Postgraduate Year One/Two (PGY1/2) Pharmacy Informatics

2023 - 2024

Lifepoint Health
Great care lives here

Residency Manual

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Overview

Welcome Letter PGY1

Dear Resident,

Lifepoint Health is honored to offer the 24-month PGY1Pharmacy/PGY2 Pharmacy Informatics Residency.

We are excited to have you as our resident. We would like to welcome you as a member of the Lifepoint family as we start this journey together through the residency experience.

Congratulations on your graduation from pharmacy school and progress on 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.

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

K. Paige Porter

PAIGE PORTER

AVP, MEDICATION MANAGEMENT INFORMATICS

PHARMACY INFORMATICS RESIDENCY PROGRAM DIRECTOR

Information Technology Services (ITS)

Lifepoint Health

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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 and providers want to practice
- Employees want to work

Our Core Values

- Champion patient care
- Do the right thing
- Embrace Individuality
- Act with Kindness
- Make a difference together

About Lifepoint Health (Updated information)
Founded in 1999 Focused on non-urban communities
Owns and operates:
- More than 62 community hospitals in 28 states
- More than 30 rehabilitation and behavioral health hospitals
- More than 170 acute rehabilitation units, outpatient centers, post-acute care facilities and other sites of care
- The sole community hospital provider in the majority of its markets
- Nearly 50,000 employees and 3,000 employed providers

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, Dean

Lipscomb University College of Pharmacy and Health Sciences - Mission

The mission of 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 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, TN, and the surrounding communities for more than 60 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.

In 2011, SRMC joined as 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 167-bed healthcare facility and provides quality care in numerous areas, including cardiac care, same-day surgery, orthopedics, diagnostics, women's health, and rehabilitation services. They have accredited Chest Pain and Stroke programs and provide level III Trauma Services. As the community grows, SRMC strives to continually improve its services and programs to meet the changing needs of Gallatin and the surrounding communities.

PGY1 Pharmacy and PGY2 Pharmacy Informatics Residency Experience

Purpose

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

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

The residency training focuses on developing 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 PGY1 Pharmacy Residency with experience 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 various areas such as acute care, ambulatory care, drug information, pharmacy operations, and clinical services, emphasizing 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 development 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 specific courses at a discounted or no tuition charge, which is reviewed yearly 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 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 healthcare-related informatics fields and develop pharmacy personnel with the ability and expertise to manage and oversee the distributive, technical, and clinical aspects of the supply chain and medication-use systems.

- This is a 24-month residency program that 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 in the hospital, corporate office, and academia 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's 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
- Reviewing residents Quarterly Development Plans to assure each resident is on track to meet criteria for completion
- Continuous Quality improvement of the residency program as it relates to regular program evaluation of strengths and opportunities for improvement
- Contributing to Preceptor development plan and Preceptor development activities

The RAC is composed of the Residency Program Director (RPD), the Residency Program Coordinator (RPC), and Residency preceptors, with additional Ad Hoc members. The RPD chairs the Council. 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 Sites

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

- Sumner Regional Medical Center - 167 bed community hospital in Gallatin, TN
- Lipscomb University College of Pharmacy – Nashville, TN
- Lifepoint Health Support Center – Brentwood, TN

Residency Activities and Requirements for PGY1 Year

Required Learning Experiences- 5 weeks each with exception of Orientation

- Orientation (3 to 4 weeks)
- Ambulatory Care
- Clinical Informatics Intro
- Corporate Pharmacy Management/Operations
- Critical Care
- Elective Experience (one)
- Internal Medicine
- Pharmacy Practice Management
- Pharmacy Practice/Staffing
- Transitions of Care

Potential Elective Learning Experiences:

- Emergency Medicine
- Antimicrobial Stewardship
- Internal Medicine, Advanced
- Critical Care, Advanced
- Transitions of Care, Advanced

Longitudinal Experiences

Experience	Projects and Activities
Education and Professional Development (50-52 weeks)	• Journal Clubs (a minimum of two per year) • Pharmacy In-services (a minimum of two per year) • Co-precepting pharmacy students • Active ACLS & PALS Certification • Drug Information questions response (min 6) Required Meetings: • ASHP Midyear Clinical Meeting or similar, including a poster presentation of the residency project • MidSouth Residency Conference (Memphis) or equivalent Resident Project • A project will be required for the PGY1 and PGY2 year. Consideration for a combined project will be given • Manuscript Recruiting: • ASHP Midyear Clinical Meeting • TPA/TSHP event (1 day) • Virtual Open house • Resident Interviews Teaching Certificate • Teaching Certificate (per Lipscomb requirements) (2-3 hours, 1 Friday / month; Aug-May)
Medication Safety (48-50 weeks)	• Process Improvement activities (one per year) • PSOrg activities • Topic Discussions
Pharmacy Staffing Experience (Min 208 hrs)	• Pharmacy Staffing (pharmacy practice)@ Sumner every 3rd weekend upon licensure

Residency Activities and Requirements for PGY2 Year

Learning Experiences

Required Learning Experience Experiences

- Orientation (1-2 weeks)
- Clinical Pharmacy Systems- EPIC (6 wks)
- Clinical Pharmacy Systems- Cerner (6 wks)
- Clinical Pharmacy Systems- Medhost (6 wks)
- Clinical Pharmacy Systems- Meditech (6 wks)

- Clinical Decision Support (4 wks)
- Clinical Decision Support: EBOS (4 wks)
- Corporate Pharmacy Management/Operations, II (6 wks)
- Elective (one) (4 wks)
- Revenue Integrity Informatics (4 wks)
- Technical Concepts and Healthcare Data (2 wks)

Potential Electives PGY2 (if not taken in PGY1)

