeting (or other approved conference).

Other Professional Meetings

Residents may be granted additional time to attend other professional meetings based on the approval of the RPD. Approval to attend these meetings does not guarantee that funding will be provided for registration, travel or expenses. Availability of funding will be reviewed on a case-by-case basis. Residents are limited to a total of 10 paid educational leave days (80 hours) per year. Residents who take more than 10 educational leave days will require using personal or unpaid leave to cover additional days off.

Resident MUST obtain approval by the RPD prior to attending any meeting.

Other Residency Requirements

Sumner Staffing Commitment Guidelines

Goal

The goal of the staffing commitment is to ensure that each resident can function independently as a pharmacist within the SRMC Department of Pharmacy.

PGY1 Staffing Description

The PGY1 staffing requirement is every third weekend from approximately 1230 to 2100 on Saturday and Sunday (shift time subject to change). Residents will receive one day off either before or after each staffing weekend and must be approved by the current Learning Experience (Rotation) preceptor and RPD. Based on the timing of this shift, residents will overlap with another pharmacist onsite for the majority of the time and then will overlap with a Remote Order Entry (ROE) resource for the remainder of the shift.

Each resident will train with preceptors as assigned. Basic training will take place during the orientation month of the residency. At the conclusion of the training period, the resident, the resident's preceptors in collaboration with the RPD will determine in what areas the resident is ready to function independently and areas requiring additional training. A specific plan will be developed with input from the preceptors and the resident to provide additional training/experience. Progress on this plan will be evaluated at least quarterly.

Training competencies that have been met will be documented on the Inpatient Staffing Training checklist for Pharmacy Residents (Appendix B).

Residents may staff additional hours at SRMC pharmacy according to the following policy: Residents are permitted to work additional shifts within the Pharmacy Department. These shifts must not interfere with any of the residents' learning experience requirements and must be approved by the residents' preceptors and the RPD. Residents will only be scheduled to work in the area(s) in which they have been trained. The residents' work schedule will be made at least two(2) weeks in advance of their scheduled work dates. For further details, see Duty Hours and Moonlighting.

PGY2 Staffing Description

The PGY2 staffing experience is a longitudinal experience followed by the PGY1 Pharmacy Practice Experience and PGY1 Longitudinal Staffing Experience. This experience is an opportunity for the resident to continue to enhance skills developed during the PGY1 year. The PGY2 resident will work in the pharmacy every fourth weekend as the primary pharmacist.

The staff pharmacist is to oversee pharmacy workflow and drug distribution to patients through order verification, dose adjustment for renal function, clarification and communication with providers, and supervision of pharmacy technicians, including the checking of first doses, sterile and non-sterile compounding, unit dose packaging and Acudose refills. Teaching is an important aspect of the staff pharmacist job which includes tailoring experiences and feedback for both pharmacy students, pharmacy residents and nursing residents. The role of a staff pharmacist at SRMC is multi-faceted and on any given day may change depending

upon need.

Clinical duties during staffing include but are not limited to the following:

- Initiation of TPN/PPN
- Aminoglycoside and vancomycin dosing and pharmacokinetic monitoring
- First dose anticoagulants upon consult
- Provide drug information and educational support to physicians, nurses and patients as requested
- Promotes antimicrobial stewardship through pharmacy-led initiatives such as automatic IV to PO antibiotic conversion
- Helps to decrease drug costs and inappropriate administration of acid reducing drug classes by using pharmaco-surveillance software to identify patients and evaluate for appropriateness of stress ulcer prophylaxis
- Providing pharmacy presence on interdisciplinary rounding

Sumner Department Staff Meetings

Resident attendance at scheduled department staff meetings is expected when the pharmacy resident is on site at Sumner. Residents are responsible for all materials covered at the staff meeting. If unable to attend, residents are required to obtain a copy and read the meeting minutes.

Any questions on materials covered in department meetings should be addressed with the Sumner Pharmacy Director or the Operations Manager.

Research Project

Requirements

Each resident will complete a research project during the residency year.

All projects must be approved by research preceptors and the RPD.

Project Selection/Scope of Projects/Approval

The topic for the research project is based on the interests of the residents, the needs of LifePoint Health, the safety and benefits to participating subjects, feasibility of the project, and time and resources required. To assist with the selection of a research topic, a list of potential research topics may be provided to the residents at the beginning of the year. Residents may also develop or bring their own research project ideas for consideration. Project topic should be chosen no later than July 31 of the residency year.

Residents are required to submit the first draft of the residency project description worksheet to their research preceptors by August 15, 20XX. The research preceptors will review all proposals and determine the feasibility of the projects. Research preceptors will provide feedback and additional recommendations to the residents.

Residents will submit the worksheet to the LifePoint Health RAC for review by September 5, 20XX. Residents will be required to present the project idea and description, address concerns, and make appropriate modifications to gain RAC approval. RPD and RAC approval must be obtained before the resident can proceed with data collection.

Research Process/Timeline (Appendix A)

Project weeks: Residents will be assigned project weeks for data collection. Most research projects will not be able to be completed during the assigned weeks. This will require the residents to work on the project longitudinally during other experiences. The research project should not interfere with the completion of other duties or assignments of other experiences.

Residents must plan to attend and present the research at the annual residency conference or other appropriate forum.

Residents must prepare the research presentation and submit to the research preceptor(s) by April 1, 20XX. Research preceptors will provide immediate feedback to the residents.

Residents will make revisions to the presentation based on comments from research preceptors. Residents will present a final presentation to research preceptors and RPD at least one week prior to the assigned conference deadline for submission.

Research Project Evaluations

Research preceptors shall evaluate the progress of research projects at least quarterly in PharmAcademic.

Research Project Completion

The project will be considered complete when the stated objectives are met. Each resident is required to prepare a manuscript of his/her research project in a form that is suitable for publication.

The format of the manuscript will be dependent upon the guidelines of the journal in which the residents and preceptors choose to submit the manuscripts. If a specific journal is not

selected, the manuscript should be prepared consistent with the guidelines for the American Journal of Health-System Pharmacy.

A draft manuscript must be submitted to research preceptors and the RPD at least four weeks prior to completion of the program. The resident must make changes to the manuscript as recommended by research preceptors and provide a final version at least two weeks prior to completion of the program.

The residency certificate will not be awarded until the project is completed and the RPD has deemed the manuscript written as acceptable. It is not a requirement for the manuscript to be submitted or accepted for publication in order for the resident to complete the program.

Resident Assessment Strategy

Initial Resident Self-Evaluation

The RPD will send the ASHP Pharmacy Resident Entering Interest Form to incoming residents approximately one month prior to the beginning of their residency. The incoming resident(s) are required to complete the form and submit back to the RPD prior to beginning the program. This will be completed via PharmAcademic.

Customized training plan - Resident Learning Development Plan

Based on information from the initial resident self-evaluation, each resident, along with the RPD, will create an initial customized training plan for the resident. This plan should include the resident's areas of interest, specific objectives for the resident to accomplish based on the individualized goals, the resident's strengths and weaknesses, and any specific plans or desired achievements for the residency. The RPD will compare the resident's strengths and weaknesses against each of the program's required educational objectives and use the findings to adjust the program's basic design components to meet residents' needs. The RPD will review all initial customized training plans with each resident and make recommendations for modifications to the plan as required.

The initial customized training plan will be updated quarterly by each resident and reviewed with the RPD. The initial customized training plan and updates to the plan will be shared with all preceptors quarterly and at the beginning of each learning experience. Updates to the plan should address any changes in the interests or plans of each resident and any changes in perceived weaknesses or strengths. The training plan should include current status of the research project and progress made in achieving research requirements. At the time the customized training plan is updated, the status of objectives for the residency and the residency checklist should be reviewed. Objectives that have been consistently met for two or more experiences may be determined by the RPD to be achieved for the residency. Those objectives that are determined to be 'Achieved for the Residency' will be marked as such by the RPD in PharmAcademic.

Feedback

Regularly scheduled feedback sessions should occur for each experience. Preceptors are encouraged to give feedback on a weekly basis and document these sessions in PharmAcademic. These formative assessments should be used to monitor the learning process and improve communication.

Evaluations for Learning Experiences

Evaluations are an essential component of developing the skills of a resident. The preceptors, program director, and residents will frequently provide feedback to one another via formal and informal evaluation. Evaluation will occur as described below:

Midpoint Evaluation

Each experience should include a midpoint evaluation of the resident. These are not currently scheduled in PharmAcademic.

The resident is responsible for scheduling time with the preceptor to discuss a midpoint evaluation. Both the preceptor and the resident should be prepared to discuss what is going well and what can be improved for the remainder of the experience. The preceptor is encouraged to document ad hoc feedback in PharmAcademic utilizing "Provide Feedback to Resident".

End of Experience Summative Evaluation and Summative Self-Evaluation

The summative evaluation (completed by the preceptor) and summative self-evaluation (completed by the resident) are based on the specific objectives and goals set for the experience.

The objectives are evaluated using the standard rating scale and definitions for 'Needs Improvement', 'Satisfactory Progress', 'Achieved' and 'Not Applicable'. See Appendix X This evaluation summarizes the resident's performance throughout the learning experience. Both the resident and preceptor will independently complete the summative evaluation, commenting on the resident's progress towards achieving the assigned objectives with reference to specific criteria and how the resident can improve his/her performance in subsequent learning experiences. The resident and preceptor will then compare and discuss the evaluation. This discussion will include qualitative feedback on the resident's performance of the activities, opportunities for improvement, and accuracy of the residents' self-evaluation skills.

All summative evaluations should be completed within seven (7) days of the last day of the learning experience.

Longitudinal Experiences

Longitudinal experiences require quarterly summative evaluations by the preceptors and self-evaluations by the residents.

The longitudinal quarterly summative self-evaluation should be completed in the same manner as discussed above.

Resident's Evaluation of Preceptors and Learning Experiences

Each resident will complete an Evaluation of the Preceptor and the Learning Experience at the end of each learning experience. The resident evaluation of the preceptor and learning experience should be saved in PharmAcademic and discussed concurrently with the summative evaluations. The resident will be asked to provide at least one suggestion to the preceptor to improve the learning experience.

These evaluations should reviewed by the residency preceptor in PharmAcademic.

These evaluations will then be forwarded to the RPD for comment and review.

All Preceptor and learning experience evaluations should be completed within seven (7) days of the last day of the learning experience.

Evaluation of Program

Residents may bring program issues to the attention of the RPD, the RC, or to the RAC any time during the year. A final program evaluation of the PGY1 and PGY2 residency year will be provided to the resident during the last two weeks of each residency year.

Residency Evaluation Summary

Residents

- Initial self-evaluation and interest form.
- Initial customized training plan.
- Learning Experiences (block): Schedule mid-point formative evaluation with preceptor.
- Learning Experiences: Complete summative self-evaluations, preceptor evaluations and learning experience evaluations
- Longitudinal: Complete summative Self-Evaluations quarterly, and Preceptor and Learning Experience Evaluations annually.
- Quarterly updates to customized training plan.
- Final program evaluation.

Preceptors

- Learning Experiences (block): mid-point formative evaluations and end of experience summative evaluations no later than 7 days from the last day of the learning experience.
- Longitudinal: Summative evaluations quarterly.
- Review preceptor and learning experience evaluations submitted by resident.

Residency Program Director/Residency Coordinator

- Meet with each resident at beginning of program to review interests and self-evaluation.
- Assist with the development of the initial customized training plan.
- Update customized training plan at least quarterly in PharmAcademic.
- Share the customized training plan with preceptors at the beginning of each learning experience.
- Review midpoint and formative ad hoc feedback entered in PharmAcademic.
- Review and sign off all learning experience and longitudinal evaluations, preceptor evaluations, and self-evaluations. (RPD only)
- Mark goals that have been achieved as 'Achieved for Residency'. (RPD only)

Compliance with Established Evaluation Policy

Compliance with this evaluation policy as approved by the RAC and consistent with ASHP guidelines for Residency Training is essential for the professional maturation of the residents and the residency program. Failure to comply with the policy will be addressed by the RAC. Non-compliance with the evaluation policy by a resident may prevent the resident from advancing to next scheduled experience. Continued failure to comply with the evaluation policy by a resident may result in dismissal from the residency program. Non-compliance with the evaluation policy by a preceptor may result in elimination of an experience and/or suspension of the preceptor from participating in the residency program.

Residency Program Portfolio

Each resident shall maintain an electronic residency portfolio which shall be a complete record of the resident's program activities. Residents should update their portfolio regularly throughout the year.