- Critical Care, Advanced
- Emergency Medicine
- Internal Medicine, Advanced

- Antimicrobial Stewardship
- Transitions of Care, Advanced

Longitudinal Experiences

Experience	Projects and Activities
Education and Professional Development (50-52 weeks)	- Journal Clubs (a minimum of two per year) - Co-precepting pharmacy students or Residents Required Meetings: - ASHP Midyear Clinical Meeting, including a poster presentation of residency project - MidSouth Residency Conference (Memphis) - Other meetings as approved for professional development - Committee Involvement Recruiting: - ASHP Midyear Clinical Meeting - TPA/TSHP event (1 day) - Virtual Open house - Resident Interviews Project: - Project will be required for the PGY1 and PGY2 year . Consideration for a combined project will be considered - Manuscript
Medication Safety, Advanced (50-52 weeks)	- Process Improvement activities (one per year) - Precept PGY1 Resident
Pharmacy Staffing (Work) Experience (50-52 weeks)	Pharmacy Staffing (pharmacy practice) @ Sumner Regional every 4th weekend

Combined PGY1 and PGY2 Activities

Learning Experience Guidelines

Lifepoint Health will utilize four types of learning experiences for the PGY1 and PGY2 programs. The learning experiences include required and elective learning experiences, longitudinal experiences and may include supplemental experiences throughout each year.

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

PGY1 required and elective learning experiences will generally be five (5) weeks duration, and longitudinal experiences will be scheduled as defined above. Four areas are required:

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

PGY2 required and elective learning experiences will vary in duration as defined above, and longitudinal experiences will be scheduled with duration as defined above.

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 participate effectively.

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. This experience aims 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.

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 to prevent future issues. This can be completed at any time during the residency year and may be identified in any practice setting the resident is actively participating in. Present in an SBAR format.

Drug Monograph or Drug Class Review

Each resident must complete a drug monograph or drug class review for SRMC Formulary Review or Lifepoint Health Corporate Pharmacy Operations. The drug monograph or class 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.

The drug monograph or drug class review should be presented to P&T or other appropriate committee. Residents are also responsible for disseminating information related to a formulary change.

The RPD and/or RPC, in coordination with the experience preceptor, is responsible for assigning and approving all drug monographs 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 build six (6) formally written drug information questions throughout 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. Drug Information questions for the PGY2 year will be completed on an as-needed basis.

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 the reason(s) for selecting the medication, a summary of background information on the medication, a detailed description of the methodology on how the data 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 but are not required to complete 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 must 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. However, authorization to participate in 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 granted a total of 10 paid educational leave days (80 hours) per year. 4 days are allocated to Midyear, 1 day to TPA/TSHP and 2 days to Residency Conference. Residents who request additional educational leave days will be required to use personal or unpaid leave to cover additional days off.

Resident MUST obtain approval from the RPD before 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 an 8-10 hour shift every third weekend on Saturday and Sunday (shift time subject to change). Residents will receive **one day** off either before or after each staffing weekend. They must be approved by the current learning experience preceptor and RPD with a minimum of one(1) week's notice. 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 Pharmacy Practice Experience of the residency. At the conclusion of the training period, 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 if needed. Progress on this plan will be evaluated at least quarterly if deemed necessary.

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 following 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 oversees 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 checking first doses, sterile and non-sterile compounding, and unit dose packaging, and automated dispensing functions. Teaching is an important aspect of the staff pharmacist's job, including tailoring experiences and feedback for 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
- Anticoagulant management
- Provide drug information and educational support to physicians, nurses, and patients
- 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 SRMC Preceptors.

Residency Project

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

Residency project preceptors and the RPD must approve all projects.

Project Selection/Scope of Projects/Approval
The topic for the residency project is based on the interests of the residents, the needs of Lifepoint Health, the safety and benefits to participating subjects, the feasibility of the project, and the time and resources required. To assist with selecting a residency project topic, a list of potential topics may be provided to the residents at the beginning of the year. Residents may also develop or bring their own residency project ideas for consideration. The 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 residency project preceptors. The preceptors will review all proposals and determine the feasibility of the projects. Residency Project preceptors will provide feedback and additional recommendations to the residents.

Residents will submit the worksheet to the Lifepoint Health RAC for review. 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.

Residency Project Process/Timeline (Appendix A)
Project weeks: Residents will be assigned project weeks for data collection. Most residency 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 residency project should not interfere with the completion of other duties or assignments of other experiences.

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

Residents must prepare the residency project presentation and submit it to the project preceptor(s). Residency project preceptors will provide immediate feedback to the residents.

Residents will make revisions to the presentation based on comments from residency project preceptors. Residents will present a final presentation at least one week before the assigned conference deadline for submission.

Residency Project Evaluations
Residency Project preceptors shall evaluate the progress of Residency projects at least quarterly in PharmAcademic.

Residency 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 residency 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 American Journal of Health-System Pharmacy guidelines.

A draft manuscript must be submitted to Residency Project preceptors and the RPD **at least three weeks prior to completion of the program**. The resident must make changes to the manuscript as recommended by residency project preceptors and provide a final version at least one week 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 Self-Assessment 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 it back to the RPD prior to beginning the program. This documentation will be completed via PharmAcademic when able but will be uploaded if completed manually.

Resident Development Plan

Based on the initial resident self-assessment information, each resident, along with the RPD, will create a Resident Development 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 opportunities, and any particular plans or desired achievements for the residency. The RPD will compare the resident's strengths and opportunities 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 resident development plans with each resident and make recommendations for modifications to the plan as required.

The plan will be updated quarterly by each resident and reviewed with the RPD. In addition, the plan and updates to the plan will be shared with all preceptors quarterly and should be reviewed by each preceptor 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 opportunities or strengths. In addition, the plan should include the current status of the residency project and progress made in achieving residency criteria for completion requirements. When the plan is updated, the status of objectives for the residency and the residency checklist should be reviewed. Objectives that have been consistently met may be determined by the RPD to be achieved for the residency. Those objectives 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 weekly and document these sessions in PharmAcademic. These formative assessments should be used to monitor the learning process and improve communication. The preceptor should document ad hoc feedback in PharmAcademic utilizing "Provide Feedback to Resident."

Evaluations for Learning Experiences

Evaluations are an essential component of developing the skills of a resident. Therefore, 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 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. In addition, the preceptor should 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(s) and learning experience should be saved in PharmAcademic and discussed concurrently with the summative evaluations. The resident should provide at least one suggestion to the preceptor to improve the learning experience.