The residency program portfolio shall include the following items:

- Completed Resident Initial Self-Evaluation and Entering Interest form.
- Residency Profile and Customized training plans.
- Orientation Checklist.
- Documentation of activities, projects, presentations, and written documents.
- A record of all in-services, presentations, and seminars given.
 - Handouts developed
 - A list of attendees/participants
- Residency Project Description.
 - Final manuscript
- A list of all seminars/meetings attended:
 - Staff meetings
 - Committee meetings (including professional associations)
 - Attending educational presentations (i.e., grand rounds)
 - Departmental staff development/in-services
 - State/local continuing education
 - Regional/national meetings
- A current curriculum vitae.
- Weekly activities log including Staffing/PTO/Duty Hour log.
- Drug Information responses, MUE, journal clubs, case presentations, etc.
- Residency checklist

The contents of the residency portfolio serves as documentation of activities completed during the residency year. Evaluations will be maintained in PharmAcademic. The residency portfolio is a permanent record which is the property of LifePoint Health Support Center.

PGY1 Resident Schedule

Example of PGY1 Schedule:

PGY1	Location
Learning Experience (Rotation)	
Orientation to LifePoint, Lipscomb, and Sumner	LifePoint HSC, Lipscomb University College of Pharmacy, and Sumner Regional Medical Center
Pharmacy Practice (Staffing)	Sumner Regional Medical Center
Internal Medicine	Sumner Regional Medical Center
Transitions of Care (TOC)	Sumner Regional Medical Center
Clinical Informatics Intro	LifePoint HSC
ASHP Midyear Meeting Residency Project Education and Professional Development	LifePoint HSC
Corporate Pharmacy Management/Operations	LifePoint HSC
Pharmacy Management (Facility)	Sumner Regional Medical Center
Ambulatory Care	Maury Regional/Lipscomb
Critical Care	Sumner Regional Medical Center
Clinical Elective Experience	TBD
Pharmacy Staffing (Longitudinal)	Sumner Regional Medical Center
Education and Professional Development (Longitudinal)	LifePoint HSC
Medication Safety/Drug Information (Longitudinal)	LifePoint HSC
Research Project (Longitudinal)	LifePoint HSC
Teaching Certificate (Longitudinal)	Lipscomb

PGY1 Teaching Certificate:

Teaching Certificate Dates: 3-5 pm Burton Room 200

- August 16, 2019
- September 6, 2019
- October 25, 2019
- November 8, 2019
- January 10, 2020
- February 14, 2020
- March 6, 2020
- April 17, 2020
- May 15, 2020
- June 20, 2020

PGY2 Pharmacy Informatics Resident Schedule

Example of PGY2 Schedule:

PGY2	
Learning Experience (Rotation)/Experience	Location
Orientation	LifePoint Health
Technical Concepts	LifePoint Health
Healthcare Data Management	LifePoint Health
Clinical Informatics II	LifePoint Health
Corporate Pharmacy Management/Operations II	LifePoint Health
ASHP Midyear Clinical Meeting Residency Project 5 Days PTO	LifePoint Health
Clinical Decision Support	LifePoint Health
Medication Safety- Advanced	LifePoint Health
Revenue Integrity Informatics	LifePoint Health
Clinical Informatics III	LifePoint Health
Data Management	LifePoint Health
Elective – Informatics/Completion of Residency	LifePoint Health
Pharmacy Staffing (Longitudinal)	Summer Staffing every 4 th weekend
Residency Research Project (Longitudinal)	TBD
Education and Professional Development (Longitudinal)	TBD

Expectations of the Resident

The resident is expected to achieve the objectives of the Residency Program related to both administrative and professional practice skills. The resident reports to and is supervised by the Learning Experience (Rotation) preceptor, the residency coordinator, and the residency program director (RPD). During pharmacy staffing, the resident is under the supervision of the pharmacist in-charge.

The resident is considered a pharmacist and practices according to the laws and regulations as stated in the Pharmacy Practice Act of the State of Tennessee. Additionally, the resident will be subject to the policies and procedures of the LifePoint Health Pharmacy Residency Program, LifePoint Health facility (e.g., Sumner Regional), or Lipscomb University—dependent on the Learning Experience (Rotation) site.

The resident is expected to act in a professional manner and follow all code of conduct policies as outlined by LifePoint Health.

Further, the resident will be responsible for ensuring all requirements have been met according to the Successful Completion Policy and Year-End Checklist (Appendix X)

Requirement for Receiving a Certificate

Residents who fail to complete all program requirements and/or do not comply with all conditions of the residency program shall not be awarded a certificate of completion.

Upon successful completion of the PGY1 year, the resident will be awarded a **certificate of achievement** at the end of the PGY1 year.

Upon successful completion of the two-year program, residents will be awarded a program **certificate of completion** for both the PGY1 year and PGY2 year, signed by the Dean of Lipscomb University College of Pharmacy, the LifePoint Health CEO, and the RPD.

The language on the certificate will match ASHP's requirements for certification of graduation. Residents who successfully complete the program will be reported to ASHP.

In the event a resident does not complete the PGY2 year but has met all of the PGY1 requirements by the end of the PGY1 year, the RAC will meet on a case-by-case basis to determine if a PGY1 certificate of completion will be awarded to the resident. It is the responsibility of the resident to make a formal request to the RPD and to the RAC.

Pharmacy Informatics



24-month Residency Policies

Pharmacy Residency Advisory Council Charter

November 8, 2016

I. Purpose

The purpose of the Residency Advisory Council (RAC) is to establish and maintain an ASHP-Accredited Pharmacy Practice Residency Program. The RAC serves as the advisory and organizational structure of the residency program. The goal of the Council is to support the program goals, improve the quality of the residency program at LifePoint Health and provide the resident(s) with guidance in practical and clinical issues as well as foster the growth and development of the resident(s) as a competent practitioner.

Responsibilities of the RAC include but are not limited to the following functions.

The RAC will:

1. Be involved in the development and advancement of the residency program.
2. Provide a forum for preceptors to discuss common concerns, develop additional learning experiences, and promote new and innovative areas of practice.
3. Provide ongoing evaluation of the curriculum, goals and objectives.
4. Be involved in the evaluation of resident recruitment and selection.
5. Discuss the incoming residents' interests, strengths, and professional/personal goals they have outlined during their orientation process.
6. Provide general guidance and support to the resident.
7. Assure that appropriate preceptorship is provided for each training period.
8. Assess each resident's progress toward meeting overall program goals and specific learning objectives.
9. Assist the resident in developing and meeting his/her career goals and objectives.
10. Be involved in planning a Learning Experience (Rotation) schedule for the resident.
11. Be involved in providing a formal quarterly evaluation of the resident's performance, including goals and objectives achieved for the residency.
12. Discuss the residents' performance on their assigned learning experiences and address any goals and objectives with a "needs improvement".
13. Serve as the resident's research project advisory Council and assist with project selection and approval.
14. Appoint a research project advisor for each resident based on the topic of the research project.
15. Be involved in any issues regarding the resident in which the RPD deems necessary.

16. Establish a minimum standard for all individuals who wish to participate as a preceptor.
17. Establish preceptor responsibilities and preceptor development opportunities.

II. Council Membership

The RAC is comprised of the Residency Program Director (RPD), Residency Coordinator, Lipscomb Designee, and residency preceptors.

Position	Name	Company	Required/ Ad Hoc
AVP, Medication Management Informatics <ul style="list-style-type: none"> • Residency Program Director (RPD) 	Paige Porter	LifePoint Health	Required
Director of Medication Safety Informatics <ul style="list-style-type: none"> • Residency Coordinator 	Carly Feldott	LifePoint Health	Required
Director of Medication Management Informatics <ul style="list-style-type: none"> • Residency Preceptor 			
Director Clinical Informatics	Mona Clark	LifePoint Health	Ad Hoc
VP of Pharmacy Services <ul style="list-style-type: none"> • Residency Preceptor 	Ken Gagnon or Designee	LifePoint Health	Required
Vice President, Clinical Informatics Officer	Maurice Abney	LifePoint Health	Ad Hoc
Chief Medical Informatics Officer (CMIO)	Christopher Rehm	LifePoint Health	Ad Hoc
Director, Pharmacy Revenue Integrity	Drew Lewis	LifePoint Health	Ad Hoc
Lipscomb COP Director of Residency Programs <ul style="list-style-type: none"> • Residency Preceptor 	Ben Gross	Lipscomb COP	Required

Position	Name	Company	Required/ Ad Hoc
Lipscomb COP Professor and Director of Graduate Studies in Health Care Informatics <ul style="list-style-type: none"> • Residency Preceptor 	Beth Breeden	Lipscomb COP	Ad Hoc
Sumner Regional Hospital, Residency Program Director <ul style="list-style-type: none"> • Residency Preceptor 	Hollie McIntosh or Designee	Sumner	Required

III. Council Meetings

Meeting Schedule and Process:

1. Meetings will be scheduled and conducted by the Residency Program Director (RPD) or designee.
2. Meetings will be held on a bi-monthly basis and ad hoc as needed and will meet a minimum number of four (4) times per year.
3. All members of the RAC marked as required are required to attend.
4. Members may request an ad hoc meeting to be scheduled to evaluate resident progress or to discuss any critical issues.
5. The agenda will be composed by the RPD or designee.
6. The meeting minutes will be recorded by a member of the Council.
7. Decisions will be made by consensus. Items requiring a decision will be discussed until a clear consensus is reached.
8. Council members will have shared ownership/accountability for decisions.
9. Additional persons may be invited to attend a meeting. Their addition to the agenda is at the discretion of the RPD.

Meeting Minutes/Communication:

Meeting minutes will be provided after each meeting for Council membership to review for completeness and accuracy. The RPD will assure communication of activities and recommendations to all interested parties.

IV. Role of Council Members

It is intended that the Council leverage the experiences, expertise, and insight of key individuals who are committed to development of a successful residency program.

Council members should:

Understand the strategic implications and outcomes of initiatives being pursued through Council activities;

Appreciate the significance of Council activities to the enterprise and represent the interests of the patients and clinicians at the facilities accordingly;

Be genuinely interested in the initiative and be an advocate for broad support for the outcomes being pursued by the Council; and

Have a broad understanding of clinical practice, informatics, patient safety, and ASHP residency program guidelines.

In practice, this means the Council members:

Review each issue presented to the Council for appropriateness and completeness;

Ensure the Council's outputs meet the needs of the organization and align with ASHP residency program guidelines;

Participate as a residency preceptor in accordance with ASHP preceptor guidelines (refer to residency and preceptor manuals);

Help balance conflicting priorities and resources;

Ensure Council activities adhere to standards of best practice within the organization; and

Foster positive communication outside of the Council regarding the residency program and the Council's progress and outcomes.

V. Council Member Agreement Letter

Dear Council Member:

Beginning in July 2017, the HITS Medication Management Team is excited to kick off the inaugural two-year (combined PGY1/PGY2) ASHP residency program in pharmacy informatics in partnership with Lipscomb University College of Pharmacy. This comprehensive program provides specialized training and education to prepare candidates for pharmacy informatics positions in the health informatics sector, as well as provide our LifePoint Health facilities with a residency trained pharmacist. The primary practice site is at LifePoint Health's headquarters.

A requirement of the ASHP (American Society of Health-System Pharmacist) Accreditation process is to form a Residency Advisory Council. The purpose of the Resident Advisory Council (RAC) is to establish and maintain an ASHP-Accredited Pharmacy Practice Residency Program. The RAC serves as the advisory and organizational structure of the residency program. The goal of the Council is to support the program goals, improve the quality of the residency program at LifePoint Health, and provide the resident(s) with guidance in practical and clinical issues as well as foster the growth and development of the resident(s) as a competent practitioner. The RAC is comprised of the RPD, Residency Coordinator, Lipscomb Designee, and residency preceptors.

As a leader in your area, your knowledge and expertise will contribute to the success of our program and to this advisory council. Your input and participation is extremely important. We value your thoughts and views as a preceptor and are seeking your firm commitment to this Council in writing. Please print and sign below, as this letter will be retained in the Residency Advisory Council file.

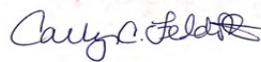
We look forward to our first RAC meeting on Wednesday, November 9, 2016 as candidate recruitment is already in progress.

Sincerely,



Paige Porter

Sr. Director of Medication Management Informatics
Residency Program Director



Carly Feldott

Director of Medication Management Informatics
Residency Coordinator

I, (print name) _____, agree to participate in the Residency Advisory Council. I am committed to supporting the responsibilities of the RAC in order to support the program goals, improve the quality of the residency program at LifePoint Health, and provide the resident(s) with guidance in practical and clinical issues as well as foster the growth and development of the resident(s) as a competent practitioner.

(Signature) _____

Selection of Candidates for the Residency Program Policy

Purpose:

To establish LifePoint Health Support Center HITS department formal guidelines, structure, and oversight protocols for selection of candidates for the Pharmacy Informatics Residency selection process.