The residency preceptor should review these evaluations 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 or to the RAC any time during the year. A final program evaluation of the PGY1 and PGY2 residency years will be provided to the resident during the last two weeks of each residency year.

Residency Evaluation Summary

Residents
- Initial entering self-assessment form.
- Initial resident development plan.
- Learning Experiences: Schedule mid-point formative evaluation with the preceptor.
- Learning Experiences: Complete summative self-evaluations (if assigned), preceptor evaluations, and learning experience evaluations
- Longitudinal: Complete summative self-evaluations quarterly (if assigned) and preceptor and learning experience evaluations annually.
- Quarterly updates to the resident development plan.
- Final program evaluation.

Preceptors
- Learning Experiences: 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 the resident.

Residency Program Director/Residency Coordinator
- Meet with each resident at the beginning of the program to review entering self-assessment form.
- Assist with the development of the initial resident development plan.
- Update resident development plan at least quarterly in PharmAcademic.
- Share the development plan with preceptors.
- 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. Send back for edit any evaluation that is deemed incomplete (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. Therefore, the RAC will address the failure to comply with the policy. Non-compliance with the evaluation policy by a resident may prevent the resident from advancing to the 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 preceptor's evaluation policy may result in the 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 portfolios regularly throughout the year.

The residency program portfolio shall include the following items:

- Completed Resident Entering Self-Assessment form.
- Residency profile and development 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 Worksheet
    - 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.
- Drug Information responses, MUE, Formulary/Drug class review, journal clubs, case presentations, etc.
- Residency checklist

The contents of the residency portfolio serve 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.

All documents that are required as part of the Criteria for Completion shall be uploaded to PharmAcademic Files. The comment area should specify which Criteria for Completion the file satisfies.

Expectations of the Resident

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. The resident is expected to act in a professional manner and follow all code of conduct policies as outlined by Lifepoint Health. The resident will be treated as an employee of Lifepoint.

The resident is subject to the policies and procedures of the Lifepoint Health Pharmacy Residency Program, Lifepoint Health facility (e.g., Sumner Regional), and Lipscomb University—dependent upon the current learning experience site.   The resident is supervised by and reports to the learning experience preceptor and the residency program director (RPD).

When initially staffing, the resident is under the supervision of the pharmacist-in-charge. The resident should prepare during PGY1 staffing to be able to staff independently and with minimal supervision as the lead pharmacist beginning with PGY2 staffing.

Further, the resident & RPD will be responsible for ensuring all requirements have been met according to the Successful Completion Policy and Checklist (Appendix J and K).

The resident is responsible for:

- Copying the RPD/RPC on communications to preceptors & project mentors regarding the learning experience/related activities/assignments and requested days off.
- Obtaining approval from the RPD/RPC and current preceptor for the day off in exchange for weekend staffing at least 7 business days prior to the day off.
- Following through when a task or assignment is assigned – the resident should inquire about the due date and is responsible for completing the assignment by the due date without reminders. If clarification is needed or a deadline cannot be met, the resident should follow up with the person assigning in a timely manner prior to the deadline.
- Keeping the online residency notebook (OneNote).
- Scheduling bi-weekly 1:1 touchpoints and the quarterly development plan review with the RPD/RPC and coming to the meeting prepared using the standard templates [See Appendix P for 1:1 template].
- Understanding that working outside of standard business hours will likely be necessary in order to complete assignments related to the current learning experience, longitudinal experiences, the annual residency project, and other residency-related tasks (NOTE: Maintaining compliance with the current duty hour standards and policy is required).
- Being on time, prepared, attentive, and engaged in the experiences.
- Raising hand when the resident needs clarification or has concerns.
- Ensuring resident and preceptor evaluations are completed no later than seven (7) days from the last day of the learning experience or the end of the quarter (for longitudinal experiences). `

The resident will attest to these expectations by signing Appendix O.

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 successfully completing 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 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 resident's responsibility to make a formal request to the RPD and the RAC.

Pharmacy Informatics

Lifepoint Health

Great care lives here

24-month Residency Policies

Pharmacy Residency Advisory Council Charter

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 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 Residency project advisory Council and assist with project selection and approval.

14. Appoint a Residency project advisor for each resident based on the topic of the Residency 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 • **Residency Program Director (RPD-PGY1/PGY2)**	Paige Porter	Lifepoint Health	Required
Clinical Knowledge Management • **Residency Program Director (RPD-PGY1)**	Hollie McIntosh	Lifepoint Health	Required
Preceptors Area of Practice			
Medication Management Informatics	Allison Bentley		Required
Medication Management Informatics	Jessica Hopkins		Required
Medication Management Informatics	Connie Vanorman		Required
VP Pharmacy Quality and Safety	Robert Mayne		Required
Pharmacy Services	Todd White		Required
Pharmacy Services	John Theobald		Required
Pharmacy Revenue Optimization	Drew Lewis		Required
Medication Management Informaticist	Alex Novgorodov		Required
Medication Management Informaticist	Muzzy Rizvi		Required
Medication Safety and Drug Diversion Prevention	Carly Feldott		Required
Chief Medical Officer (CMO)		Lifepoint Health	Ad Hoc
Lipscomb COP Director of Residency Programs Residency Preceptor	Ben Gross	Lipscomb COP	Required
Sumner Regional Medical Center, Residency Program Director/ Residency Preceptor	John Jantz or Designee	Sumner	Required

III. Council Meetings

Meeting Schedule and Process:

Meetings will be scheduled and conducted by the Residency Program Director (RPD) or designee.

1. 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.
2. All members of the RAC marked as required are required to attend.
3. Members may request an ad hoc meeting to be scheduled to evaluate resident progress or to discuss any critical issues.
4. The agenda will be composed by the RPD or designee.
5. The meeting minutes will be recorded by a member of the Council.
6. Decisions will be made by consensus. Items requiring a decision will be discussed until a clear consensus is reached.
7. Council members will have shared ownership/accountability for decisions.
8. 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;
- Foster positive communication outside of the Council regarding the residency program and the Council's progress and outcomes.