Selection of Candidates for the Residency Program

- LifePoint Health pharmacy residency program will select candidates through the ASHP residency matching program. The program will be registered with the national matching service and will only consider candidates that have registered with the residency matching program. The program will abide by the rules of the ASHP residency match available at <https://www.natmatch.com/ashprmp/index.html>.
- In order to apply to the LifePoint Health Residency program, each candidate must submit an application through ASHP PhORCAS with the following:
 - A letter of intent stating his/her interests and goals
 - Curriculum vitae
 - Copies of all college transcripts
- Three letters of recommendation The application deadline is typically 11:59 PM the first Friday of January but may be changed to an alternate date per RAC majority vote (e.g., if January 1 falls on Friday).
- Candidates for the program will be considered and ranked based on the following criteria:
 - Curriculum vitae
 - Letter of Intent
 - Professionalism
 - Leadership experience (Professional and Non-Pharmacy related)
 - Additional relevant degree(s)
 - Pharmacy work experience (omit pharmacy school IPPE/APPEs)
 - Informatics Experience
 - Community service
 - Publications/Presentations
 - Research and Projects
 - Learning Experience (Rotation) experience (APPEs)
 - Pharmacy school GPA (If any candidate is from a pass/fail school, the GPA will be removed from the scoring tool.) Minimum 3.0 pharmacy school GPA required.
 - Three Letters of Recommendation
 - Initial phone and/or Skype interview

Pre-interview Review and Ranking

- Each of the above criteria will be assigned a score of 0 through 3, with 0 being very poor and 3 being excellent. Each resident candidate application will be

reviewed by at least three members of the Residency Advisory Council (RAC). Each resident candidate will receive a score of between 0 and 27 points from each reviewer and the average score from all the reviewers will be the candidate's pre-interview score.

- A meeting to review the pre-interview scores will be held.
 - Those candidates that fall in the top three spots based on high scores will be granted a 'green' status to indicate an invitation to interview will be extended.
 - Those candidates that fall in the lower spots and/or do not meet a minimum average of 20 points from the pre-interview scores fall into the 'red' status to indicate that the candidate will not be considered for this residency position. These candidates will be notified via e-mail in PhORCAS.
 - If the situation arises that a candidate does not meet the minimum average of 20 points, the RAC will gather to review candidates to determine who may be of interest to determine if that candidate should be interviewed.
 - Those candidates that fall in the middle of the above-described areas fall in the 'yellow' status to indicate further discussion is necessary to determine one of the following: extend interview, conduct a preliminary phone interview, or classified as a 'red' status.
- Initial interviews may be conducted via phone or video conferencing.
- Additional preceptors may be asked to review a candidate's packet if there are large discrepancies in reviewer's scores or the candidate is on the border of being considered for the program.
- The top candidates based on pre-interview scores or via the video interview and the recommendations of the RAC will be extended an invitation for an on-site interview utilizing PhORCAS. On-site interviews will generally be limited to eight (8) candidates but may be altered per RAC majority vote.
- All candidates will receive an e-mail based on the status category that they are placed in. See sample e-mails in the Selection of Residents Policy.

On-site Interview Process and Ranking

- During the onsite interview, the candidates interview with different groups, that include but are not limited to, the RPD, RC, preceptors, current pharmacy residents, and potentially other LifePoint Health employees.
- Each interview group will be provided a list of standardized questions to ask the candidates.
- Candidates will be required to provide 15 to 20 minute PowerPoint presentation on a topic related to pharmacy informatics.

- Each Interviewer will be required to complete an on-site interview scoring rubric that evaluates the following areas on a score of 1 to 4, with 1 being unacceptable and 4 being excellent. See form in policy.
 - Listening skills
 - Speaking skills
 - Integrating
 - Expressing
 - Body Language
 - Gestures
 - Eye Contact
 - Professional Dress
 - Comments
- Presentation will be scored on a 1-5 scale with 1 being unsatisfactory and 5 being exceptional. See form in policy. The following areas will be scored
 - Overall rating of presentation
 - Quality of presentation
 - Knowledge of topic
 - Organization of presentation
 - Delivery of presentation
 - Learning objectives included and met
 - Content
 - Evaluation of literature
 - Response to questions
 - Comments
- Documentation provided to residents invited to interview which includes the following:
 - Requirements for successful completion of the residency.
 - Policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program.
 - Policies on dismissal from the residency program.
 - Policy on pharmacy licensure and consequences of failure to obtain licensure in Tennessee by September 1 of PGY1 resident's starting year.
 - The residency manual will be available for candidates to review.
- After the interview process is completed, the RAC, including current residents, will meet to perform the final ranking of candidates based on pre-interview scores, interview scores, and presentation scores.
- The RPD shall submit the approved rank list to ASHP Resident Matching Program before the deadline.

Unmatched Positions:

- Any unmatched positions after the national match will undergo the following process to be filled, first utilizing the Second Round ASHP MATCH and then via direct applications. Interested unmatched candidates will be asked to submit a letter of intent, CV and a copy of their transcripts (unofficial transcripts will be accepted). Preference will be given to candidates that were enrolled in the ASHP match and remain unmatched. The RPD and at least one other member of the

RAC will invite the top candidates to interview on site or by phone. The RPD will submit the proposed candidates for selection to the RAC for final approval. Final approval may be obtained by phone or e-mail because of the short timeline committing residents during the post-match period.

- LifePoint Health is not influenced or affected by an applicant's race, color, religion, age, gender, ancestry, national origin, disability, sexual orientation, or any other status protected by applicable federal or state law.

**LifePoint Health Pharmacy Informatics Residency
Pre-Interview Screening Rubric**

Candidate Name: _____

Evaluator Name _____

Date: _____

					Score
Content & Quality or Written/Professionalism of Communications	0	1	2	3	
	Poor	Fair	Good	Outstanding	
Compatibility with Program	0	1	2	3	
	Poor	Fair	Good	Outstanding	
Interest in Informatics	0	1	3		
	None	Limited	Extensive		
Informatics Experience	0	2	3		
	None	Limited	Extensive		
Pharmacy: Related Honors & Awards	1	2	3		
	Pharmacy School	Local	National		
Community Involvement & Service	1	2	3		
	Member	Involved	Officer		
Pharmacy Organizations	1	2	3		
	Member	Involved	Officer		
Clinical Learning Experience (Rotation)		1	2	3	
		Community Experience	Hospital Experience	Informatics Experience	
Pharmacy Work experience	0	1	2	3	
	No Work Experience	Community Experience	Hospital Experience	Informatics Experience	
Summary Score (27)					
	Do Not Interview	Low/Moderate	High	Must Interview	

**LifePoint Health Pharmacy Informatics Residency
On-Site Interview Scoring Rubric**

Interviewer Name:
Candidate Name:
Date:

Interview	Excellent (4 pts)	Proficient (3 pts)	Devel. Prof (2pts)	Unacceptable (1pt)
<u>Listening</u> Did the candidate answer the question that was presented?				
<u>Speaking</u> Did the candidate speak in an articulate manner and integrate professional language?				
<u>Integrating</u> Did the candidate integrate knowledge, content and experiences during the interview?				
<u>Expressing</u> Did the candidate express opinions in a tactful and mature manner?				
<u>Body Language</u> Did the candidates body language convey interest and facilitate the responses?				
<u>Gestures</u> Did the candidate's gestures seem natural and facilitate the responses?				
<u>Eye Contact</u> Did the candidate's eye contact seem natural and facilitate the responses?				
<u>Professional Dress</u> Did the candidate dress in a professional manner?				
Comments:				

**LifePoint Health Pharmacy Informatics Residency
On-site Interview Presentation Scoring Rubric**

Interviewer Name:
Candidate Name:
Date:

Presentation	Unsatisfactory (1)	Needs Improvement (2)	Meets Expectations (3)	Exceeds Expectations (4)	Exceptional (5)	Score
Overall Rating of Presentation						
Quality of Presentation						
Knowledge of topic						
Organization of presentation						
Delivery of presentation						
Learning objectives included & met						
Content						
Evaluation of literature						
Response to questions						

Comments:

Sample e-mails

Unable to offer interview

Subject: Pharmacy Informatics 24 month Residency at LifePoint Health

Thank you for your application through PhORCAS for the Pharmacy Informatics 24 month Residency at LifePoint Health.

Unfortunately, we are not able to offer you an interview at this time.

Thank you again for your application and I wish you the best of luck with your search for a residency.

Thank you and have a great day,

Request for Phone Interview

Dear,

Thank you for your application through PhORCAS to LifePoint Health's Pharmacy Informatics 24 month Residency Program.

At this time we would like to schedule a phone interview for the opportunity to get to know you a little better.

Would you be available for a 20-30 minute phone interview on **Wednesday, January 17 at 12:30 central?**

Please let me know as soon as possible so that I can get a calendar invite with a phone number sent to you.

Please visit our website to learn more about our residency program including the benefits and the Residency Manual.

www.lifepointhealthpharmacyresidency.com

Request for Interview

Subject: 2017 LifePoint Health Pharmacy Informatics 24 month Residency

Dear ,

We received your online application materials through PhORCAS, and we are delighted to offer you an on-site interview at LifePoint Health in Brentwood, Tennessee.

Please respond as soon as possible to confirm your interest and availability for an on-site interview. We would like to schedule your interview on the following date and time:

Friday, January 20, 2017

11:00 AM CST and concluding at 5:30 PM CST

Attached is a draft itinerary for your interview day here at LifePoint. An updated itinerary will be emailed to you once your interview is confirmed.

We are very excited to welcome you to LifePoint Health during our next round of the selection process for the 24-month Pharmacy Informatics Residency Program. We look forward to getting to know you better, introducing you to some of our LifePoint team members and affiliates, and sharing more information with you about LifePoint Health as well as our Pharmacy Informatics Residency Program.

During the interview, we are asking candidates to prepare a brief 15-20 minute PowerPoint presentation relevant to an informatics-related topic.

LifePoint Health is located at 330 Seven Springs Way, Brentwood, Tennessee 37027. We have a parking garage beside our building, so feel free to park in any of the first floor visitor parking spots. When you arrive, you will need to ask for (**Paige Porter or Carly Feldott**) at the front desk.

Please let me know if you have any questions! We look forward to hearing from you to confirm your interview date and time.

Thank you and have a great day,

Please visit our website to learn more about our residency program including the benefits and the Residency Manual.

www.lifepointhealthpharmacyresidency.com

Orientation/Benefits

Orientation

- During the orientation period, the PGY1 resident will be expected to attend orientation at all three (3) practice sites:
 - Lipscomb University
 - LifePoint Health
 - Sumner Regional Medical Center
- Dates for orientation will be provided to the resident as soon as confirmed

Benefits

Annual Compensation

PGY1 Resident	\$50,000
PGY2 Resident	\$60,000

Paychecks from Lipscomb are once a month

Retirement Plan

- TIAA-CREF plan provider and Fidelity Investments
- 403(b) plan
- One-year waiting period
- Employer matches up to 7% of salary
- Immediately 100% vested

Life Insurance Plan

- Employer provides coverage in the amount of two times salary up to \$100,000
- 403(b) plan
- Coverage begins after 90 days of employment
- Can purchase additional coverage through Voluntary Life Plan

Long-Term Disability

- Employer provides coverage in the amount of 60% of salary up to 70% when combined with social security
- Coverage begins after one year of employment
- Includes a six month elimination period before benefits are paid

Medical and Vision

- Regular, full-time faculty and staff are eligible to enroll on the first day of the month following their date-of hire
- Plan year is May 1 – April 30th of each year

Dental

- Regular, fulltime non-exempt employees are eligible to enroll in the Dental Plan on the first day of the month following the initial 90-Day orientation period. Regular, full-time exempt employees are eligible to enroll on the first day of the month following their date-of-hire

Long Term Care and AFLAC

- Full-time employees have the option to purchase a long term care policy
- Full-time employees also have the option to purchase additional coverage through AFLAC

Tuition Discount

- Full-time employees are encouraged to expand their knowledge and capabilities through continuing education
- Qualified full-time employees have the opportunity to enhance their career by taking certain courses at a discounted or no tuition charge, which is reviewed on a yearly basis for the employee.