Selection of Candidates for the Residency Program Policy

Purpose:

To establish Lifepoint Health Support Center ITS 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 second of January but may be changed to an alternate date that meets ASHP requirements.

- 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 (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 virtual 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 a 10 to 15 minute 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 provided to candidates for 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 Second Round ASHP MATCH. Interested unmatched candidates will be asked to submit a letter of intent, CV and a copy of their transcripts (unofficial transcripts will be accepted). The RPD and at least one other member of the RAC will invite the top candidates to interview on site, by phone, or virtually. 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.

- Any unmatched positions after the 2nd phase of the national match will utilize the scramble phase and 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, by phone, or virtually. 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.

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 Experience		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
Interview Scoring Rubric

Interviewer Name:
Candidate Name:
Date:

Interview Scoring	Excellent (4 pts)	Proficient (3 pts)	Devel. Prof (2pts)	Unacceptable (1pt)
Listening Did the candidate answer the question that was presented?				
Speaking Did the candidate speak in an articulate manner and integrate professional language?				
Integrating Did the candidate integrate knowledge, content and experiences during the interview?				
Expressing Did the candidate express opinions in a tactful and mature manner?				
Body Language Did the candidate express appropriate body language, gestures, and eye contact that facilitated their responses?				
Professional Dress Did the candidate dress in a professional manner?	Yes = 2pts	No = 0pts		
Comments:				

Interview Scoring Rubric Definitions

	Excellent (4 pts)	Proficient (3 pts)	Devel. Prof (2pts)	Unacceptable (1pt)
Listening Did the candidate answer the question that was presented?	Answer reflected explicit understanding of the question	Answer reflected general understanding of the questions: May have missed a detail	Answer reflected partial understanding of the question	Answer did not reflect understanding of the question or answered an unasked question
Speaking Did the candidate speak in an articulate professional language?	Spoke clearly and articulately: Was confident in knowledge; integrate professional language throughout the response: No "ums, uhs, ers," etc	Spoke articulately most of the time. Used general words at times instead of details; integrated a good amount of professional language throughout response. Some "ums", etc.	Spoke in a somewhat nervous manner; Lacked confidence in knowledge; Sketch use of professional language; Many "ums uhs", etc.	Nervous; Incomplete thoughts, Not articulate, No use of professional language; Responses riddled with "ums, uhs, ers", etc.
Integrating Did the candidate integrate knowledge, content, and experiences during the interview?	Fully integrate knowledge, content, and experiences in an organized, accurate, and detailed manner; Engaged listener with unique answers	Integrated knowledge, content, or experiences in a generally organized and accurate manner; Invited response from the listener	Integrated some knowledge, content or experience; response was somewhat rambling or missing details; Listener needs to clarify	Failed to integrate knowledge, content, or experiences; Inaccurate and/or incomplete responses; Listener was confused
Expressing Did the candidate express opinions in a tactful and mature manner?	Recognize that opinions might be at odds with listener's; identified that it was own opinion; Expressed opinions highly tactful and mature manner	Did not recognize that opinions might be at odds with listener's; Identified that response was own opinion; Expressed opinions in a generally tactful manner	Did not recognize that opinions might be at odds with listener's; Did not identify response was own opinion; Expressed opinions in open but unprofessional manner	Did not recognize that opinions might be at odds with listener's; Did not identify that response was own opinions; Expressed opinions in a biased or inappropriate manner
Body Language Did the candidate express appropriate body language, gestures, and eye contact that facilitated their responses?	Upright posture, alert manner. Gestures fully enhanced responses. Sustained, appropriate, natural eye contact. Seemed natural and at ease	Upright posture. Gestures enhanced responses. Fairly consistent and appropriate eye contact. Fairly natural/at ease.	Inconsistent posture and/or eye contact. Limited, unnatural and/or stiff gestures.	Body language conveyed disinterest and/or nervousness; slouched or moved nervously throughout the interview.
Professional Dress Did the candidate dress in a professional manner?	2pts: Dress in professional manner; Generally neat and well-groomed		0pts: Dress was inappropriate or unkempt	

Lifepoint Health Pharmacy Informatics Residency
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

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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

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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 participate in 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 University 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.
- Holidays: Additional leave includes the following 8 holidays provided by Lifepoint Health (8 hours per day): New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, and Christmas Day. If the resident is scheduled to work in a staffing capacity on the holiday, a compensatory day will be arranged through the resident, preceptor and RPD.
- Professional Leave: Residents are granted a total of 10 paid educational leave days (80 hours) per year. 4 days are allocated to Midyear, 1 day to TPA/TSHP and 2 days to Residency Conference. Residents who request additional educational leave days will require using personal or unpaid leave to cover additional days off. Resident MUST obtain approval from the RPD before utilizing professional leave.
- Time off should be limited to no more than 20% of the given experience. Time off in excess of 20% may be required to be made up at the discretion of the RPD.
- 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.
- 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 expected 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.

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 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.
- Any hours worked at any compensated work opportunity (not restricted to pharmacy based jobs) will be included in the definition of Moonlighting.
- Lifepoint will follow ASHP Requirements for Duty hours and Moonlighting, see policy below for more specifics.

Well Being and Resilience

- Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.
- As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.
- It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
- As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

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. The RPD will review PharmAcademic documentation and the attestation 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 internal and external 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, 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 and must not interfere with the resident's fitness for work nor ASHP Duty-Hour Requirements or compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.

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 preceptors in advance for any moonlighting activities.

2. Approval for moonlighting by the RPD must be documented by completing the Moonlighting Approval Form (Appendix H). This form will be retained in Resident's PA files and Resident electronic binder.

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 number 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 the 18 days provided as holidays and PTO 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 per residency year 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:
- Obtaining Licensure in the State of Tennessee
- Complete Pre & post residency surveys/Self-assessments.
- 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 in required and elective learning experiences, 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.- 2 journal club, 2 formal presentations, 2 provider or staff in-services)
    - ACLS/PALS Certification
    - Attendance at all required meetings
- 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.
- Completing the requirements to earn a teaching certificate.
- Completion of the residency notebook and upload of all deliverables into PharmAcademic

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 resident who completes 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 for residency 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 objectives 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:
    - 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 and upload of all deliverables into PharmAcademic

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 resident who completes 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.

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.

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 and Program Development Policy

Lifepoint Health will engage in an ongoing assessment of the residency program and preceptor skills. The program 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. Individual preceptor development plans will be developed 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:

- Preceptor Development
    - An assessment of preceptor needs
    - Schedule of activities to address identified needs
    - Periodic review of effectiveness of plan
- Program Development
    - Assess methods for recruitment that promote diversity and inclusion.
    - Obtain end-of-the year input from residents who complete the program.
    - Review resident evaluations of preceptors and learning experiences.
    - Obtain feedback from preceptors related to continuous improvement.
    - Document program improvement opportunities and plans for changes.
    - Implement improvements identified through the assessment process.

Assessment of Needs:
- The RPD will review residents' and preceptors' evaluations as they become available and learning experiences annually to identify potential needs,
- The RPD will solicit verbal feedback from residents and preceptors,
- 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 or program development.

Development Process for Preceptor Development Plan and Program Improvement:
- Needs identified through the assessment process will be discussed annually as part of the annual end-of-year preceptor meeting.
- The RPD and preceptors will jointly decide on the areas of preceptor and program 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 RPD (or a designee) will document program improvement opportunities and plan for changes to the upcoming year to address areas of need at the next scheduled residency advisory committee meeting.
- The RPD, Designee, Preceptors and RAC members will participate in implementing improvements to the program that were identified throughout the process.
- The preceptor development plan will be publicized to all preceptors and will be documented as an attachment to the July/Aug RAC minutes (or at the next scheduled meeting if that meeting is canceled).

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:
    o 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.
    o 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.

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 Requirements

1. Each residency program must have single residency program director (RPD) who serves as the organizationally authorized leader of the residency program..
2. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
3. The RPD may delegate, with oversight, administrative duties/activities for the conduct of the residency program to one or more individuals.
4. A sufficient complement of eligible and fully qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of The Standard.

Residency Program Directors' Eligibility

1. PGY1 RPDs are licensed pharmacists from the practice site who:
   - completed an ASHP-accredited PGY1 residency and a minimum of three years of relevant pharmacy practice experience; or
   - completed ASHP-accredited PGY1 and PGY2 residencies and a minimum of one year of relevant pharmacy practice experience; or
   - has a minimum of five years of relevant pharmacy practice experience if they have not completed an ASHP-accredited residency.
2. PGY2 RPDs are licensed pharmacists from the practice site who:
   - completed an ASHP-accredited PGY2 residency in the advanced practice area, and a minimum of three years of additional practice experience in the PGY2 advanced practice area; or
   - has a minimum of five years of experience in the advanced practice area if they have not completed an ASHP-accredited PGY2 residency in the advanced practice area.

Residency Program Directors' Qualifications

RPDs serve as role models for pharmacy practice and professionalism, as evidenced by:
- Maintaining BPS certification in the specialty area when certification is offered in that specific advanced area of practice (PGY2 RPDs only).
- Contribution to pharmacy practice. For PGY2 RPDs, this must be demonstrated relative to the RPD's PGY2 practice area.
- Ongoing participation in drug policy or other committees/workgroups of the organization or enterprise.
- Ongoing professional engagement.
- Modeling and creating an environment that promotes outstanding professionalism.
- Maintaining regular and ongoing responsibilities in the advanced practice area in which they serve as RPDs (PGY2 RPDs only).

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.

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 as evidenced by:
- 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;
- demonstrate content knowledge/expertise in the area(s) of pharmacy practice precepted, and
- contribute to pharmacy practice in the area precepted, and
- maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors and actively participate and guide learning when precepting residents, and
- role model ongoing professional engagement.

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 as documented in the Residents Development Plan; and,
- pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience; and,
- The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience; and,
- Input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.

PGY1 and PGY2 Preceptor Criteria for Appointment or Reappointment

The Lifepoint Health RPD or designee will initially review each preceptor's documentation for appointment and will review each preceptor's documentation for reappointment at least every 4 years. This reappointment will be confirmed and documented at a Residency Advisory Council meeting. This will include that all preceptor requirements and qualifications are met, an updated APR form and a review of all preceptor evaluations. Supporting documentation will be reviewed by the RPD for reappointment.

In the event that a preceptor does not meet the expectations or requirements/qualifications, the RPD or designee 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 L and Appendix M for Criteria for Appointment/ Reappointment documents.

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.

ASHP PGY1 Pharmacy Residencies - Competency Areas, Goals, and Objectives (CAGO)

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

PGY1 CAGOS Table

Competency Area R1:	Patient Care
Goal R1.1	**In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients…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 R1.1.3*	**(Applying) Collect information on which to base safe and effective medication therapy.**
OBJ R1.1.4*	**(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.**
OBJ R1.1.5*	**(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).**
OBJ R1.1.6*	**(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.**
OBJ R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
OBJ R1.1.8	(Applying) Demonstrate responsibility to patients.
Goal R.1.2	**Ensure continuity of care during patient transitions between care settings.**
OBJ R.1.2.1	(Applying) Manage transitions of care effectively.
Goal R.1.3	**Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.**
OBJ R1.3.1*	**(Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.**
OBJ R1.3.2	(Applying) Manage aspects of the medication-use process related to formulary management.
OBJ R1.3.3*	**(Applying) Manage aspects of the medication-use process related to oversight of dispensing.**
Competency Area R2:	Advancing Practice and Improving Patient Care
Goal R.2.1	**Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.**
OBJ R2.1.1*	**(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.

Goal R.2.2	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**
Goal R3.1	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.
Goal R3.2	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**
Goal R4.1*	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.
Goal R4.2	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.

ASHP PGY2 Pharmacy Informatics Residencies Required Competency Goals - 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.
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.