Vacation/Holiday/Sick Time

- The University offers paid time off for regular, full-time employees including holidays, vacation, and sick time.
 - The College will provide the resident up to ten (10) days for the purpose of vacation and/or sick leave days as deemed appropriate by the Preceptor and the Director of Residency Programs for the College. Evaluation of the effect of sick time in excess of that offered and its impact on the resident's ability to complete the program will be evaluated and assessment formulated by the RPD and Director of Residency Programs for the College.
 - **PTO Request** – The procedure for the resident to request PTO is to submit the request via email to the RPD on or before the 10th of the month preceding the month in which vacation is to be taken.
 - The resident also maintains a time-off tracking calendar which includes vacation, holiday, sick/medical leave, and professional leave (meetings) designations. The calendar is reviewed by the RPD as needed.
 - LifePoint suggests that the week between Christmas and New Years is used as one of the PTO time due to the office being virtually closed during this time.
 - **Calling in Sick** – The resident is to contact the RPD and current month's preceptor via email and/or phone when calling in sick.
 - Information on holidays and campus closures is available on the LU Human Resources page. LifePoint Health also provides a list of official holidays. A discussion with the preceptor of the Learning Experience (Rotation) during that holiday should occur and that preceptor has final decision on resident taking that particular holiday off or if a comp day will be given.
-
- Benefits are provided by Lipscomb University and are subject to change based on the University changes

Professional Practice

Professional Conduct

It is the responsibility of all residents to adhere to the LifePoint Health and Lipscomb University Standards of Professional Behavior policies:

Residents, as representatives of LifePoint Health, Lipscomb, Sumner Regional and the profession of pharmacy, are responsible for upholding the highest degree of professional conduct at all times. Residents will display an attitude of professionalism in all aspects of their daily practice.

Professionalism

Hours of practice vary according to the requirements set forth by the preceptor and RPD. The resident is expected to be present in body, mind, and spirit at all assigned activities of the service they are currently participating in, including medical staff rounding, education classes, and administrative activities. The resident may be assigned duties that require work overnight or that may continue during days away from the hospital; however, these assignments will not be beyond the expectations of other pharmacy professionals' duties. An eight-hour day is a minimum requirement for physical presence on-site during assigned work days, unless an exception is requested and approved by the RPD.

Professional Dress

Residents are expected to dress in an appropriate professional manner (e.g., shirt and slacks for men, and blouse and slacks/skirt for women) whenever they are in the institution or attending any function as a representative of LifePoint Health, Lipscomb and Sumner Regional (See LPNT dress code policy for additional information). A clean, pressed white lab coat of full length will be worn at all times in patient care areas. Any specific problems with an individual's dress will be addressed by the preceptor or the RPD.

Specific to the LifePoint Health Support Center

The key points in sustaining an appropriate business casual attire program is the use of common sense and good judgment, and applying a dress practice the Company deems conducive to our business environment. The dress code does not cover all contingencies so employees must exercise good judgment in their choice of clothing. Business casual dress is the standard for our policy Monday through Thursday.

If you question the appropriateness of the attire, it probably is not appropriate. If you have questions regarding what constitutes professional casual business attire, please ask your supervisor or Human Resources.

Examples of appropriate business casual attire are dress slacks, khakis, collared shirts, skirts that are no more than two(2) inches above the knee, blouses, dress shoes, sandals, sweaters, dresses, blazers and other comparable apparel.

Clothing that reveals excessive skin in the cleavage, back, chest, or stomach area or underwear is not appropriate for a place of business. Examples of unacceptable attires are shorts, spaghetti strap tops, tank tops, midriff length tops, form fitting and skin tight attire, workout clothes, ball caps, or provocative attire.

Torn, dirty or frayed clothing is unacceptable. All seams must be finished. Any clothing with words, terms or pictures that may be offensive, or detract from an individual's overall professional appearance, is unacceptable.

No visible tattoos or body art. Facial jewelry must be limited to ears only, non-conventional places such as eye brow, tongue, nose, lips, etc. are not allowed. Hair color may not include unnatural colors or non-typical colors, i.e. blue, pink, or purple.

Men must keep their hair collar length, no pony tails, etc. Men are not allowed to wear earrings. Men's facial hair must be neat and groomed at all times.

Fridays are considered casual days where employees are allowed to wear jeans, tennis shoes and other like casual clothing. An employee's overall appearance must remain neat. Jeans must not be torn and must have a finished seam. Clothing that has the company logo, sports team, university and fashion brand names are generally acceptable.

Travel & Other Considerations

Employees who are hosting or attending meetings with clients, vendors, or employees from another company should wear appropriate clothing which may include business casual attire or even business attire, even on a Friday.

Employees are expected to represent the Company in a professional manner and dress appropriately for conducting such business with internal and external customers.

Employee Badges

LifePoint Health Support Center and Sumner Security requires all personnel, including residents, to wear name badges at all times when present at the Health Support Center (HSC) or a facility. If the employee badge is lost, the resident must report the loss immediately to Security and pay a replacement fee.

Always look for badges when on elevators and walking the floors. Everyone should be wearing a badge at all times, including visitors who are escorted to offices throughout the building.

Badges should be worn so they are easily visible at all times – not in wallets or pockets.

If there is someone on the elevator without a badge, please ask them to exit the elevator and see the receptionist for a badge.

Hospital employees may receive a temporary access badge if they also wear their facility ID while at the HSC.

Patient Confidentiality and Patient Rights

All employees will be required to sign a Confidentiality Statement at the time of hire as part of their new hire orientation process.

From time to time employees may have access to confidential information involving LifePoint Health Support Center operations such as patient information, business data, and news stories prior to their release date. Unauthorized disclosure of confidential information is detrimental to the LifePoint Health Support Center and at no time should an employee knowingly discuss such information. Confidential information must be kept

confidential. Failure to maintain confidential information may result in an employee's discipline, up to and including termination.

While employed with the LifePoint Health Support Center, employees may have access to and become acquainted with information of a proprietary or private nature. This information is or may be applicable or related to the LifePoint Health Support Center's present and future business, research, or development. Trade secret information includes, but is not limited to, devices, secret inventions, processes, compilations of information, records, specifications, and information concerning vendors or patients. Employees shall not disclose any LifePoint Health Support Center trade secrets directly or indirectly, use them in any way, either during the term of their employment or any time thereafter, except as required in the course of LifePoint Health Support Center employment.

All information concerning a present or former patient's care, treatment, diagnosis, prognosis, or personal affairs is strictly confidential and is to be discussed or disclosed only by authorized personnel on a need-to-know basis. "Patient" also includes LifePoint Health Support Center employees when they are patients at the hospital.

Sumner Regional Medical Center patient information and medical records are kept in the strictest confidentiality level. No patient information will be discussed in any public areas, such as an elevator, stairway, or cafeteria. Patient information is available only to authorized personnel on a need-to-know basis for the care of the patient. Patient confidentiality must be strictly maintained by residents at all times. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and families' emotional, as well as physical, well-being. Any violations of patient confidentiality may result in disciplinary action against the resident up to and including dismissal. Additional information on Patient Confidentiality can be found at the SRMC Intranet site.

Attendance

Residents are expected to attend all functions as required by the RAC, the RPD, the RC, and learning experience preceptors. Residents are expected to arrive to all work functions on time. All leave requests should be discussed as early as possible and approved in advance with the respective preceptor and RPD to assure that service responsibilities can be fulfilled. An excused absence is defined as annual leave, sick leave, or professional leave discussed with and approved by the RPD and preceptor.

The residents are solely responsible for their assigned staffing duties and assuring that these service commitments are met in the event of their absence. If a resident is scheduled to staff for a weekend shift and calls in sick, he/she must work an additional weekend on a subsequent schedule.

The resident may request remote office time if current activities are amicable to remote work at the time of the request. Current preceptor and RPD must approve the request and it must be documented by the resident on the Residency Calendar in SharePoint.

Duty Hours

- It is a requirement that resident work hours must comply with the current duty hour standards of the Accreditation Council for Graduate Medical Education (ACGME). Duty hours are defined as all clinical and academic activities related to the residency program and which are performed on-site. Residents may not exceed eighty (80) work hours per week, averaged over a four week period.
- The resident will report duty hours to the RPD on a monthly basis and discussion is available more frequently as needed.
- Time required for additional educational classes is not included in the duty hours.
- LifePoint will follow ASHP Requirements for Duty hours and Moonlighting, see policy below for more specifics.

Moonlighting

- The resident may seek to expand opportunities by working extra or moonlighting. The resident is required to contact the RPD before the work hours are scheduled. The additional hours worked by the resident should not interfere with activities, expectations, etc. of the residency.
- LifePoint will follow ASHP Requirements for Duty hours and Moonlighting, see policy below for more specifics.

Duty Hours and Moonlighting Policy

Duty Hours:

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.

Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

LifePoint Health will adhere to the [ASHP Duty-Hour Requirements for Pharmacy Residencies](#).

Residents will attest to compliance with Duty Hours policy at least monthly on the resident team calendar. The RPD will review the calendar at least monthly and address if there are any issues related to hours worked.

Limitation on work hours

- Duty hours must be limited to 80 hours per week over a 4 week period, inclusive of all in-house call and moonlighting activities.
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Continuous duty periods of residents should not exceed 16 hours. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

Moonlighting:

Moonlighting is defined as voluntary, compensated, pharmacy-related work performed outside the organization or within the organization, or any of its related participating sites where the resident is training. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Should the resident participate in moonlighting activities, such activities may not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

The resident is allowed to moonlight up to a maximum of 10 hours per week. Moonlighting is prohibited during resident duty hours. Moonlighting hours will be added to the duty-hour limits and the Resident hours must remain in compliance with the ASHP Duty-Hour Requirements for Pharmacy Residencies

Procedures for moonlighting:

1. Resident must notify RPD and Learning Experience (Rotation) preceptors in advance for any moonlighting activities.
2. Approval for moonlighting by the RPD must be documented in the resident's binder by completing the Moonlighting Approval Form (Appendix H).
3. The resident must log all moonlighting hours as they occur on the Resident Team Calendar. The resident should report to RPD immediately if a violation occurs.
4. The RPD should review the Moonlighting Hours Log monthly upon resident completion of Pharmacademic attestation. The RPD and Residency Coordinator will discuss and evaluate the amount of moonlighting hours the resident has worked if applicable.
5. Should the resident engage in unauthorized moonlighting activities or is noncompliant with the policy, disciplinary action will be taken. Specific disciplinary action will be determined by the RPD.

Extended Leave of Absence

- Absence from residency education, in excess of 14 days must be made up, and the time must be added to the projected date of completion of the required 12 months of training.
- It is the goal of the LifePoint Health and Lipscomb University College of Pharmacy to work with each resident on an individual basis to maintain his/her status and allow for completion of his/her residency.
- RPD and RC will meet with the resident and/or discuss all feasible options on a regular interval to determine if program completion can be accomplished within a mutually amenable time frame. The plan will be presented for approval to the RAC.
- The 12 months of training must **not** be extended for **more than 3 months** to allow completion of program requirements. Once the annual salary has been paid out at the amount offered in the offer letter, the time spent in completing requirements will then be unpaid.
- Program dismissal is a last resort and will only be considered in the event that the resident is either physically unable or unwilling to complete program requirements or if a mutually amenable plan is not able to be developed.
- Information on benefits extended to Pharmacy Residents who qualify for a leave of absence can be found under policy from Lipscomb University and/or LifePoint Health, Leave of Absence in the Human Resources policy section on Policystat.

Resident Disciplinary Policy and Procedure

Governed by Lipscomb

I. PROCEDURE FOR RESIDENT COMPLAINTS

If a resident, currently in a Lipscomb University College of Pharmacy training program, has a particular problem or complaint, he/she should first attempt to resolve it on his/her own by consulting first with the Program Director, then with the College's Director of Residency Programs. If unable to resolve it at that level, the resident may present the complaint in written form to the Chair of the Department of Pharmacy Practice within a period of 10 days. The Chair will attempt to resolve the complaint, but if the complaint cannot be adjudicated, the Dean of LUCOP shall resolve the complaint. The decision of the Dean shall be final.

II. PROBATION

- A. Probation follows when a resident is notified that his/her progress or professional development is poor and that continuation in the program is at risk. Where there is concern that a resident's performance fails to meet the standards set for the training program, the resident may be placed on probationary status by the College's Director of Residency Programs upon the recommendation of the Program Director. Notice of probation and the reasons for the decision will be set out in writing to the resident. The notice will be delivered by certified mail, Return Receipt Requested, to the resident at his residence or hand delivered with written acknowledgment of receipt by delivery to the resident. The Program Director must also discuss this decision with the resident. There should be clear documentation that specific areas of concern about the performance of the resident have been identified, and the Program Director should outline, to the degree possible, a specific remedial plan.
- B. The Program Director shall provide both a time and mechanism for re-evaluation. As a rule, a minimum of 30 calendar days will be allowed for the resident to correct the identified deficiencies. However, some probationary periods may be for a shorter or longer periods. If at the end of the probationary period, the Program Director determines that the resident has not corrected the identified deficiencies, then the resident may be dismissed from the program. If at the end of the probationary period, the Program Director elects to dismiss the resident, the dismissal procedures in Section IV must be followed. If the Program Director is satisfied that the resident has corrected the identified deficiencies and any other deficiencies which may have arisen during the probationary period, then the resident will be notified in writing that the probationary status has been lifted.
- C. The decision to place the resident on probation cannot be appealed. If the resident is dismissed at the end of the probationary period, the dismissal may be appealed in accordance with the procedures outlined below.