Required Goals	
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.
R5.6	Become proficient at planning ongoing medication-use technology and automation system maintenance or optimization projects.
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

Appendix A: Summary of Residency Project Progress/Timeline

Residency Research Progress/Timeline

Tasks	Date	Completed (Initials)
Meeting: Research project overview, discuss topic ideas	July - Orientation	
Review ASHP Residency/ New Practitioner Research Tips: ASHP Research Resource Center	July- Orientation	
Complete IRB training if required	July- Orientation	
Meeting: Finalize topic selection, overview of writing abstract and protocol	Last week of July	
Submit proposal to RAC/ IRB	August / September	
Draft abstract and protocol	1st week September	
Submit 1st draft of abstract/protocol to preceptor and RPD	September 9	
Preceptor and RPD: Return edited 1st draft to resident	September 13	
Submit 2nd draft of abstract/protocol to preceptor and RPD	September 20	
Preceptor and RPD: Return edited 2nd draft to resident	September 27	
DEADLINE to submit Poster Abstracts for ASHP Midyear	October 1	
Initial draft of poster for ASHP Midyear due	November 1	
Final draft of poster for ASHP Midyear due	November 15	
Present poster at ASHP Midyear Meeting	1st week December	
Research Month Collection of data, analysis, etc	December	
DEADLINE to submit Abstract for Residency Conference	March 1	
Initial draft of Conference presentation complete	March 15	
Conference presentation practice (LPNT presentation)	April	
DEADLINE to submit Presentation for Conference	Week of conference	
Present at Residency Conference or equivalent	~3rd week of April	
Initial draft of manuscript complete for review	June 1	
Submission of the final project write-up to the Residency Program Director (required for completion of the residency program)	One week prior to residency completion,	

Appendix B: Inpatient Staffing Training Checklist for Pharmacy Residents

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

Appendix D: Visual Presentation Evaluation Rubric

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

	Needs Improvement	Satisfactory Progress	Achieved
Introduction • Got our attention • Gave a preview of presentation			
Preparation • Preparation apparent • Practice apparent			
Organization • 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?			
Creativity • 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?			
Meeting assignment objectives • Did the presentation incorporate strong, effective supporting materials throughout? • Did the presenters give clear and concrete explanations and examples?			
Presentation Style • Was it delivered extemporaneously? (members knew their material, used minor notes and did not read the presentation) • Language used was appropriate and clear?			
Delivery • 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?			
Visual aid(s) • 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.			
Conclusion • Ended with a summary • Had finality to cap off presentation			
Overall rating of project • Includes presentational style, content, organization, and creativity			

Appendix E: Scoring Rubric for Oral Presentations:

Resident Name: _____

Presentation Name: _____

Presented to: _____

Date: _____

	Needs Improvement	Satisfactory Progress	Achieved
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			

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 preceptor of any hours I work in addition to my residency duty hours. Should the Residency Program Director, Residency Coordinator, or Learning Experience 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)	**The resident is still primarily requiring use of the Direct Instruction and Modeling preceptor roles (as defined below) during the week prior to evaluation:** Direct Instruction: The teaching of content that is foundational in nature and is necessary to acquire before skills can be applied or performed. • 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. **OR** Modeling: 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. • 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)	**Based on the resident's progress, the preceptor is primarily using the Coaching preceptor role (as defined below) during the week prior to evaluation:** Coaching: Allowing a resident to perform a skill while being observed by the preceptor, who provides ongoing feedback during the process. • 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)	**Based on the resident's progress, the preceptor is primarily using the Facilitating preceptor role (as defined below) during the week prior to evaluation:** Facilitating**:** Allowing the resident perform independently, while the preceptor remains available if needed and de-briefing with the resident after the fact • 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)	The resident has ACH during the learning experience and the RPD 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, 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).

Appendix J: PGY1 Residency Checklist

PGY1 RESIDENT NAME:

***** Bring Residency Checklist to

each RAC meeting and Quarterly Evaluation*****

PGY1 Year:

☐	I received and understand the Residency Manual			
☐	Pre-residency surveys (Lifepoint Health specific & Pharmacademic)			
☐	Pharmacy Licensure in the state of Tennessee			
Acute Care Learning Experiences:				
REQUIRED (Core) LEARNING EXPERIENCES		*Date Completed*	**ELECTIVE** LEARNING EXPERIENCES	*Date Completed*
☐	Orientation (3-4wk)		☐	
☐	Pharmacy Practice (5wk)		☐	
☐	Internal Medicine (5wk)			
☐	Critical Care (5wk)			
☐	Pharmacy Informatics (5wk)			
☐	Pharmacy Management (5wk)			
☐	Transitions of Care (5wk)			
☐	Ambulatory Care (5wk)			
☐	Corporate Management (5wk)			
Longitudinal Learning Experiences:				
☐	Medication Safety			
☐	Pharmacy Practice (Staffing)			
	Staffing, every 3rd weekend at Sumner Regional Medical Center (Min total hours 208)			
☐	Education and Professional Development including:			
☐	Residency Project			
	Residency project completion *(by end of residency)*			
	Publication format final manuscript *(by 1 weeks prior to end of residency)*			
☐	Teaching Certificate Program			
☐	Completion of ACLS/PALS			
Other requirements:				
☐	Medication Use Evaluation (1)			
☐	Resident (Process Improvement) Project (1 project)			
	Description of Project:			
	Lead 'preceptor' of project			
	Deliverable type:			
☐	Drug Monographs/Class Evaluation (1)			
☐	Drug Information Questions (6)			
	1.			
	2.			
	3.			
	4.			

	5.	
	6.	
☐	Completion of all learning experience evaluations *(self, preceptor, Learning Experience)*	
Required Meetings:		
☐	Attendance and participation at TSHP/TPA Seminar for residency recruitment *(Fall)*	
☐	Attendance and participation at ASHP Mid-Year for residency recruitment	
☐	Attendance and participation at ASHP Mid-Year for residency poster presentation	
☐	Attendance and participation at MidSouth Residency Conference (Memphis) or equivalent	
Committee Attendance (at least 75%):		
☐	Medication Safety Committee *or Drug Diversion (quarterly attendance)*	
☐	Director of Pharmacy Meeting/Committee *(monthly attendance)*	
☐	Clinical Advisory Group Meeting (Quarterly)	
☐	Sumner Staff Meetings	
Minimum of 2 in-services: Title, audience and location		
☐	1.	
☐	2.	
Minimum of 2 formal presentations: Title, audience and location		
☐	1.	
☐	2.	
2-Journal clubs Presentations:		
☐	*Article 1:*	
☐	*Article 2:*	
☐	Residency OneNote Notebook (Binder) and all files (deliverables) uploaded to PA	
☐	Post-residency survey *(Lifepoint specific & PharmAcademic if applicable)*	
☐	Rating of "Achieved" on all Critical objectives (☐1.1.1; ☐1.1.3; ☐1.1.4; ☐1.1.5; ☐1.1.6; ☐1.3.1; ☐1.3.3; ☐2.1.1.; ☐2.1.2; ☐2.2.1; ☐2.2.5; ☐3.1.1; & ☐4.1.2)	
☐	Rating of "Achieved" on 75% of remaining 20 objectives ☐1.1.2 ☐1.1.7 ☐1.1.8 ☐1.2.1 ☐1.3.2 ☐2.1.3 ☐2.1.4 ☐2.2.2 ☐2.2.3 ☐2.2.4 ☐3.1.2 ☐3.2.1 ☐3.2.2 ☐3.2.3 ☐3.2.4 ☐4.1.1 ☐4.1.3 ☐4.1.4 ☐4.2.1 ☐4.2.2	
☐	No rating of "Needs Improvement" on any objectives	

RPD Signature: _____   Date: _____

Resident Signature: _____   Date: _____

Appendix K: PGY2 Residency Checklist

***** Bring Residency Checklist to

each RAC meeting and Quarterly Evaluation*****

PGY2 RESIDENT NAME:

PGY2 Year:

☐	I received and understand the LPNT Residency Policy Manual			
☐	Pre-residency surveys (Lifepoint Health specific & Pharmacademic)			
Learning Experiences:				
REQUIRED LEARNING EXPERIENCES		*Date Completed*	ELECTIVE LEARNING EXPERIENCES	*Date Completed*
☐	Orientation		☐	
☐	Clinical Pharmacy System - EPIC		☐	
☐	Clinical Pharmacy System - Cerner			
☐	Clinical Pharmacy System - Medhost			
☐	Clinical Pharmacy System - Meditech			
☐	Corporate Pharmacy Management II			
☐	Technical Concepts and Healthcare Data			
☐	Revenue Integrity Informatics			
☐	Clinical Decision Support			
☐	Clinical Decision Support - EBOS			
Longitudinal Learning Experiences:				
☐	Education and Professional Development			
☐	Medication Safety, Advanced			
	Residency Project			
☐	Residency project completion *(by end of residency)*			
☐	Publication format final manuscript *(by 2 weeks prior to end of residency)*			
☐	Staffing (minimum 192 hours)			
Other requirements:				
☐	Contribute to review and/or development of CPOE Order-set *(end of residency)*			
☐	Process Improvement Project (1 project)			
	Description of Project:			
	Lead 'preceptor' of project			
	Deliverable type:			
☐	Completion of all learning experience evaluations *(self, preceptor, Learning Experience)*			
Required Meetings:				
☐	Attendance and participation at TSHP Seminar conference for residency recruitment *(Fall)*			
☐	Attendance and participation Lipscomb Career Fair for residency recruitment, if applicable			
☐	Attendance and participation at ASHP Mid-Year for residency recruitment			
☐	Attendance and participation at ASHP Mid-Year for residency poster presentation			
☐	Attendance and participation at MidSouth Residency Conference (Memphis) or equivalent			
Committee Involvement:				
☐	Medication Safety or Drug Diversion Committee *(quarterly attendance)*			

☐	Director of Pharmacy Meeting/Committee *(monthly attendance)*	
☐	Clinical Advisory Group Meeting (Quarterly)	
Minimum of 2 formal presentations: Title, Audience and Location		
☐	1.	
☐	2.	
Journal clubs Presentations:		
☐	*Article 1*	
☐	*Article 2*	
☐	Residency OneNote Notebook (Binder) and all files (deliverables) uploaded to PA	
☐	PharmAcademic evaluations completed for all learning experiences:	
☐	Post-residency survey *(Lifepoint specific & PharmAcademic if applicable)*	
☐	Rating of "Achieved" on 85% of objectives	
☐	No rating of "Needs Improvement" on any objectives	

RPD Signature: _____   Date: _____

Resident Signature: _____   Date: _____

Appendix L: PGY1 and PGY2 Preceptor Appointment/Reappointment Form

Lifepoint Health will review each preceptor's documentation for reappointment no less than every 4 years. This reappointment will be confirmed and documented at a Residency Advisory Council meeting.

[Pharmacist Preceptors' Eligibility](#)

Review the most recent ASHP Preceptor Academic and Professional record to assure Pharmacist Preceptors meet Eligibility for the level of precepting as defined in the most current ASHP Accreditation Standards

[Preceptors' Qualifications](#)

Review the most recent ASHP Preceptor Academic and Professional record to assure Pharmacist Preceptors meet Qualifications as defined in the most current ASHP Accreditation Standards

[Preceptors' Contributions to Pharmacy Practice](#)

Review the most recent ASHP Preceptor Academic and Professional record to assure Pharmacist Preceptors have made Contributions to Pharmacy Practice as defined in the most current ASHP Accreditation Standards

[Preceptors' Professional Engagement](#)

Review the most recent ASHP Preceptor Academic and Professional record to assure Pharmacist Preceptors meet standards for Professional Engagement as defined in the most current ASHP Accreditation Standards

I have reviewed and updated all appropriate documentation for appointment/reappointment as a Residency Preceptor in the Lifepoint Health Residency Program. I further state that I understand that I am responsible for ensuring continued preceptor eligibility as defined in the standards. 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

Appendix M: Preceptor Self-Assessment and Appointment/Reappointment Form

Please review all learner evaluations of yourself. Use this information to complete a self-assessment of your teaching skills.