III. SUSPENSION

- A. The Program Director may suspend a resident with concurrence of the Director of Residency Programs and the Chair of the Department of Pharmacy Practice, with or without pay, depending on the circumstances and at the discretion of the chair. This includes, but is not limited to any situation where a serious professional charge is brought against the resident or there is concern that the resident's performance of his/her duties is seriously compromised or may constitute a danger

to patients. Investigation will be initiated within seven (7) working days, with a goal for disposition to be determined within thirty (30) days. This process allows the department time to investigate the matter and determine what action it deems necessary. The resident cannot appeal suspension with pay; however, suspension without pay is subject to appeal.

- B. The resident will be notified of his/her suspension by letter sent by certified mail, Return Receipt Requested, to his/her residence or hand delivered with written acknowledgment of receipt/delivery. The Program Director and Director of Residency Programs shall confer with the resident regarding the suspension as soon as practicable.
- C. Suspension will be lifted when the investigation is completed, unless it becomes necessary to extend beyond the 30 days to complete the investigation.

IV. DISMISSAL

- A. Upon recommendation of the Program Director, Director of Residency Programs, and Chair of the Department of Pharmacy Practice, and approval by the Dean of the College of Pharmacy, a resident may be dismissed during the term of the residency for unsatisfactory performance or conduct.

Examples include, but are not limited to the following:

- 1. performance which presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare;
 - 2. unethical conduct;
 - 3. illegal conduct;
 - 4. excessive tardiness and /or absenteeism;
 - 5. unprofessional conduct;
 - 6. job abandonment;
 - 7. failure to obtain Tennessee licensure in a timely manner;
 - 8. mental impairment caused by mental disorder or substance abuse;
 - 9. violating the values, mission, and/or policies of the College and /or University
- B. The recommendation to the Dean for dismissal shall be in writing, outlining the areas deemed unsatisfactory and the reasons for the dismissal. Dismissal in these situations implies poor performance or malfeasance and is subject to appeal. Job abandonment, defined as three (3) days absent from the program without notice to the Program Director, is tantamount to resignation and not subject to appeal.
 - C. The Dean will send a copy of his decision to the following:
 - 1. resident, (certified mail, receipt requested or hand-delivered with written acknowledgment of receipt/delivery)
 - 2. Program Director
 - 3. Director of Residency Programs
 - 4. Chair of the Department of Pharmacy Practice.
 - D. Upon remitting a Dismissal Letter to the resident, the dismissal will be final, and all compensation and benefits will end, effective that date unless this decision is

appealed within 10 days.

V. RIGHT TO APPEAL DISMISSAL

- A. A resident who has been dismissed during their residency shall have the right to appeal the dismissal. In each appeal of dismissal, the issue will be determined by an equitable procedure, affording protection to the rights of the resident and to the interest of the institution. Salary and insurance benefits will be provided during the appeal process, provided the resident has not exhausted sick and/or vacation leave time, not to exceed 45 calendar days from the receipt of the request of appeal.
- B. The appeal must be submitted in writing to the Dean of the College of Pharmacy within five (5) working days of receiving notice of action. Failure to appeal within the prescribed five (5) days shall constitute waiver of the option of appeal and acceptance of the dismissal of the resident.
- C. Upon receipt of the written notice of appeal by the resident, the Dean of the College of Pharmacy shall appoint an ad hoc Appeal Review Subcommittee which shall consist of two (2) senior faculty members from Department of Pharmacy Practice and a current resident.
- D. The Appeal Review Subcommittee shall set a time and place for the hearing on the appeal at the earliest practical date. The hearing date shall not be more than 20 calendar days after the date of the resident's request for an appeal.
- E. Prior to the hearing, the resident shall, upon request, have access to and be entitled to a copy of his/her residency file (at the resident's expense) which shall contain all reports, evaluations and recommendations related to the action taken. The Appeal Review Subcommittee members shall each receive copies of said files, the letter of appeal, and any other relevant documents at least five (5) days prior to the hearing. All documents shall be deemed confidential and returned to the department office after a decision is rendered.
- F. At the hearing by the Appeal Review Subcommittee, the resident shall have the right to appear in person with legal counsel retained by the resident. The legal counsel may serve only in an advisory capacity to the resident and may not participate in the hearing. The institution shall have a representative from the Office of the General Counsel in attendance. The resident shall have the right to address the committee, but may not be required to do so, and may introduce in his/her behalf all evidence, which he/she considers to be relevant material to the case. This material should be provided to the appeals committee chair no later than five (5) days prior to the hearing. The resident shall notify the subcommittee at least five (5) days in advance if legal counsel is to accompany him/her. The institution shall also have the right to legal counsel from the Office of General Counsel. All evidence offered must be reasonably related to the facts and statements concerning the reasons for dismissal and the resident's appeal. Failure of the resident to appear at any appeal hearing constitutes dismissal of appeal.
- G. The Appeal Review Subcommittee shall submit report and recommendation to the Dean of the College of Pharmacy no later than seven (7) calendar days from the end of the hearing.
- H. The Dean of the College of Pharmacy shall review the recommendation and

make a decision, which shall be communicated in writing to the 1) resident, (certified mail, return receipt requested or hand delivered with written acknowledgment of receipt/delivery), 2) Program Director, 3) Director of Residency Programs, 4) Chair of the Department of Pharmacy Practice.

- I. Remedies and procedures contained herein must be exhausted in their entirety prior to resort by the resident to any other forum.

Successful Completion of PGY1 Pharmacy Residency Program

The requirements to receive a residency certificate include:

- Achieve all LifePoint Health PGY1 Pharmacy Residency Program critical learning objectives and 75% of the remaining LifePoint Health PGY1 Pharmacy Residency Program required objectives as evidenced by having three quarters (or more) of the objectives marked as “Achieved” for residency prior to completion of the program. Any remaining goals must be marked as “Satisfactory Progress” in PharmAcademic.
- Completion of all assignments and projects as defined by the preceptors and the RPD, including but not limited to:
 - Drug Monograph or Formulary Class Review (1)
 - Respond to a minimum of six(6) Drug information questions
 - Medication Use Evaluation (MUE)
 - Learning experience presentations (i.e.- journal club, pharmacy in-service, provider in-service, staff in-service)
- Completion of a residency project with a manuscript that is suitable for publication and approved by the RPD.
- All evaluations in PharmAcademic must be completed and signed off by respective preceptors.
- Compliance with all institutional and departmental policies.
- Submission of a urine drug screen and a background check.
- Completing the requirements to earn a teaching certificate.
- Completion of the residency notebook each year

Evaluation of the resident's progress in completing the requirements of their program will be done on a periodic basis and not less than quarterly by the RPD with the residents. This evaluation will include a review of the resident's progress in the program.

The resident must complete all requirements of the residency program within a 12-month time period after starting the program. Requests to complete the residency beyond 12-month time period will be evaluated on a case-by-case basis, according to the Extended Leave of Absence Policy.

A residents who complete all requirements and complies with all conditions of the program will be awarded a resident certificate of achievement for the PGY1.

Successful Completion of PGY2 Pharmacy Residency Program

The requirements to receive a residency certificate include:

- Achieve all LifePoint Health PGY2 Pharmacy Residency Program critical learning objectives and 75% of the remaining LifePoint Health PGY2 Pharmacy Residency Program required objectives as evidenced by having three quarters (or more) of the objectives marked as “Achieved” for residency prior to completion of the program. Any remaining goals must be marked as “Satisfactory Progress” in PharmAcademic.
- Completion of all assignments and projects as defined by the preceptors and the RPD, including but not limited to:
 - Drug Monograph or Formulary Class Review (1)
 - Learning experience presentations (i.e.- journal club, pharmacy in-service, provider in-service, staff in-service)
- Completion of a residency project with a manuscript that is suitable for publication and approved by the RPD.
- All evaluations in PharmAcademic must be completed and signed off by respective preceptors.
- Compliance with all institutional and departmental policies.
- Completion of the residency notebook each year.

Evaluation of the resident's progress in completing the requirements of their program will be done on a periodic basis and not less than quarterly by the RPD with the residents. This evaluation will include a review of the resident's progress in the program.

The resident must complete all requirements of the residency program within a 12-month time period after starting the program. Requests to complete the residency beyond 12-month time period will be evaluated on a case-by-case basis, according to the Extended Leave of Absence Policy.

A residents who complete all requirements and complies with all conditions of the program will be awarded a resident certificate of completion. The language on the certificate will match ASHP's requirements for certification of graduation. Residents who successfully complete the program will be reported to ASHP.

Residents who fail to complete all program requirements and/or do not comply with all conditions of the residency program shall not be awarded a certificate of completion.

Expectations and Responsibilities of Preceptors

Pharmacists or non-pharmacists may participate as preceptors for pharmacy residents. The preceptor must show willingness to precept and be proficient in the field in which they will teach. Preceptors are expected to give regular feedback to the resident highlighting the resident's strengths and areas of opportunity. Feedback should be specific and qualitative in nature so the resident may improve his or her performance. Formal evaluations in a timely manner are also mandatory for all preceptors. Preceptors are encouraged to present all formal evaluations no later than five business days after the last day of the learning experience or quarterly if the experience is longitudinal. Preceptors will be expected to meet the criteria outlined by ASHP standards for preceptors.

The Residency Advisory Council (RAC) will hold preceptor development activities at least annually and as needed. The purpose of the program will be to provide targeted education/training to the preceptors focusing on ASHP accreditation requirements such as evaluation and feedback, the four preceptor roles, learning experience description development, development of learning assignments targeted towards accreditation objectives, and other pertinent topics related to maintenance of the residency program, to provide high quality education and training to our residents, and to be in compliance with ASHP accreditation standards.

Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program

LifePoint Health Pharmacy Informatics Residency is provided through a partnership with Lipscomb University College of Pharmacy. This residency program will abide by the ASHP Requirements of Sponsoring Organization Standards, listed below, and within the agreement signed by both parties.

ASHP Standards

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

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

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

Agreement

- LifePoint will follow all articles in the legal agreement between LifePoint Health and Lipscomb
- LifePoint will be responsible for all day-to-day activity for the residents
- All decisions made regarding the Residency will be discussed with the two parties and mutually agreed upon
- LifePoint is responsible for having their own RPD and RPC

Preceptor Development Policy

Lifepoint Health will offer educational opportunities for preceptors to improve their precepting skills. Annually, a preceptor development plan will be developed to focus on areas of needs. In addition, new preceptors and preceptors-in-training will be required to complete additional preceptor training. Individual preceptor development plans will be developed for all preceptors-in-training and for any preceptor who has specific development needs identified through the preceptor needs assessment process. The program director, in conjunction with the residency advisory committee, will be responsible for the following on an annual basis:

- An assessment of preceptor needs
- Schedule of activities to address identified needs
- Periodic review of effectiveness of plan

Assessment of Preceptor Development Needs:

- Preceptors will be required to complete the Preceptor Self-Assessment Tool bi-annually.
- The RPD will review residents' evaluations of preceptors as they become available and learning experiences annually to identify potential needs.
- The RPD will solicit verbal feedback from residents annually.
- RPD will review ASHP residency accreditation site visit recommendations, if applicable, to identify any recommendations or areas of partial compliance which pertain to precepting skills.

Development Process for Annual Preceptor Development Plan:

- Preceptor development needs identified through the assessment process will be discussed annually as part of the annual end-of-year preceptor meeting in June.
- The RPD and preceptors will jointly decide on the areas of preceptor development to focus on during the upcoming year.
- The RPD (or a designee) will develop a tentative preceptor development plan for the upcoming year with activities to address areas of need and a schedule of activities and will be presented to the residency advisory committee (RAC) at the next scheduled RAC meeting.
- If preceptor development needs have been identified for individual preceptor(s) which will not be met by the current preceptor development plan, the RPD may also develop an individual plans for these preceptors in addition to the plan for the preceptor group.
- The preceptor development plan will be publicized to all preceptors and will be documented as an attachment to the July RAC minutes (or at the next scheduled meeting if the July meeting is cancelled).

Review of Effectiveness of Previous Year's Plan:

- Review of current preceptor development plan will occur annually at the end-of-year preceptor meeting in June and documented in the minutes. Effectiveness of the plan will be assessed as follows:
 - Review of current preceptor needs assessment results to determine if any needs addressed through preceptor development activities in the past year are still identified as top areas of need.
 - Discussion with preceptors of the effectiveness of activities utilized on the past year to address preceptor development needs
- The discussion of effectiveness of previous year's plan will be utilized when developing topics, scheduling, and preceptor development activities for upcoming year.

Additional Required Preceptor Training for New Preceptors and Preceptors-In-Training:

- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs" with RPD.
- Read LifePoint Health Residency Manual and review with RPD

Additional Requirements for Preceptors-In-Training:

- The RPD will develop an individual plan designed to ensure preceptor-in-training meets all ASHP preceptor requirements within 2 years
- Appointment of an advisor to mentor preceptor-in-training. Advisor will also be required to co-sign any summative evaluations completed by preceptor-in-training

Other Opportunities for Preceptor Development for LifePoint Health Preceptors:

- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills. Please submit request to manager if requesting professional leave or travel reimbursement. Attendance at professional meetings is subject to LifePoint Health's travel policy.
- Those who attend meetings which provide education regarding training will share the information at the residency meeting or other forum as appropriate.
- Material for self-study will be circulated.
- APhA and Pharmacist Letter have educational programs available to orient new preceptors.
- Lipscomb University College of Pharmacy, ASHP, and other web based programs are also available.

Requirements of the Residency Program Director and Preceptors Policy

LifePoint Health Support Center will follow all standards, goals and objectives set forth by ASHP for Residency Program Director (RPD) and Preceptors.

Program Leadership Requirements

1. Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
2. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
3. The RPD may delegate, with oversight, to one or more individuals [(e.g., residency program coordinator(s)] administrative duties/activities for the conduct of the residency program.
4. For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:
 - A single RPD must be designated in writing by responsible representatives of each participating organization.
 - The agreement must include definition of:
 - responsibilities of the RPD; and,
 - RPD's accountability to the organizations and/or practice site(s).

Residency Program Directors' Eligibility

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

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

Residency Program Directors' Qualifications

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

- leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
- demonstrating ongoing professionalism and contribution to the profession;

- representing pharmacy on appropriate drug policy and other committees of the pharmacy department/Health Support Center or within the organization; and,

Residency Program Leadership Responsibilities

RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:

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

Appointment or Selection of Residency Program Preceptors

- Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.
- RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

Pharmacist Preceptors' Eligibility

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

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

Preceptors' Responsibilities

Preceptors serve as role models for learning experiences. They must:

- contribute to the success of residents and the program;
- provide learning experiences in accordance with ASHP Standards
- participate actively in the residency program's continuous quality improvement processes;
- demonstrate practice expertise, preceptor skills, and strive to continuously improve;
- adhere to residency program and department policies pertaining to residents and services;
- and,
- demonstrate commitment to advancing the residency program and pharmacy services.

Preceptors' Qualifications

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

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

Preceptors-in-Training

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

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

Non-pharmacist preceptors

When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:

- the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,
- pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

PGY1 and PGY2 Preceptor Criteria for Appointment or Reappointment

Each year LifePoint Health will review each preceptor's self-reported annual check off list for reappointment. This reappointment will be confirmed each year at the July Residency Advisory Council meeting. This list will include all sign off that all preceptor requirements and qualifications are met, an updated APR form and a review of all preceptor evaluations. This form and all supporting documentation will be reviewed by the RPD and/or RPC annually for reappointment.

In the event that a preceptor does not meet the expectations or requirements/qualifications, the RPD and/or RPC will meet individually with that preceptor to discuss strategies to improve and maintain residency preceptor status. If further issues arise the preceptor will be discussed with the RAC in a closed RAC session to determine further participation as a residency preceptor.

See Appendix X for the self-reported annual check off form

Page 69 of 95

ASHP Postgraduate Year One Pharmacy Residencies - Competency Areas, Goals, and Objectives (CAGO) and Guidance...April 2016

PGY1 CAGOS Table - 2014

Competency Area R1:		Patient Care
<u>Goal R.1.1</u>	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients...following a consistent patient care process.	
OBJ R.1.1.1*	(Applying) Interact effectively with health care teams to manage patients' medication therapy.	
OBJ R.1.1.2	(Applying) Interact effectively with patients, family members, and caregivers.	
OBJ R.1.1.3*	(Applying) Collect information on which to base safe and effective medication therapy.	
OBJ R.1.1.4*	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	
OBJ R.1.1.5*	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	
OBJ R.1.1.6*	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	
OBJ R.1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	
OBJ R.1.1.8	(Applying) Demonstrate responsibility to patients.	
<u>Goal R.1.2</u>	Ensure continuity of care during patient transitions between care settings.	
OBJ R.1.2.1	(Applying) Manage transitions of care effectively.	
<u>Goal R.1.3</u>	Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.	
OBJ R.1.3.1*	(Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.	
OBJ R.1.3.2	(Applying) Manage aspects of the medication-use process related to formulary management.	
OBJ R.1.3.3*	(Applying) Manage aspects of the medication-use process related to oversight of dispensing.	
Competency Area R2:		Advancing Practice and Improving Patient Care
<u>Goal R.2.1</u>	Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.	
OBJ R.2.1.1*	(Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.	

OBJ R2.1.2*	(Applying) Participate in a medication-use evaluation.
OBJ R2.1.3	(Analyzing) Identify opportunities for improvement of the medication-use system.
OBJ R2.1.4	(Applying) Participate in medication event reporting and monitoring.
<u>Goal R.2.2</u>	Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.
OBJ R2.2.1*	(Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.
OBJ R2.2.2	(Creating) Develop a plan to improve the patient care and/or medication-use system.
OBJ R2.2.3	(Applying) Implement changes to improve patient care and/or the medication-use system.
OBJ R2.2.4	(Evaluating) Assess changes made to improve patient care or the medication-use system.
OBJ R2.2.5*	(Creating) Effectively develop and present, orally and in writing, a final project report.
Competency Area R3	Leadership and Management
<u>Goal R3.1</u>	Demonstrate leadership skills.
OBJ R3.1.1*	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.
<u>Goal R3.2</u>	Demonstrate management skills.
OBJ R3.2.1	(Understanding) Explain factors that influence departmental planning.
OBJ R3.2.2	(Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.
OBJ R3.2.3	(Applying) Contribute to departmental management.
OBJ R3.2.4	(Applying) Manages one's own practice effectively.
Competency Area R4	Teaching, Education, and Dissemination of Knowledge
<u>Goal R4.1*</u>	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).
OBJ R4.1.1	(Applying) Design effective educational activities
OBJ R4.1.2*	(Applying) Use effective presentation and teaching skills to deliver education.
OBJ R4.1.3	(Applying) Use effective written communication to disseminate knowledge.
OBJ R4.1.4	(Applying) Appropriately assess effectiveness of education.
<u>Goal R4.2</u>	Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).
OBJ R4.2.1	(Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.

OBJ R4.2.1	(Applying) Effectively employ preceptor roles, as appropriate.
------------	--

- Bolded objectives are critical learning objectives that must be achieved for successful completion of the residency

REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES (CAGO) FOR POSTGRADUATE YEAR TWO (PGY2) PHARMACY INFORMATICS RESIDENCIES -2017

Required Goals	
R1.1	Demonstrate understanding of basic pharmacy informatics principles, standards, and best practices.
R1.2	Evaluate opportunities for improving patient outcomes, clinical and operational efficiencies, safety and quality of the medication-use process through the application of Continuous Quality Improvement (CQI) strategies.
R1.3	Assure the interoperability and integration of health information systems.
R1.4	Ensure security of data stored in health information systems.
R1.5	Manage downtime associated with health information systems.
R2.1	Maintain and support technology or automation systems.
R2.2	Demonstrate a working knowledge of technology and automation systems for prescribing medications.
R2.3	Demonstrate a working knowledge of technology and automation for order processing and verification.
R2.4	Demonstrate a working knowledge of technology and automation for safe and efficient preparation, distribution, and dispensing of medications.
R2.5	Demonstrate a working knowledge of technology and automation for safe and accurate medication administration and documentation.
R2.6	Demonstrate a working knowledge of surveillance systems for clinical monitoring.
R2.7	Demonstrate a working knowledge of technology and automation solutions for managing pharmacy inventory.
R2.8	Demonstrate a working knowledge of technology and automation systems that assist with transitions of care.
R2.9	Demonstrate a working knowledge of unique needs of stakeholders in various technology or automation systems in diverse practice settings and how are those areas supported by informatics.
R2.10	Demonstrate a working knowledge of emerging technology and automation systems that assist with the medication-use process.
R3.1	Analyze Clinical Decision Support (CDS) to ensure support of effective medication-related decisions and ensure it is available in a useful format to members of interprofessional teams.
R3.2	Evaluate the usefulness/effectiveness of CDS.
R3.3	Create and maintain decision support that allows for efficient and appropriate monitoring of patients by members of interdisciplinary, patient-centered teams, particularly pharmacists.

Required Goals	
R4.1	Learn the fundamental concepts of data analytics and data driven patient care.
R4.2	Participate throughout the entire life cycle of report creation.
R5.1	Demonstrate ability to effectively plan and conduct an informatics project
R5.2	Participate in contingency planning for an implementation of a medication management technology or automation system.
R5.3	Contribute to the development of a plan for testing a technology or automation system.
R5.4	Implement the project, technology or automation system, or supplemental upgrades or build outs.
R5.5	Assess project results and the need to make changes, if applicable.
R6.1	Provide effective education to patients, caregivers, healthcare professionals, students, and other interested stakeholders (individuals and groups).
R6.2	Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow healthcare professionals.
R7.1	Demonstrate leadership skills for successful self-development.
R7.2	Demonstrate management skills.
R7.3	Represent the pharmacy informatics perspective in interactions with interprofessional teams.
R7.4	Represent pharmacy informatics concerns in strategic planning for the implementation, use, and maintenance of technology and automation systems.
R7.5	Demonstrate the personal leadership qualities, commitments, business and political skills necessary to advance the profession of pharmacy and informatics.

Appendix A: Summary of Research Progress/Timeline

Tasks	Date	Completed (Initials)
Meeting: Research project overview, discuss topic ideas		
Review ASHP Residency Tips: <ol style="list-style-type: none"> Evaluating the Existing Literature Developing the Research Question Writing Specific Aims 		
Meeting: Finalize topic selection,		
Overview of writing abstract and protocol to preceptor (1 page)		
Preceptor and RPD: Return edited 1st draft to resident		
Present 1 Page project info to RAC		
Review ASHP Residency Tips: <ol style="list-style-type: none"> Hypothesis Statements Avoiding Bias Data Sources 		
Research Week		
Review ASHP Residency Tips: <ol style="list-style-type: none"> Study Design Survey Research Gaining Institutional Support Biostatistics Human Subjects Protections Data Collection, Display and Manipulation 		
Complete NIH training certificate http://phrp.nihtraining.com/users/login.php		
Draft abstract and protocol		
Submit 1st draft of abstract/protocol to preceptor and RPD		
Preceptor and RPD: Return edited 1st draft to resident		
Submit 2nd draft of abstract/protocol to preceptor and RPD		
Preceptor and RPD: Return edited 2nd draft to resident		
Present Abstract and Protocol to RAC for final approval		
DEADLINE to submit Poster Abstracts for ASHP Midyear		
Initial draft of poster for ASHP Midyear due		
Final draft of poster for ASHP Midyear due		
Present poster at ASHP Midyear Meeting		
Research Month		
DEADLINE to submit Abstract for Southeastern Conference		
Initial draft of Southeastern presentation complete		
Southeastern presentation practice begins		
DEADLINE to submit Presentations and Handouts for Southeastern Conference		
Present at Southeastern Residency Conference		
Initial draft of manuscript complete		
Submission of the final project write-up to the Residency Program Director in a format suitable for publication in the American Journal for Health-System Pharmacy (required for completion of the residency program)		

Appendix B: Inpatient Staffing Training Checklist for Pharmacy Residents

No.	Pharmacy Resident Staffing Goals	Needs Improvements	Satisfactory Progress	Achieved	Not Applicable	Comments
1	<u>Order Verification and Order Entry</u> : understand the process; review for appropriateness, completeness, accuracy, and calls for clarification as appropriate					
2	Accurately <u>compound and dispense</u> medications as required by law					
3	Demonstrate skills and knowledge to aseptically and correctly <u>prepare sterile IV admixtures</u>					
4	<u>Kinetics Consult</u> : understand the process; able to dose, monitor, and adjust regimen based on patient factors and drug levels					
5	<u>Coumadin Consult</u> : understand the process; able to dose, monitor, and adjust regimen based on patient factors and lab values					
6	<u>IV Batch</u> : understand the process and be able to effectively check IV batches					
7	Provide <u>medication related information</u> to associated team members upon request					
8	Demonstrate knowledge in care for the neonate, pediatric, adolescent, adult, or geriatric patient by <u>applying standards</u> such as weight-based, range, max dose/frequency/duration					
9	Review <u>Admission Med Rec</u>					
10	Review <u>Discharge Med Rec</u> and resolve discrepancies					
11	Know how to <u>retrieve clinical data</u> such as labs, H&P, progress notes and effectively apply the information to patient care activities					
12	Perform <u>therapeutic interchanges</u> per P&T Committee					
13	Perform <u>renal dosing</u> on medications that require renal adjustment					
14	Perform IV to PO conversion per P&T approved criteria					
15	Know how to access <u>Sentri 7</u> to aid clinical activities					
16	Know how to <u>document clinical interventions</u> in Quantifi					
17	<u>AcuDose</u> : understand the process and effectively check the restocking items					
18	<u>Floor Stock</u> : understand the process and effectively check the restocking items					
19	<u>Anesthesia Tray</u> : understand the process and effectively check completed trays					

Appendix C: Journal Club Schedule

Date		Resident Name	Preceptor Evaluator
Mtg 1--August	Resident 1		
	Resident 2		
	Resident 3		
Mtg 2--Sept	Resident 4		
	Resident 5		
	Resident 6		
Mtg 3--Oct	Resident 7		
	Resident 8		
	Resident 9		
Mtg 4--Nov	Resident 10		
	Resident 11		
	Resident 12		
Mtg 5--Jan	Resident 1		
	Resident 2		
	Resident 3		
Mtg 6--Feb	Resident 4		
	Resident 5		
	Resident 6		
Mtg 7--Mar	Resident 7		
	Resident 8		
	Resident 9		
Mtg 8--April	Resident 10		
	Resident 11		
	Resident 12		
Mtg 9--May (tentative make up date)			

Appendix D: Visual Presentation Evaluation Rubric

Your presentation will be evaluated using the following scale in each of the categories below.

	Needs Improvement				Excellent
<u>Introduction</u> <ul style="list-style-type: none"> Got our attention Gave a preview of presentation 	1	2	3	4	5
<u>Preparation</u> <ul style="list-style-type: none"> Preparation apparent Practice apparent 	1	2	3	4	5
<u>Organization</u> <ul style="list-style-type: none"> Project well organized? Easy to follow? Did the overall presentation have an introduction, a stated objective, a body with supporting material and a definite conclusion? 	1	2	3	4	5
<u>Creativity</u> <ul style="list-style-type: none"> Did the presentation show creative thinking in the method of development and presentation? Did the presenter get the audience involved in 'learning' the material? Was the content audience centered? 	1	2	3	4	5
<u>Meeting assignment objectives</u> <ul style="list-style-type: none"> Did the presentation incorporate strong, effective supporting materials throughout? Did the presenters give clear and concrete explanations and examples? 	1	2	3	4	5
<u>Presentation Style</u> <ul style="list-style-type: none"> Was it delivered extemporaneously? (members knew their material, used minor notes and did not read the presentation) Language used was appropriate and clear? 	1	2	3	4	5
<u>Delivery</u> <ul style="list-style-type: none"> Eye contact Volume, vocal variety Nonverbal body language (fidgeting, posture, gestures, etc.) Verbal fillers (ah, um) Did the speakers show sincerity or enthusiasm when they spoke? 	1	2	3	4	5
<u>Visual aid(s)</u> <ul style="list-style-type: none"> Usefulness: Helped to explain, clarify, create interest, etc. Appearance of visual aid: aids credibility, large enough, professional looking Handling of visual; knew how to use equipment, everyone could see, didn't pass inappropriately around, etc. 	1	2	3	4	5
<u>Conclusion</u> <ul style="list-style-type: none"> Ended with a summary Had finality to cap off presentation 	1	2	3	4	5
<u>Overall rating of project</u> <ul style="list-style-type: none"> Includes presentational style, content, organization, and creativity 	1	2	3	4	5

Appendix E: Scoring Rubric for Oral Presentations:

Resident Name: _____
 Presentation Name: _____
 Presented to: _____
 Date: _____

	Excellent (4 pts)	Proficient (3 pts)	Devel. Prof (2pts)	Unacceptable (1pt)	Total
Presentation Skills					
Were the main ideas presented in an orderly and clear manner?					
Did the presentation fill the time allotted?					
Did the talk maintain the interest of the audience?					
Was there a theme or take-home message to the presentation?					
Was the presenter responsive to audience questions?					
KNOWLEDGE BASE					
Was proper background information on the topic given?					
Was the material selected for presentation appropriate to the topic?					
Was enough essential information given to allow the audience to effectively evaluate the topic?					
Was irrelevant or filler information excluded?					
Did the presenter have a clear understanding of the material presented?					
CRITICAL THINKING					
Were the main issues in this area clearly identified?					
Were both theoretical positions and empirical evidence presented?					
Were the strengths and weaknesses of these theories, and the methods used to gather this evidence adequately explained?					
Did the presenter make recommendations for further work in this area?					
Did the main conclusions of the presentation follow from the material presented?					
Were competing explanations or theories considered and dealt with properly?					
OVERALL IMPRESSION				16 possible points	
COMMENTS					
				TOTAL SCORE _____ / 80	

Appendix F: Drug Monograph Form

Trade Name (Generic)

Drug Formulary Monograph

_____ is a [insert class] and [main indication]

Clinical Pharmacology

Pharmacokinetics

Pharmacodynamics

Comparative Efficacy

Clinical Trials

Efficacy Summary and Conclusions

Adverse Reactions

Contraindications, Warnings and Precautions

Contraindications:

Warnings and Precautions:

Drug Interactions

Dosing and Administration

Dose Adjustments

Treatment Guidelines

Pharmacoeconomics

Summary and Recommendation

References

Appendix H: Moonlighting Approval Form

Name: _____

Outside Employer: _____

Address: _____

Manager: _____

Phone Number: _____

I understand that my primary responsibility is to the LifePoint Health Residency Program and that outside employment should not interfere with this responsibility. I understand that I must inform my Learning Experience (Rotation) preceptor of any hours I work in addition to my residency duty hours. Should the Residency Program Director, Residency Coordinator, or Learning Experience (Rotation) preceptor deem that moonlighting interferes with my responsibilities, he/she may take disciplinary action.

Resident Signature

Date

Resident Advisor Signature

Date

Appendix I: Learning Evaluation Rating Scale

Rating	Definition
Needs Improvement (NI)	<p>The resident is still primarily requiring use of the Direct Instruction and Modeling preceptor roles (as defined below) during the week prior to evaluation:</p> <p><u>Direct Instruction:</u> The teaching of content that is foundational in nature and is necessary to acquire before skills can be applied or performed.</p> <ul style="list-style-type: none"> This preceptor role is appropriate at the beginning of a residency or learning experience when foundational information is needed before assuming a responsibility. It is also appropriate to utilize at the end of the learning experience when exposing the resident to new or advanced information. <p>OR</p> <p><u>Modeling:</u> Demonstration of a skill or process while "thinking out loud" so the resident can witness the thoughts or problem-solving process of the preceptor, as well as the observable actions.</p> <ul style="list-style-type: none"> This preceptor role is most appropriate after it has been determined that the resident has the appropriate amount of background information and is ready to begin to learn to perform a task or responsibility. Resident completes objective/goal with extensive prompting and intervention from the preceptor
Satisfactory Progress (SP)	<p>Based on the resident's progress, the preceptor is primarily using the Coaching preceptor role (as defined below) during the week prior to evaluation:</p> <p><u>Coaching:</u> Allowing a resident to perform a skill while being observed by the preceptor, who provides ongoing feedback during the process.</p> <ul style="list-style-type: none"> Allows fine tuning of the resident's skills Assures the preceptor that the resident is ready to move to greater independence. Resident completes objective/goal with moderate prompting and intervention from the preceptor
Achieved (ACH)	<p>Based on the resident's progress, the preceptor is primarily using the Facilitating preceptor role (as defined below) during the week prior to evaluation:</p> <p><u>Facilitating:</u> Allowing the resident perform independently, while the preceptor remains available if needed and de-briefing with the resident after the fact</p> <ul style="list-style-type: none"> This preceptor role is appropriate when both the preceptor and resident feel confident of the resident's ability to function independently. This role normally occurs toward the end of a learning experience and the residency as a whole. Resident completes objective/goal with minimal or no prompting and intervention from the preceptor
Achieved for Residency (ACHR)	<p>The resident has ACH during the learning experience and the preceptor feels the resident will only need facilitation to perform this skill throughout the rest of the residency. If the learning experience preceptor feels the resident has achieved (ACH) a particular goal/objective but does not feel comfortable evaluating achieved for the residency (ACHR), the learning experience preceptor will discuss with the RPD/preceptor group as needed to determine whether this skill has been demonstrated consistently in similar situations in order to be considered achieved for the residency (ACHR).</p>

PGY1 RESIDENCY CHECKLIST

**** Bring Residency Checklist to

each RAC meeting and Quarterly Evaluation****

PGY1 RESIDENT NAME:

PGY1 Year:

<input type="checkbox"/>	I received and understand the RCHSD Residency Policy Manual				
<input type="checkbox"/>	Pre-residency surveys (LifePoint Health specific & Pharmacademic)				
Acute Care Learning Experience (Rotation)s:					
REQUIRED (Core) LEARNING EXPERIENCE(S) (ROTATION(S))	<i>Date Completed</i>		ELECTIVE LEARNING EXPERIENCE(S) (ROTATION(S))	<i>Date Completed</i>	
<input type="checkbox"/> Orientation			<input type="checkbox"/>		
<input type="checkbox"/> Pharmacy Practice			<input type="checkbox"/>		
<input type="checkbox"/> Internal Medicine					
<input type="checkbox"/> Critical Care					
<input type="checkbox"/> Pharmacy Informatics					
<input type="checkbox"/> Pharmacy Management					
<input type="checkbox"/> Transitions of Care					
<input type="checkbox"/> Ambulatory Care					
Longitudinal Learning Experience(s) (Rotation(s)):					
<input type="checkbox"/>	Medication Safety/Drug Information				
<input type="checkbox"/>					
<input type="checkbox"/>	Pharmacy Practice (Staffing)				
	Staffing, every 3rd weekend at Sumner Regional Medical Center				
<input type="checkbox"/>	Education and Professional Development				
<input type="checkbox"/>	Research Project				
<input type="checkbox"/>	Residency project completion (<i>by end of residency</i>)				
<input type="checkbox"/>	IRB Training				
<input type="checkbox"/>	Publication format final manuscript (<i>by 2 weeks prior to end of residency</i>)				
<input type="checkbox"/>	Teaching Certificate Program				
Other requirements:					
<input type="checkbox"/>	Medication Use Evaluation				
	<i>Title</i>		<i>Location</i>		
<input type="checkbox"/>	Drug Monographs (1)				
	1.				
<input type="checkbox"/>	Drug Information Questions (6)				
	1.				
	2.				
	3.				

<input type="checkbox"/>	4.	
<input type="checkbox"/>	5.	
<input type="checkbox"/>	6.	
<input type="checkbox"/>	Contribute to review and/or development of CPOE Order-set (<i>end of residency</i>)	
<input type="checkbox"/>		
<input type="checkbox"/>	Completion of ACLS	
<input type="checkbox"/>	Completion of pharmacist competencies (<i>discussion, ASHP learning center</i>)	
<input type="checkbox"/>	Completion of all learning experience evaluations (<i>self, preceptor, Learning Experience</i>)	
Required Meetings:		
<input type="checkbox"/>	Attendance and participation at TSHP Seminar conference for residency recruitment (<i>Fall</i>)	
<input type="checkbox"/>	Attendance and participation Lipscomb Career Fair for residency recruitment, if applicable	
<input type="checkbox"/>	Attendance and participation at TSHP Seminar conference for preceptor development	
<input type="checkbox"/>	Attendance and participation at ASHP Mid-Year for residency recruitment	
<input type="checkbox"/>	Attendance and participation at ASHP Mid-Year for residency poster presentation of research project	
<input type="checkbox"/>	Attendance and participation at MidSouth Residency Conference (Memphis) residency poster presentation of research project	
Committee Involvement:		
PGY1		<i>Date Completed</i>
<input type="checkbox"/>	Medication Safety Committee (<i>quarterly attendance</i>)	
<input type="checkbox"/>	Director of Pharmacy Meeting/Committee (<i>monthly attendance</i>)	
<input type="checkbox"/>	Opioid Stewardship Committee (<i>monthly attendance</i>)	
<input type="checkbox"/>	Sumner Staff Meetings	
Minimum of 2 in-services: Title, audience and location		
<input type="checkbox"/>		
<input type="checkbox"/>		HSC
		Pharmacy
		Nursing or Physician
Minimum of 2 formal presentations: Title, audience and location		
<input type="checkbox"/>		
<input type="checkbox"/>		
2-Journal clubs Presentations:		
<input type="checkbox"/>	<i>Article 1</i>	
<input type="checkbox"/>	<i>Article 2</i>	
	Residency OneNote Notebook for all items that should be kept in binder	
<input type="checkbox"/>	Post-residency survey (<i>LifePoint specific & PharmAcademic</i>)	
<input type="checkbox"/>	Rating of "Achieved" on all R1 objectives	
<input type="checkbox"/>	Rating of "Achieved" on 75% of remaining objectives	
<input type="checkbox"/>	No rating of "Needs Improvement" on any objectives	

RPD Signature: _____

Date: _____

Resident Signature: _____

Date: _____

PGY2 RESIDENCY CHECKLIST

**** Bring Residency Checklist to

each RAC meeting and Quarterly Evaluation****

PGY2 RESIDENT NAME:

PGY2 Year:

<input type="checkbox"/> I received and understand the LPNT Residency Policy Manual					
<input type="checkbox"/> Pre-residency surveys (LifePoint Health specific & Pharmacademic)					
Learning Experience(s) (Rotation(s)):					
REQUIRED LEARNING EXPERIENCE(S) (ROTATION(S))	Date Completed		ELECTIVE LEARNING EXPERIENCE(S) (ROTATION(S))	Date Completed	
<input type="checkbox"/> Orientation			<input type="checkbox"/>		
<input type="checkbox"/> Clinical Informatics II			<input type="checkbox"/>		
<input type="checkbox"/> Corporate Pharmacy Management II					
<input type="checkbox"/> Technical Concepts					
<input type="checkbox"/> Healthcare Data Management					
<input type="checkbox"/> Revenue Integrity Informatics					
<input type="checkbox"/>					
<input type="checkbox"/>					
Longitudinal Learning Experience(s) (Rotation(s)):					
Education and Professional Development					
Research Project					
<input type="checkbox"/> Residency project completion (<i>by end of residency</i>)					
<input type="checkbox"/> Publication format final manuscript (<i>by 2 weeks prior to end of residency</i>)					
<input type="checkbox"/> Add staffing					
Other requirements:					
<input type="checkbox"/> Medication Use Evaluation					
Title		Location			
<input type="checkbox"/> Drug Monographs (1 required)					
1.					
<input type="checkbox"/> Contribute to review and/or development of CPOE Order-set (<i>end of residency</i>)					
<input type="checkbox"/> Process Improvement Project (1 project)					
Description of Project:					
Lead 'preceptor' of project					
Deliverable type:					

<input type="checkbox"/>	Completion of all learning experience evaluations (<i>self, preceptor, Learning Experience</i>)	
Required Meetings:		
<input type="checkbox"/>	Attendance and participation at TSHP Seminar conference for residency recruitment (<i>Fall</i>)	
<input type="checkbox"/>	Attendance and participation Lipscomb Career Fair for residency recruitment, if applicable	
<input type="checkbox"/>	Attendance and participation at TSHP Seminar conference for preceptor development, if applicable	
<input type="checkbox"/>	Attendance and participation at ASHP Mid-Year for residency recruitment	
<input type="checkbox"/>	Attendance and participation at ASHP Mid-Year for residency poster presentation of research project	
<input type="checkbox"/>	Attendance and participation at <input type="checkbox"/> <input type="checkbox"/> MidSouth Residency Conference (Memphis) residency poster presentation of research project	
Committee Involvement:		
PGY2		<i>Date Completed</i>
<input type="checkbox"/>	Medication Safety Committee (<i>quarterly attendance</i>)	
<input type="checkbox"/>	Director of Pharmacy Meeting/Committee (<i>monthly attendance</i>)	
<input type="checkbox"/>	Opioid Stewardship Committee (<i>monthly attendance</i>)	
Minimum of 2 in-services: Title, Audience and Location		
<input type="checkbox"/>	1.	
<input type="checkbox"/>	2.	
Minimum of 2 formal presentations: Title, Audience and Location		
<input type="checkbox"/>	1.	
<input type="checkbox"/>	2.	
2-Journal clubs Presentations:		
<input type="checkbox"/>	<i>Article 1</i>	
<input type="checkbox"/>	<i>Article 2</i>	
<input type="checkbox"/>	Residency OneNote Notebook for all items that should be kept in 'binder'	
<input type="checkbox"/>	PharmAcademic evaluations completed for all learning experiences:	
<input type="checkbox"/>	Post-residency survey (<i>LifePoint specific & PharmAcademic</i>)	
<input type="checkbox"/>	Rating of "Achieved" on all R1 objectives	
<input type="checkbox"/>	Rating of "Achieved" on 75% of remaining objectives	
<input type="checkbox"/>	No rating of "Needs Improvement" on any objectives	

RPD Signature: _____

Date: _____

Resident Signature: _____

Date: _____

Appendix L: PGY1 and PGY2 Preceptor Appointment/Reappointment Form

Each year LifePoint Health will review each preceptor's self-reported annual check off list for reappointment. This reappointment will be confirmed each year at the July Residency Advisory Council meeting.

This form must be completed annually no later than June 30th of each year and returned to the RPD for review.

Pharmacist Preceptors' Eligibility

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

- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience

Preceptors' Qualifications/Requirements

Recognition in the area of pharmacy practice for which they serve as preceptors;

Guidance

Preceptors must have one of the following: (please check all that are applicable)

- BPS certification
- Fellow at a state or national level organization
- Certificate of Completion from a state or nationally available-program that relates to the area of practice in which they precept (e.g., Epic Willow certification, Six Sigma/LEAN Six Sigma certification, ISMP sponsored Medication Safety certificate, ASHP sponsored certificates). Health-system/local residency site based programs are excluded.
- Validated certification that results from an exam by the organization providing certification
- Pharmacy related certification recognized by Council on Credentialing in Pharmacy (CCP)
<http://www.pharmacycredentialing.org/Files/CertificationPrograms.pdf>
 - Other examples include: Certified Professional in Patient Safety (CPPS), Certified Diabetes Educator(CDE)

Exceptions to the list that do not meet this domain are ACLS, PALS and BLS

- Post-Graduate Fellowship in the advanced practice area or an advanced degree beyond entry level pharmacy degree (e.g., MBA, MHA)
- Formal recognition by peers as a model practitioner
- Pharmacist of the year - recognized at state, city or institutional level where only one individual is recognized
- Patient care, quality, or teaching excellence – recognition at organization level (not internal to pharmacy department only) for an initiative that resulted in positive outcomes for all patients that either was operational, clinical or educational in nature)
- Credentialing and privileging granted by the organization/practice/health system with ongoing process of evaluation and peer review

- Subject matter expertise as demonstrated by ten or more years of practice experience in the area of practice in which they precept.

Ongoing professionalism, including a personal commitment to advancing the profession

Guidance

Ongoing professionalism is demonstrated by completing **at least 3 activities** in the last 5 years.

Examples:

- Serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitted comments on draft standards/guidelines for professional organizations)
- Presentation/poster/publication in professional forums
- Poster/presentation/project co-author for pharmacy students or residents at a professional meeting (local, state, or national)
- Active service, beyond membership, in professional organizations at the local, state, and/or national level (e.g., leadership role, committee membership, volunteer work)
- Active community service related to professional practice (e.g., Free Clinic, medical mission trips)
- Evaluator at regional residency conferences or other professional meetings
- Routine in-service presentations to pharmacy staff and other health care professionals
- Primary preceptor for pharmacy students
- Pharmacy technician educator
- Completion of a Teaching and Learning Program
- Providing preceptor development topics at the site
- Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock, or practitioner surveyor)
- Contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes, etc.
- Publication of original research or review articles in peer-reviewed journals or chapters in textbooks
- Publication or presentation of case reports or clinical/scientific findings at local, regional, or national professional/scientific meetings or conferences
- Teaching of pharmacy students or other health care professionals (e.g., classroom, laboratory, in-service)
- Active involvement on committees within an enterprise (e.g., work impacts more than one site across a health-system)
- Updated on APR form
- Updated in APR in PharmAcademic
- Completed in at least two preceptor development activities

I have reviewed and updated all appropriate documentation for reappointment as a Residency Preceptor in the LifePoint Health Residency Program. I further state that I understand that I am responsible for ensure continued preceptor eligibility. My signature indicates that the information documented above is completed and am agreeing to become or continue as a preceptor for the program.

Preceptor

Date

This form has been reviewed and this preceptor is appointed or reappointed as a preceptor for the LifePoint Residency Program.

RPD/RPC

Date

Preceptor Bi-Annual (Two-Years) Self-Assessment and Appointment/Reappointment Form

Please review all resident and student evaluations of you. Use this information to complete a self-assessment of your teaching skills. Bring this assessment to the residency retreat.

Preceptor: _____

Attribute	Grading				
1. How do you rate your performance as a pharmacy practice role model for residents?	1 Poor	2	3	4	5 Superb
2. How do you rate your performance providing regular formative and summative feedback to residents in a timely manner?	1 Poor	2	3	4	5 Superb
3. Do you make yourself available for resident interaction on a regular basis?	1 Never	2	3	4	5 Always
4. Do you arrange necessary opportunities to allow residents to complete all learning objectives listed in your Learning Experience(s) (Rotation(s))?	1 Never	2	3	4	5 Always
5. How well do you display enthusiasm for teaching?	1 Poor	2	3	4	5 Superb
5. How well do you answer questions clearly and give clear explanations to the resident?	1 Poor	2	3	4	5 Superb
7. Do you ask questions of the resident that cause self-directed learning?					

Attribute	Grading				
	1	2	3	4	5
	Poor			Superb	
<p>8. How well do you perform each of the following 4 preceptor roles? Describe how you perform these roles.</p> <p>a. Direct Instruction How?</p> <p>b. Modeling How?</p> <p>c. Coaching How?</p> <p>d. Facilitating How?</p>	Poor				Superb
<p>9. How do you display interest in the resident?</p>					
<p>10. How would you rate your participation in resident presentations?</p> <p>1 = Rarely attend</p> <p>5 = Regularly attend, read article ahead, and ask questions/interact/discuss</p>	1	2	3	4	5

Preceptor Qualifications

Assess contributions/experiences within the past 5 years in the following sections, which correspond to Qualifications of the Residency Program Director and Preceptors, in the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residencies. Check all that apply.

Pharmacist Preceptors' Eligibility

1. **Pharmacist preceptors must be licensed** (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:
 - have completed an ASHP-accredited PGY 2 residency followed by a minimum of one year of pharmacy practice experience; or

 - without completion of a PGY2 ASHP-accredited residency, have three or more years of pharmacy practice experience

2. **Recognition in the area of pharmacy practice for which you serve as a preceptor.**
 - Active BPS Certification(s)
 - Active Multidisciplinary Certification(s) (CDE etc)
 - Fellow Status
 - Credential Status
 - Awards/Recognition
 - Ongoing service and subject matter knowledge , as demonstrated by 10 or more years of practice experience in which they precept

3. **An established, active practice for which you serve as preceptor.**
 - Contribution to the development of clinical or operational policies/guidelines/protocols:
 - Contribution to the creation/implementation of a new clinical service or service improvement initiative:
 - Appointments to drug policy and other committees of the organization

4. **Ongoing professionalism, including your personal commitment to advancing the profession. (Must have completed at least 3 activities in the last 5 years.**
 - Membership and Service in National, State, and/or Local Professional Associations
 - Publications, Presentations, Posters, Other Productions (Self or Co-Authored)
 - Regular reviewer of contributed papers, grants, or manuscripts submitted for publication
 - Regular moderator or evaluator at a regional residency conference or other meetings
 - Pharmacy Student/Technician/Staff/Healthcare Provider/Preceptor Development/Patient/Consumer Education/ Teaching Experience
 - Faculty/Instructor Appointment
 - Teaching Certificate Program (if completed)
 - Participant in Wellness Programs, Health Fairs, or other Disease Prevention Programs
 - Other Service to the Health Care Organization(s) or Academic Institution(s) (Narrative)
 - Active community service related to professional practice
 - Active involvement on committees within an enterprise

If you do not meet at least 1 criteria in each of the 3 sections please list which additional criteria you will work to meet and how. Please be specific (include timelines).

Based on your assessment, what plans do you have to improve your teaching skills? Please list 1 – 2 goals to work on this year.

Do you have any recommendations for education/training for preceptors at MRMC?

- Updated on APR form
- Updated in APR in PharmAcademic
- Completed in at least two preceptor development activities

Residency Project Description Worksheet

Resident:

Project Advisor:

Date of Initiation:

Date of Completion:

Responsible Investigators:

Department(s) Involved: Key Personnel to Obtain Approval From:

Question to be answered:

Expected Outcomes of the Study:

Rationale for the Study:

Defining Measurements:

Data that will be collected:

Databases to Study or Create:

Data Analysis:

Description of Results:

Benefit to the Resident:

Benefit to the Department:

Likelihood of Publication:

Commitments:

_____	_____
Resident	Date

_____	_____
Preceptor	Date

RPD

Date