Preceptor:_____

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

Attribute	Grading
b. Modeling How?	1 2 3 4 5
c. Coaching How?	1 2 3 4 5
d. Facilitating How?	1 2 3 4 5
9. How do you display interest in the resident?	
10. How would you rate your participation in resident presentations? 1 = Rarely attend 5 = Regularly attend, read article ahead, and ask questions/interact/discuss	1 2 3 4 5

Assess contributions/experiences which correspond to Qualifications of the Residency Program Director and Preceptors, in the *ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs.*

Pharmacist Preceptors' Eligibility

☐ I have reviewed my ASHP Preceptor Academic and Professional record to assure Pharmacist Preceptors Eligibility is met for my level of precepting as defined in the most current ASHP Accreditation Standards

Preceptors' Qualifications

☐ I have reviewed my ASHP Preceptor Academic and Professional record to assure Pharmacist Preceptor Qualifications are met as defined in the most current ASHP Accreditation Standards

Preceptors' Contributions to Pharmacy Practice

☐ I have reviewed my ASHP Preceptor Academic and Professional record to assure Pharmacist Preceptors Contributions to Pharmacy Practice are met as defined in the most current ASHP Accreditation Standards

Preceptors' Professional Engagement

☐ I have reviewed my ASHP Preceptor Academic and Professional record to assure Pharmacist Preceptor standards for Professional Engagement are met as defined in the most current ASHP Accreditation Standards

If you do not meet criteria in each of the sections list above, 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 LifePoint Health?

☐ Updated on APR form
☐ Updated PharmAcademic APR
☐ Participated in at least two preceptor development activities per year

Appendix N: 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

Appendix O: Expectations of the Resident

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. The resident is expected to act in a professional manner and follow all code of conduct policies as outlined by Lifepoint Health. The resident will be treated as an employee of Lifepoint.

The resident is subject to the policies and procedures of the Lifepoint Health Pharmacy Residency Program, Lifepoint Health facility (e.g., Sumner Regional), and Lipscomb University—dependent upon the current Learning Experience site.   The resident is supervised by and reports to the Learning Experience preceptor and the residency program director (RPD).

When initially staffing, the resident is under the supervision of the pharmacist-in-charge. The resident should prepare during PGY1 staffing to be able to staff independently and with minimal supervision as the lead pharmacist beginning with PGY2 staffing.

Further, the resident & RPD will be responsible for ensuring all requirements have been met according to the Successful Completion Policy and Checklist (Appendix J and Appendix K).

The resident is responsible for:

- Copying the RPD/RPC on communications to preceptors & project mentors regarding the learning experience/related activities/assignments and requested days off.
- Obtaining approval from the RPD/RPC and current preceptor for the day off in exchange for weekend staffing at least 7 business days prior to the day off.
- Following through when a task or assignment is assigned – the resident should inquire about the due date and is responsible for completing the assignment by the due date without reminders. If clarification is needed or a deadline cannot be met, the resident should follow up with the person assigning in a timely manner prior to the deadline.
- Keeping the online residency notebook (OneNote).
- Scheduling bi-weekly 1:1 touchpoints and the quarterly development plan review with the RPD/RPC and coming to the meeting prepared using the standard templates [See Appendix P for 1:1 template].
- Understanding that working outside of standard business hours will likely be necessary in order to complete assignments related to the current learning experience, longitudinal experiences, the annual residency project, and other residency-related tasks (NOTE: Maintaining compliance with the current duty hour standards and policy is required).
- Being on time, prepared, attentive, and engaged in the experiences.
- Raising hand when the resident needs clarification or has concerns.
- Ensuring resident and preceptor evaluations are completed no later than seven (7) days from the last day of the learning experience or the end of the quarter (for longitudinal experiences).

Attestation of Resident:
The resident has reviewed and agrees to the above expectations for this residency program and acknowledges review and acceptance of program policies. (This document will be filed with the residency orientation materials).

Resident Signature: _____   Date: _____

RPD Signature: _____   Date: _____

Appendix P: Agenda Example for Bi-Weekly 1:1 Touchpoint

Expectation: Resident will complete this form prior to touchpoint and send to RPD/RPC following touchpoint – RPD/RPC will then add additional comments if needed and include in PharmAcademic as ad hoc feedback.

Date: _____

Resident: _____

Attendees: _____

Current Learning Experience – The Past Week:

- Tell us about your current learning experience.
- What feedback have you received from your preceptor?
- How many hours did you work in the past week?
- What deadlines do you have coming up?
- What is your burnout/resiliency rating this week?
- How are you feeling about time management this week? Any distractions preventing you from completing your work?
- Miscellaneous:

Longitudinal Experiences (PGY1):

- Share a status update on your annual residency project and project plan.
- Staffing:
- Medication Safety/Drug Information:
- Educational & Professional Development (Journal Club, Case Presentations, Newsletter, Project Management, Other Projects):
- Teaching Certificate:
- Miscellaneous:

Longitudinal Experiences (PGY2):

- Share a status update on your annual residency project and project plan.
- Educational & Professional Development (Journal Club, Medication Safety, Drug Information, Precepting, Newsletter, Project Management, Job Hunting, Other Projects):
- Miscellaneous:

Overall:

- When is your next staffing weekend?

- Do you have any days scheduled off (for staffing, PTO, EIB, or personal appointments) in the next week?

- Do you have any outstanding evaluations (from you or preceptors)?

- Have you received any project/task requests (big or small) from anyone which are not directly aligned with your current learning experience or longitudinal experiences? If so, what are the requests?

- Are you managing your electronic residency binder in OneNote (daily or weekly activity tracker, important documents/attachments)?

- What is going well?

- What have you learned?

- Do you have any concerns?

- What can "we" do better to improve your experience (You, RPD/RPC, or your current preceptor)?

- What do you need from RPD/RPC? Are you waiting on anything from us?

Follow-Up Needed and By Whom:

Additional Notes from RPD/RPC: