PGY1 Pharmacy Residency Manual

NEA Baptist Memorial Hospital
Jonesboro, Arkansas

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Welcome!

Congratulations on starting your residency with NEA Baptist Memorial Hospital!

We are pleased to welcome you as a new member of NEA Baptist's highly trained and dedicated pharmacy team. Your pharmacy residency is an exciting and unique time to focus on learning and refining clinical skills, and we are dedicated to providing you with a variety of high-quality learning experiences during your residency. We believe that your residency year should be designed to fit your specific needs and interests, so do not hesitate to discuss opportunities to tailor activities to your specific interests.

This year you will experience great professional growth that is directly related to the amount of commitment and dedication applied. At NEA Baptist Memorial Hospital, it is our goal to partner with you to guide you on your journey to become a highly trained and independent clinical pharmacist.

Again, congratulations and welcome to the team!

Niki Carver, PharmD

Residency Program Director

This manual has been developed for the PGY1 Pharmacy Residency Program at NEA Baptist Memorial Hospital in Jonesboro, Arkansas to provide information on policies, procedures, benefits and other elements that may directly relate to the completion of our program. Questions regarding the residency manual may be addressed with the Residency Program Director or the Resident Advisory Committee. There may be changes to policies and procedures at any time when deemed necessary. You will be informed of changes accordingly.

About NEA Baptist Memorial Hospital

NEA Baptist Memorial Hospital is comprised of the 228-bed NEA Baptist Hospital and NEA Baptist Clinic, one of northeast Arkansas' largest physician groups. The hospital offers a number of inpatient and outpatient services, including surgical services, neurology, cancer care, open-heart surgery, as well as labor and delivery services through the hospital's Women's Center. NEA Baptist Clinic's 100 physicians practice in more than thirty-five specialties and offer a wealth of services, from weight loss surgery to chemotherapy. In keeping with the three-fold ministry of Christ — Healing, Preaching and Teaching — NEA Baptist is committed to providing quality health care.

Pharmacy Services at NEA Baptist Memorial Hospital

The Pharmacy Department of NEA Baptist Memorial Hospital, and its affiliates, is an integral part of total patient care. The Department's prime directive being to provide for the needs of the patient and their significant others through the implementation of safe and efficient unit dose drug distribution, maximum utilization of the professional knowledge of its pharmacists, and the monitoring of medication usage in all patient populations. The team of professionals and supportive personnel within this department accepts and fulfills its responsibilities by providing pharmaceutical products and services of high quality to all patient care providers within the hospital. The Pharmacy Department at NEA Baptist is comprised of a Pharmacy Director, Assistant Director, Clinical Specialists, pharmacists, and technician support personnel. Every effort is made toward the achievement of these principles at the lowest possible cost through efficient operations and increased associate productivity and reflecting the Mission of NEA Baptist Memorial Hospital.

The primary recipient of pharmacy services is the patient, in that all interaction between pharmacy and other departments to provide services, direct and indirect, is with the intention of providing optimal patient care based upon the scope of care of the institution. The pharmacy systems serve inpatients as well as many health care providers, especially nursing service and medical staff, in such vital areas as drug information and drug distribution based upon all applicable state and federal laws.

The Pharmacy Department shall serve on the P&T Committee as well as other performance improvement committees to ensure the review of all professional standards, policies, procedures, and quality improvement activities relating to procurement, storage, dispensing, and safe use of medications. The Pharmacy Department shall strive to be an integral part of the patient care team.

NEA Baptist Memorial Hospital

Mission

In keeping with the three fold ministry of Christ – Healing, Teaching, and Preaching – NEA Baptist Memorial Hospital is committed to providing quality health care.

Vision

To create an expert system of care in the Mid-South where love abounds so that God can do the impossible.

Department of Pharmacy

Mission

In keeping with the three fold ministry of Christ – Healing, Teaching, and Preaching – the Department of Pharmacy is committed to providing safe and effective medication management.

Vision

We will be the provider of innovative services while partnering with patients, families, physicians, and other health care professionals by offering safe, integrated, patient focused, high quality, innovative, and cost-effective medication management.

Core Services

The Pharmacy Department provides a number of core services to all inpatient areas.

The scope of core services includes:

- Management team
- Sterile products preparation
    - Central pharmacy
    - Cancer Center pharmacy
- Medication distribution and administration system
    - Inventory/purchasing
    - Unit-dose distribution – Omnicell®
    - Electronic Health Record – EPIC
    - Bar Code Medication Administration (BCMA)
    - Electronic Medication Administration Record (eMAR)
    - Computerized physician order entry (CPOE)
- Clinical Pharmacy Specialists
    - Internal Medicine
    - Critical Care
    - Emergency Medicine
    - Ambulatory Oncology
- Decentralized Services
    - Medication review
    - IV to PO conversions
    - Anticoagulation dosing and monitoring
    - Renal and hepatic dose adjustments
    - Pharmacokinetic and therapeutic drug monitoring and dosing service
    - Opioid stewardship
    - Antimicrobial stewardship
    - Adverse drug reaction detection, prevention and monitoring
- Pharmacists respond to Code Blue and Medical Response Team (MRT) emergencies

Commitment to Education

NEA Baptist Memorial Hospital is a teaching site for schools of medicine, schools of nursing, as well as pharmacy schools in the state.

PGY1 Pharmacy Residency Program

Purpose:

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

NEA Baptist Memorial Hospital has selected the following competency areas for residents. Objectives and detailed criteria for each objective can be found in the ASHP Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy Residencies. Residents will read this document as part of orientation.

Competency Area R1: Patient Care

- Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
- Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
- Goal R1.3: Promote safe and effective access to medication therapy.
- Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).

Competency Area R2: Practice Advancement

- Goal R2.1: Conduct practice advancement projects.

Competency Area R3: Leadership

- Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.
- Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.

Competency Area R4: Teaching and Education

- Goal R4.1: Provide effective medication and practice-related education.
  Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.

Pharmacy Residency Program Structure

PGY1 Pharmacy Residency
Program Director: Niki Carver, PharmD

NEA Baptist Memorial Hospital PGY1 Pharmacy Residency is a 52-week program composed of required and elective, as well as longitudinal learning experiences. The program structure ensures greater than two thirds of the residency program is spent in direct patient care activities and that no more than one-third of the residency year deals with a specific disease state or patient population.

Required Learning Experiences

- Orientation (10 weeks)
- Critical Care I (6 weeks)
- Internal Medicine I (6 weeks)
- Emergency Medicine I (6 weeks)
- Ambulatory Oncology I (6 weeks)
- Pharmacy Administration (4 weeks)

Required Longitudinal Learning Experiences

- Pharmacy Staffing
- Research Project
- Teaching and Educating
- Resident Development Plan

Elective Learning Experiences

- Critical Care II
- Internal Medicine II
- Emergency Medicine II
- Ambulatory Oncology II
- Infectious Disease

Additional Experience Opportunity

- Residents may elect to participate in the Teaching Certificate Program through the University of Arkansas for Medical Sciences, College of Pharmacy (encouraged, but not required) – click HERE for more information. Evaluations for the TCP will be included in the Teaching and Educating Learning Experience.

Learning Experiences and Assigned CAGOs Grid

R1: Patient Care	R2: Practice Advancement	R3: Leadership	R4: Teaching and Education
Required Learning Experiences			
Orientation	Research Project	Pharmacy Administration	Teaching and Educating
Internal Medicine I		Staffing	
Critical Care I		Resident Development Plan	
Emergency Medicine I			
Staffing			
Ambulatory Oncology I			
Pharmacy Administration			
Elective Learning Experiences			
Internal Medicine II		Internal Medicine II	
Critical Care II		Critical Care II	
Emergency Medicine II		Emergency Medicine II	
Ambulatory Oncology II		Infectious Disease	
Infectious Disease			

Application Process

Candidate Qualifications

Eligible candidates for the Pharmacy Residency Program must:

- Attain a Doctor of Pharmacy degree from an accredited college of pharmacy, or B.S. from an accredited college of pharmacy with equivalent clinical experience.
- Agree to take and pass the Arkansas Law Exam.
- Agree to take and pass the NAPLEX.

Technical Standards

Pharmacy residents at NEA Baptist Memorial Hospital are held to the highest professional standards. Residents must practice the following:

- Critical thinking and problem-solving skills
- Sound judgment
- Emotional stability and maturity
- Empathy for others
- Physical and mental stamina
- Ability to learn and function in a variety of settings

Requirements for Application to the Program

1. Graduate or candidate for graduation of an ACPE-accredited pharmacy degree program
2. Eligible for Arkansas licensure and licensed within 120 days after start of program
3. PhORCAS application (due by January 5th):
    a. Letter of interest
    b. Curriculum vitae
    c. Official transcript from pharmacy school
    d. Three letters of recommendation
4. Participation in the ASHP Resident Matching Program
5. On-site or virtual interview (for candidates progressing to the final step in the process)

Residency Advisory Committee

The Residency Advisory Committee (RAC) is responsible for and provides oversight of the Pharmacy Residency Program. The RAC is responsible for:

- Establishing criteria for selecting residency candidates
- Ranking of the residency candidates
- Determining the specific objectives of the residency program
- Determining the criteria for successful completion of the residency program
- Developing preceptor development programs focusing on areas of needs
- Monitoring preceptor development (See Appendix A: Preceptor Development)

The RAC is composed of Residency Program Director (RPD), Pharmacy Director, and residency preceptors. The Committee is chaired by the RPD.

Residents are responsible for fulfilling the program's goals and objectives as set forth by the RAC.

Process for Residency Program Recruitment

Recruitment

- NEA Baptist Memorial Hospital is actively working to create an inclusive, diverse, and equitable workplace. NEA Baptist Memorial Hospital is an equal employment opportunity employer and prohibits discrimination based on an individual's race, color, religion, national origin, pregnancy, sex, age, handicap, disability (physical, visual or mental), creed, marital and veteran status, genetic information or any other category protected by federal or state law, with respect to all aspects of the employment process, including recruitment, selection, placement, promotion, wages, benefits and other terms and conditions of employment.

Application Review

- Only residents who have participated in and adhered to all rules of the ASHP Resident Matching Program will be eligible to apply to the NEA Baptist Memorial Hospital PGY1 Residency Program.
- The Residency Advisory Committee (RAC) will review residency applications. A completed application packet must be submitted by the deadline of January 5th for applicants to be invited for an interview. Applications meeting this criterion will be scored by the Residency Director (RPD) and RAC based on the following criteria:
    1. Pharmacy School GPA
    2. Organizational Involvement/Leadership
    3. Research/Presentations/Contributions to the profession
    4. APPE Clinical Rotations
    5. Volunteering Experience
    6. Work experience
    7. Letters of Recommendation

  All seven categories will be scored 0-3 points, with a maximum score of 21 points. Applicants will be ranked according to score, and those scoring in the top percentiles will be invited for an interview; a maximum of twelve interviews will be conducted unless unusual circumstances arise (See Appendix A: NEA Resident Program Application Initial Screening).
- Phase II and Post-Match Scramble applications will be reviewed in a similar manner.

Candidate Interviews

- Candidate interviews will be scheduled in a timely manner prior to the Match date and the itinerary will allow each candidate an opportunity to interview with members of the Residency Advisory Committee, preceptors, and current residents (if applicable). The interviews will be conducted as scheduling allows during January and February (possibly March and April if participating in Phase II or Post-Match Scramble). The interviews will begin with an overview of the day's events and program details. The applicants will then receive a tour of the facilities followed by a panel interview with RAC members and preceptors. Interviews for Phase II or the Post-Match Scramble will be offered to candidates who meet screening criteria, but should a candidate not be available for on-site interview, a phone interview may be conducted. The RPD reserves the right to close the window for application submission based on the number of applications received and the ability for the RAC to conduct timely interviews prior to ranking submissions.
- Each member of the RAC who interviews the candidate will be allowed to submit an evaluation form. Candidates will receive an interview score based on the following seven criteria:
    1. Critical Thinking Skills

2. Communication/interpersonal Skills
3. Professional Demeanor
4. Time Management
5. Applicant's CV content
6. Interview performance
7. Overall Fit to Program

All seven categories will be scored 0-3 points, with a maximum score of 21 points. Members of the RAC will use each candidates' individual scores as well as their overall impression of the candidates to complete their individual rank list. They will submit all ranking sheets to the RPD upon completion of interviews (See Appendix B: NEA Residency Program Applicant Interview Screening).

- Phase II and Post-Match Scramble rankings will be managed in a comparable manner. Due to the time constraints of the Phase II interviews and Scramble, the RPD reserves the right to conduct in person or telephone interviews without full participation of the RAC if necessary.
- The RAC will meet prior to the Residency Match submission date(s) to develop the Rank Order List (See Appendix C: Residency Program Applicant - Final Rankings). Rank lists from each member of the RAC will be tabulated for each candidate and used as a starting point for development of the Rank Order List. If members of the RAC express specific concerns to the RPD that a candidate should not be included in the Rank Order List due to the interview or application packet, the RPD may choose to exclude that candidate from the Rank Order List.
- The RPD will be responsible for submitting the Rank Order List to the Match. When the results of the Match are made available, the RPD will make offer(s) to the residency candidates as selected by the Match Phases I and II. In the event that no candidates or only one candidate is selected by the Match, the Residency Program reserves the right to make offers during the Scramble to alternative candidate(s) as decided by the RPD.

Offer Acceptance

- The RPD will provide a Welcome-Acceptance Letter to the candidate(s) and the candidate(s) will have two weeks to respond with a completed Resident Statement of Agreement (See Appendix D: Resident Statement of Agreement). The Welcome-Acceptance Letter will include the graduation responsibilities, requirements, and a copy of the program manual to be read and agreed to. Once the Statement of Agreement is submitted to the RPD, the resident is committing him/herself to the NEA Baptist Memorial Hospital PGY1 Residency Program for that year. If the letter is not returned within the two-week period, the RPD will contact the candidate and gain verbal confirmation of acceptance to be followed by the returned letter and confirmation of the extending circumstances surrounding the delay. If the candidate cannot be reached or declines acceptance, the program may then re-enter the Match to fill the position.
- The resident will report for the first day of the Residency Program on the last Hospital Orientation Monday in June or another day as designated by the RPD.
- Prior to the first day of the residency program, residents must provide proof of graduation of an ACPE-accredited Doctor of Pharmacy degree program or one in process of pursuing accreditation or have a Foreign Pharmacy Graduate Equivalency Committee Certificate (FPGEC) from the National Association of Boards of Pharmacy. NEA Baptist Memorial Hospital Human Resources will require a photocopy of their diploma.
- Residents must provide their Arkansas Intern License or Pharmacist License prior to starting the program.

Licensure

To be eligible for pharmacy licensure in Arkansas, the resident must receive a Doctor of Pharmacy degree from an ACPE-accredited program, or one pursuing accreditation.

If the resident is not licensed as a pharmacist in the state of Arkansas prior to the residency start date, the resident must register with the Arkansas Board of Pharmacy as a pharmacy intern.

1. Documentation of the intern or pharmacist license must be given to the Assistant Director of Pharmacy before the residency start date.
2. The resident will not be allowed to begin the residency program without proper documentation of an Arkansas Board of Pharmacy Intern or Pharmacist license.

The resident is expected to obtain pharmacist licensure in the state of Arkansas within 120 days of the residency program's start date. Failure to obtain licensure within 120 days of the program's start date will result in suspension of the resident from the program. Suspension will be without pay or benefits. The resident will be reinstated and pay and benefits will resume when pharmacist licensure is obtained. The end date of the residency program will be extended by the number of days of suspension from the program. Extension of the program will include benefits and salary. If the resident is not licensed within 30 days of suspension from the program, the resident will be dismissed from the program and employment terminated.

Human Resources Steps in the Hiring Process

Pre-employment requirements

Once offered the position as a PGY1 resident, an application for the position should be completed electronically (http://www.baptistonline.org/careers/). A ten-year employment history must be provided with the online application. The Office of Human Resources will then be in contact to schedule a health screening and conduct a QuantiFERON-TB Gold Plus blood test. To be eligible for employment with NEA Baptist Memorial Hospital, a health screen and criminal background check must be deemed acceptable by the Office of Human Resources.

Medical insurance

Medical insurance is a benefit of employment and thus can be purchased through NEA Baptist Memorial Hospital. You can also choose to have your medical insurance covered through other, non-NEA Baptist plans (i.e., insurance held through a parent or spouse, or an independent commercial plan). Evidence of medical coverage must be provided when your educational program begins.

Background check

Prospective residents must pass a criminal background check and/or drug screening required by state laws prior to the start of the residency year.

Resident responsibilities

Residents are required to always exhibit professional and ethical conduct.

Requirements for Completion of the Residency

At a minimum, the pharmacy resident must complete the following requirements during the residency year to graduate from the program and receive a residency certificate:

- Obtain professional liability insurance
- Obtain BLS/ACLS certifications
- Complete all Orientation competencies
- Obtain IRB Project Proposal approval
- Complete Research Project and final written manuscript
- Present Research Project poster at a local, regional, or national meeting (AAHP Fall Seminar and/or ASHP Midyear Clinical Meeting)
- Present one (1) one-hour ACPE-accredited continuing education program
- Obtain membership to ASHP and AAHP
- Attend AAHP Fall Seminar and/or ASHP Midyear Clinical Meeting, and Midsouth Pharmacy Residency Conference
- Present Research Project poster at a local, regional, or national meeting (AAHP Fall Seminar and/or ASHP Midyear Clinical Meeting)
- Present three (3) 15-minute presentations to pharmacy, nursing, and/or medical staff
- Staff in the central pharmacy 1 shift per week (~4 hours) and every other weekend (10-hour shift per day)
- Provide clinical/operation coverage of two holiday days (1 major and 1 minor)
- Complete a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set development or revision
- Maintain ALL documents relating to projects, longitudinal activities & presentations in the resident's electronic folder
- Completion of all PharmAcademic evaluations
- Complete all required learning experiences satisfactorily with ≥80 % of objectives achieved for residency (ACHR)

Additional Residency Expectations

- Residents are encouraged to attend co-resident presentations throughout the year
- Additional service opportunities may be requested by the preceptors
- Residents are required to attend throughout the year:
    - Co-resident presentations at MidSouth Pharmacy Residents Conference
    - Assigned committee meetings such as the Residency Advisory Committee, Pharmacy and Therapeutics, or any other assigned committees
- Resident Exit Interview

Orientation

1. Residents will attend the three-day general hospital orientation program.
2. Residents will complete an orientation learning experience for their first rotation.
3. Residents will complete the general pharmacy checklists and competencies during the orientation rotation.
4. Residents will complete any required training related to research.
5. Each resident will complete BLS and ACLS when classes are available.
6. Residents will meet with RPD and preceptors to discuss research projects. The project is to be decided on during the month of orientation. A research advisor (determined by area of the project) will collaborate with the resident and RPD.
7. There will be an evaluation at the end of orientation. The general hospital pharmacy checklists, competencies, and evaluation will be completed for residents to continue the residency.

Orientation to Learning Experience

1. Orientation will be provided by the preceptor to the area in which the resident will be practicing for that time.
2. The preceptor will provide a brief review of the learning experience and requirements for the learning experience. The learning experience description should be reviewed by the resident prior to meeting with the preceptor.
3. All scheduled meetings, presentations, lectures, etc., will be outlined on the first day of the learning experience.
4. The preceptor will review the evaluation schedule with the resident on the first day of learning experience.

Staffing Requirements

The PGY1 resident will staff in the pharmacy department every other weekend with the following Friday, Saturday, Sunday off and one evening shift per week (4 hours). Additional staffing may occur based on need.

Each resident will staff one major and one minor holiday with options listed below:
Major - Thanksgiving and the day after OR Christmas Eve and Christmas Day
Minor - Labor Day, New Year's Day, OR Memorial Day

If the holiday occurs on a weekend the resident is not scheduled to work, the resident will receive a compensation day to be used in its place.

PTO may not be used on holidays residents are assigned to staff. Residents can, however, swap assigned holidays if approved by the RPD.

Research Project

Experience and training in research is gained through a Resident Research Project. Residents may refer to the ASHP Foundation's Residency Research Tips website for further guidance. Prior to starting the process of research, all residents are required to complete any required research training.

Project Selection / Scope of Project / Approval

The purpose of completing a research project is for the resident to gain experience in all aspects of research: study design and conduct, data analysis, presentation of results, and submission of manuscript. The process of generating resident research projects begins soon after the match process. Ideas for projects are solicited from incoming residents, RPD, and preceptors.

Timeline

Each resident should develop a project timeline within the first six weeks of residency that includes specific goals to attain throughout the year. These goals include, but are not limited to, identification of research project topic, methodology development, statistical support guidance, IRB approval attainment, completion of data collection and analysis, and manuscript preparation. Residents are also encouraged to submit abstracts to a professional meeting (ACCP, ASHP, SCCM, etc.), therefore review of these abstract deadlines early in the research process is important. A detailed schedule of expectations will be provided to the residents in July with further information about the research and Investigational Review Board (IRB) process.

To keep on task with project completion, residents are encouraged to integrate research responsibilities into their daily activities.

Status Reporting

Each resident should regularly discuss progress on the research project with his/her project mentor and RPD. Problems or roadblocks should be immediately addressed and a plan for resolution identified.

Presentations

- Research Poster
  Each resident is encouraged to present their research projects at the AAHP Fall Seminar or the ASHP Midyear Meeting. However, most residents do not have data collection completed before either one of these meetings.
- NEA Baptist Memorial Hospital Department of Pharmacy
  To prepare for MidSouth Pharmacy Residents Conference and to meet requirements of the residency's research projects objectives, each resident will present their research findings to the pharmacy department and undergo rigorous review of content and presentation skills. A revised presentation will then be given prior to the MidSouth Pharmacy Residents Conference.
- MidSouth Pharmacy Residents Conference
  Each resident will present their research findings at the MidSouth Residents Conference. This presentation is a 15-minute presentation (<5 minutes for background, with the remaining 10 minutes utilized for study design, results, and discussion). A three-minute question and answer period will follow the presentation.
- Baptist Memorial Health Care Corporation ACPE accredited Continuing Education Program
  Each resident will present their research findings as part of a CE program for the corporation. This presentation is a 15-minute presentation (<5 minutes for background, with the remaining

10 minutes utilized for study design, results, and discussion). Followed by a brief question and answer session after the last presentation.

Statistical Support

In general, statistics are provided by a statistician working with the IRB department. However, based on study requirements, statistical support may be pursued through discussion with RPD.

Project Manuscript

Several resources are available to assist in writing a publishable manuscript. Resources are available from the ASHP Foundation and ASHP Media.

ASHP Residency Project Required Competency Areas, Goals, and Objectives

Goal R2.1: Conduct practice advancement projects.

Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.
Objective R2.1.2: (Creating) Develop a project plan.
Objective R2.1.3: (Applying) Implement project plan.
Objective R2.1.4: (Analyzing) Analyze project results.
Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.
Objective R2.1.6: (Creating) Develop and present a final report.

ESTIMATED RESEARCH PROJECT TIMELINE

MONTH	WEEK	EXPECTATION
JULY	1st	Meet with preceptors to discuss research topics
	1st	Research topic ideas
	2nd	Choose research topic
	3rd	**First meeting** with project preceptor
	4th	Complete IRB training
AUGUST	1st	IRB proposal for preceptor – 1st draft due
	2nd	**Second meeting** with preceptor - Review IRB proposal
	3rd	IRB submission deadline
	3rd	AAHP Fall Seminar and/or ASHP Midyear Poster Abstract Submission opens
	4th	Research Methods due
SEPTEMBER	1st	Poster abstract – 1st draft due
	2nd	**Third meeting** with project preceptor – Review poster abstract
	3rd	Poster abstract – 2nd draft due
	3rd	***Progress Report***
OCTOBER	1st	Final Poster abstract due to AAHP and/or ASHP
	2nd	Finalize project logistics
	3rd	1st draft poster due (in Powerpoint)
	3rd	AAHP Fall Seminar – poster presentation
	4th	**Fourth meeting** with project preceptor – Review poster
	4th	2nd draft poster due (in Powerpoint)
NOVEMBER	1st	3rd draft poster due (in Powerpoint)
	2nd	Poster to printer
	3rd	***Progress Report***
DECEMBER	1st	ASHP Midyear Conference – poster presentation
	2nd	Data collection
	3rd	Data collection
	4th	Data collection
JANUARY	1st	**Fifth meeting** with project preceptor – data results
	2nd	Statistics review
	2nd	***Progress Report***
FEBRUARY	1st	MidSouth abstract due – 1st draft
	2nd	MidSouth Powerpoint presentation due – 1st draft
	3rd	MidSouth abstract due – 2nd draft
	4th	MidSouth Powerpoint presentation due – 2nd draft
MARCH	1st	**Sixth meeting** with project preceptor – MidSouth abstract and ppt
	2nd	MidSouth abstract due – FINAL
	3rd	MidSouth presentation practice #1
	4th	MidSouth presentation practice #2

APRIL	1st	MidSouth presentation practice #3
	2nd	MidSouth presentation practice #4
	3rd	MidSouth Residents Conference in Memphis
MAY	1st	Research manuscript 1st draft due
	2nd	Research manuscript 2nd draft due
	3rd	**Final meeting** with project preceptor – Manuscript review
	4th	Final manuscript due

Learning Experiences

Required Rotations	**Duration**	**Preceptors**
Orientation	10 weeks	Aaron Chastain, Byron Daughdrill, Niki Carver, Cameron Calhoun
Pharmacy Administration	4 weeks	Aaron Chastain, Byron Daughdrill
Internal Medicine I	6 weeks	Ashley Lawless
Critical Care I	6 weeks	Cameron Calhoun
Emergency Medicine I	6 weeks	Niki Carver
Ambulatory Oncology I	6 weeks	Marvene Harrell
Elective Rotations		
Internal Medicine II	Duration may vary based on residents' interests (~4 weeks)	Ashley Lawless
Critical Care II		Cameron Calhoun
Emergency Medicine II		Niki Carver
Ambulatory Oncology II		Marvene Harrell
Infectious Disease		Steven Stroud, MD/Niki Carver
Longitudinal		
Pharmacy Staffing	Every other weekend, 1 evening shift per week, some week(s) in December, and assigned holidays	Aaron Chastain, various staff pharmacists
Teaching and Educating	~4+ hours/month	Niki Carver
Research Project	~4+ hours/month	Niki Carver
Resident Development Plan	~ 4+ hours/quarter	Niki Carver

Learning Experience Schedule Example

RESIDENT 1	RESIDENT 2
Orientation	Orientation
Internal Medicine I	Ambulatory Oncology I
Ambulatory Oncology I	Internal Medicine I
Critical Care I	Emergency Medicine I
ASHP Midyear Meeting	
Pharmacy Administration	Pharmacy Administration
Research Project Data Collection	
Emergency Medicine I	Critical Care I
Elective	Elective
Elective	Elective

Clinical Learning Experience Expectations of Pharmacy Residents

The goal of our pharmacy resident education program at NEA is to provide a positive environment where the self-learner can acquire the knowledge and skills necessary to provide patient care as an independent practitioner. This goal is primarily accomplished through resident membership on the team providing direct care to patients.

Residents are expected to provide patient care by identifying a patient's potential and actual drug therapy problems, resolving actual drug related problems and by preventing potential problems from becoming actual problems. It will be necessary for the resident to review disease state management and drug therapy topics to effectively care for patients. It is primarily the responsibility of residents to review these topics through self-study. Residents should not hesitate to ask their preceptors to help clarify drug therapy issues/problems.

Hours and Attendance

The resident will be on-site during the hours and days as set by the preceptor. The resident participates in patient care and other rotation responsibilities Monday through Friday unless the preceptor approves an exception. The resident will contact the team and/or preceptor if he/she is late or absent from patient care activities or scheduled meetings.

Preparation for Rounds and Meetings with the Preceptor

The resident will complete all required readings according to the timelines established by the preceptor and will be prepared to lead and/or actively participate in the discussion of these topics. The resident needs to "study" the information well in advance and not just complete the readings before the meeting with the preceptor. The resident will be prepared to discuss patient care issues with the patient care team for all patients. The resident will review all pertinent information daily, unless otherwise indicated by the preceptor. This review should be made prior to rounds. The resident will be prepared to present all patients to the team and/or preceptor. This goal may need to be modified at the beginning of a rotation and/or when there are a large number of patients on service. It may be adequate to cover only those patients with significant pharmaceutical care issues. The "quality" of the patient presentation is more important than the number of patients presented.

The suggested format for presenting a patient is:
Initials is a __ year old *sex* who enters the hospital with a chief complaint of _____.
HPI: Chronological history; include medications, other therapies, surgery relating to problem
PMH: Significant past medical, surgical history, and social history; medication history (include medications on admission); allergies
Assessment and Plan: Problem List (by disease state), assessment of drug therapy appropriateness by disease state including physical assessment and vital signs, as well as, monitoring plan and response to drug therapy.

Resident Documentation, Communication, and Participation in Patient Care Activities with the Healthcare Team

The resident will follow department policy to document all clinical interventions and outcomes follow-up in EPIC, including recommendations and discussions with the healthcare team. Documentation expectations will be outlined by preceptors at the start of each rotation.

The resident is to communicate any follow-up requests with pharmacy team members covering evening shifts. These requests include a review of pertinent clinical issues not fully clarified in the patient note

and/or intervention history (e.g., only pertinent positives, pending drug levels, etc). These communications should take place before the end of the resident's workday whenever possible. The resident will take the initiative to communicate with team members for patient care issue follow-up. Team membership requires active participation.

Other Core Resident Responsibilities

The resident will perform all duties as requested by the medical team unless otherwise directed by the preceptor. The resident will attend all meetings as scheduled by the preceptor. The resident will stay current with the pertinent medical literature and, whenever possible, make evidence-based recommendations to the team. The resident will document notes in the patient's electronic chart as per department policy for all pharmacists.

Residency Preceptors

Preceptor Selection and Appointment

- The RPD is responsible for the selection, appointment, development, and reappointment of the preceptors. The selection process is as follows:
- Preceptor expresses interest and meets with the RPD to discuss preceptor eligibility criteria and expectations as outlined by the American Society of Health-System Pharmacists (ASHP) Standards.
    - Preceptor Eligibility
        - Preceptor must be a licensed pharmacist who:
            - have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in the area precepted; OR
            - have completed an ASHP-accredited PGY1 residency followed by and ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; OR
            - have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.
    - Preceptor Qualifications
        - Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by:
            - Content knowledge/expertise in the area(s) of pharmacy practice precepted.
            - Contribution to pharmacy practice in the area precepted.
            - Role modeling ongoing professional engagement.
            - Preceptors who do not meet the above criteria have a documented individualized preceptor development plan to achieve qualifications within two years.
    - Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.
        - Preceptors actively participate and guide learning when precepting residents.
- Preceptor candidates must review the following:
    - ASHP Standards for the residency program
    - ASHP competency areas, goals, and objectives of the residency program
- Preceptor completes the ASHP Preceptor Academic and Professional Record (APR) and submits to the RPD.
- RPD evaluates the preceptor submission, asking for clarification as needed, and determines preceptor eligibility.
    - If the preceptor is determined deficient in any of the eligibility requirements and qualifications, the deficiencies will be reviewed with the preceptor and an action plan will be developed.
- Non-Pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) may be utilized as preceptors per the following requirements:
    - Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice.
        - Readiness for independent practice is documented in the resident's development plan.

- The RPD, designee, or other pharmacist preceptor collaborates closely with the non-pharmacist preceptor to select the educational objectives and activities for the learning experience.
- The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience.
- At the end of the learning experience, 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.

Appointment and Reappointment of Residency Program Preceptors

- Criteria for preceptor appointment and reappointment are documented.
  - Preceptors will continuously update their APR and notify the RPD when changes or additions are made.
  - The RPD will review submitted preceptor APRs, resident-submitted preceptor evaluations, learning experience evaluations, and verbal feedback which will be used to provide preceptors with ongoing assessment of performance and to help determine the next year's preceptor development plan.
- Preceptor compliance with reappointment criteria is reviewed at least every 4 years.
- Preceptor appointment and reappointment decisions are documented.

Preceptor Development

A preceptor development plan is created and implemented to support the ongoing refinement of preceptor skills. A schedule of activities for each residency year is documented. Examples of such activities are:

- One-hour CE sessions quarterly to monthly utilizing ASHP or college of pharmacy resources
- Preceptor-led discussions on a selection of topics
- Readings to be completed on own and/or discussed in-person
- Adding 10- to 15-minute preceptor development sessions/pearls to RAC each month
- Other ideas as expressed by the group

Preceptor development strategies will be discussed at the end of each year as part of continuous program improvement. See Appendix A: Preceptor Development for more information.

Biographies of residency preceptors are available on the NEA Baptist Memorial Hospital Pharmacy Residency Website.

Each rotation has one primary preceptor with or without additional co-preceptors. The primary preceptor is responsible for the resident's learning activities, experiences, and scheduling for that rotation. Where there are additional co-preceptors, the learning experience evaluation of the resident will be completed by the primary preceptor with documented communication with other co-preceptors.

The week prior to the start of each rotation, the resident is to contact the preceptor for the rotation and make the preceptor aware of other activities the resident will be completing during the rotation (presentations, projects, trips, etc.). The resident shall communicate directly with the primary preceptor if conflicts or concerns arise with scheduling, performance, professionalism and/or personal issues. If additional resources are needed, the preceptor should contact the RPD.

Resident Development Plan

Residents' development plans are high level summaries of resident's performance and progress throughout the program. Development plans also support resident's practice interests, career development, and resident wellness and resilience and may include progress towards completion of program requirements if not tracked elsewhere. Development plans include three required components:

- Resident documented self-reflection and self-evaluation.
    - The self-reflection component includes, but is not limited to, documented reflection by the resident on career goals, practice interests, and well-being and resilience.
    - The self-evaluation component includes self-evaluation on the resident's skill level related to the program's competency areas.
- RPD documented assessment of the resident's strengths and opportunities for improvement relative to the program's competency areas, goals, and objectives; progress towards achievement of objectives for the residency (ACHR) and all other completion requirements of the program; and analysis of the effectiveness of the previous quarter's changes.
- RPD documented planned changes to the resident's residency program for the upcoming quarter.

Resident self-assessment includes both self-reflection and self-evaluation. Self-reflection is defined as thinking about oneself, including one's behavior, values, knowledge, and growth opportunities. Residents document self-reflection on career goals, areas of clinical interest, personal strengths and opportunities for improvement, and stress management strategies as part of the initial self-assessment. Self-evaluation is comparing one's performance to a benchmark. Residents will compare their current skills to each competency area and identify specific areas of strength and specific areas that the resident feels are the highest opportunities for growth.

The residents' development plans begin with a self-assessment at the beginning of, or prior to, the start of the residency as part of the initial development plan. The RPD will send information regarding self-evaluation within PharmAcademic™ to incoming residents prior to the beginning of their residency. The incoming residents are required to complete the evaluation and submit them back to the RPD no later than the first week of the program.

Based on information from the residents' self-evaluations, the RPD will create, discuss, and document with each resident an initial plan in PharmAcademic™ within 30 days from the start of the residency. The plan should include the resident's areas of interests, specific objectives for the resident to accomplish based on the individualized goals, the resident's strengths and weaknesses, and any specific plans or learning experiences for the residency. The RPD will compare the resident's strengths and weaknesses against each of the program's required educational objectives and use the findings to adjust the program's basic design components to meet residents' needs. Finalizing the development plan includes sharing with preceptors through PharmAcademic™.

An update to the resident's self-assessment and an update to the development plan are documented and finalized in PharmAcademic™ every 90 days from the start of the residency, not the date of the last documented plan. Development plans not documented and shared within a month of the due date are considered late. Prior to each development plan update, the resident will document an updated self-assessment that includes:

- An assessment of their progress on previously identified opportunities for improvement related to the competency areas.

- Identification of the new strengths and opportunities for improvement related to the competency areas.
    - Commonly identified opportunities for improvement from residents are tied to the program's competency areas and may include time management, prioritization, clinical acumen, presentations, confidence, assertiveness, and evidence-based medicine knowledge.
- Changes in their practice interests.
- Changes in their career goals immediately post residency.
- Current assessment of their well-being and resilience.

The RPD or designee reviews the resident's self-assessment and documents the following in each development plan update and discusses with resident:

- An assessment of progress on previously identified opportunities for improvement related to the competency areas.
- Identification of new strengths and opportunities for improvement related to the competency areas.
- Objectives achieved for the residency (ACHR) since the last plan update.
    - Adjustments to the plan are based on resident's strengths and opportunities for improvement relative to the program's competency areas, practice interests, and career goals.
- Adjustments to the program for the resident for the upcoming quarter (or 90 days).

The RPD or designee documents updates the resident's progress towards meeting all other program completion requirements at the same time the development plan update is documented.

- The update to the completion requirements can be included in the development plan.
- The RPD gathers information regarding residents' progress towards completion of program requirements from preceptors involved in residents' training and site coordinators for multiple practice site residencies (as applicable).

Residency Evaluations

Formative Assessment and Feedback

Preceptors provide ongoing verbal feedback to residents about how they are progressing and how they can improve. Feedback is documented for residents not progressing as expected. Formative feedback to residents is frequent, specific, and constructive. The frequency of ongoing feedback varies based on residents' progress and time of the year.

Residents who are not progressing according to expectations receive more frequent formative feedback. Specific recommendations for improvement and achievement of objectives are documented (e.g., feedback functionality in PharmAcademic™, written comments on the draft document developed by resident).

Preceptors make appropriate adjustments to learning activities based on residents' progression. Examples of adjustments in expectations include adjusting the number of patients assigned, expectations for projects and presentations, and expectations for resident check-in with the preceptor.

Preceptors are encouraged to give feedback on a weekly basis and document these sessions in PharmAcademic™. Preceptors are encouraged to use the Feedback Friday form to facilitate feedback discussions.

Summative Evaluation

Preceptors for the learning experience document a summative evaluation of the resident in PharmAcademic™ by the end of each learning experience. The documented summative evaluation includes the extent of the resident's progress toward achievement of assigned objectives based on a defined rating scale (See Appendix E: Resident Evaluation Scale). The preceptor documents qualitative written comments specific to the evaluated objectives. Qualitative written comments: 1) are specific and actionable; 2) use criteria related to specific educational objectives; 3) recognize residents' skill development; and 4) focus on how residents' may improve their performance. The preceptor and resident discuss each summative evaluation no later than seven (7) days from the end of the experience.

The resident is responsible for scheduling time with the preceptor to discuss the summative evaluations. Summative evaluations are then forwarded to the RPD for review and comment. The summative evaluations will be provided to and reviewed by the preceptors in subsequent learning experiences. Any summative evaluations that are past due may prevent a resident from advancing to the next experience until which time the evaluations are completed.

If more than one preceptor is assigned to a learning experience, all preceptors provide input into residents' evaluations. If there are multiple preceptors, one preceptor is identified as the primary preceptor. All preceptors who have significant interactions with residents in a learning experience are to be listed as preceptors in PharmAcademic™. Each preceptor documents input in PharmAcademic™ or will provide verbal or written input to the primary preceptor for documentation of the evaluation in PharmAcademic™. The primary preceptor seeks consensus of preceptors to determine final ratings.

Longitudinal Experience Evaluations

Longitudinal experiences, learning experiences greater than 12 weeks, require summative evaluations to be completed at evenly spaced intervals and by the end of the learning experience, with a maximum of

12 weeks between evaluations. At NEA Baptist, we have elected to require summative evaluations to be completed in PharmAcademic™ every 12 weeks for all our longitudinal experiences.

Resident's Evaluation of Preceptors and Learning Experiences

Each resident will complete an evaluation of the preceptor and learning experience at the end of each learning experience in PharmAcademic™. The resident evaluation of the preceptor and learning experience should be saved in PharmAcademic™ and discussed with the preceptor during the meeting to be discussed during the summative evaluations. These evaluations should then be submitted within 7 days of the end of the experience and signed off by the preceptor in PharmAcademic™. These evaluations will then be forwarded to the RPD for comment and review. Any preceptor and learning experience evaluations that are past due may prevent a resident from advancing to the next rotation until which time the evaluations are completed.

For longitudinal learning experiences greater than twelve weeks in length, a preceptor and learning experience evaluation is completed at the midpoint and at the end of the learning experience.

Evaluation of Program

Residents are encouraged to bring program issues to the attention of their preceptor, RPD or to the RAC at any time during the year.

Successful Completion of Learning Experience

To successfully complete an individual learning experience or longitudinal component, 80% of objectives assessed per learning experience must be documented with at least “satisfactory progress (SP)” or “achieved (ACH)”. Unsuccessful completion of a learning experience may result in remediation of the experience at the discretion of the RPD/RAC. Failing two learning experiences will make the resident ineligible to successfully complete the residency program. It is encouraged that before each learning experience, the resident reviews the associated activities for each objective and self-identifies a plan for successful completion. This should be discussed with the preceptor during the learning experience orientation.

Compliance with Established Evaluation Policy

Compliance with this evaluation policy as approved by the Residency Advisory Committee and consistent with ASHP Residency Standards is essential for the professional maturation of the residents and the residency program. Failure to comply with the policy will be addressed by the Residency Advisory Committee. 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 evaluation policy by a preceptor may result in elimination of an experience and/or suspension of the preceptor from participating in the residency program.

Continuous Residency Program Improvement

The RPD, RAC, pharmacy staff, preceptors, and residents engage in an on-going process of assessment of the residency program. The program conducts a formal program evaluation annually that includes:

- Assessment of methods that promote diversity and inclusion in recruitment may include, but are not limited to:
    - Review of the applicant pool to determine increased variety of applicants from:
        - Different geographic locations around the country
        - A variety of colleges and schools of pharmacy, including HBCUs and those with higher percentages of underrepresented individuals in the profession of pharmacy.
    - Review of advertising and marketing of the residency program. Examples include:
        - Attendance at residency showcases hosted by HBCUs or colleges/schools of pharmacy with a higher percentage of individuals underrepresented in the profession of pharmacy.
        - Inclusion of images in promotional materials and/or the program website which reflect diversity of past residency classes and/or the department of pharmacy.
    - Review of screening tools and rubrics used in the selection and ranking process for elimination of bias.
- End-of-the year input from residents who complete the program.
- Input from residents' evaluations of preceptors and learning experiences.
- Input from preceptors related to continuous program improvement.
- Documentation of program improvement opportunities and plans for changes to the program.

Examples of ongoing program assessment may include ongoing discussion of program improvement opportunities at RAC meetings or other meetings, discussion of applicant selection process outcomes, ongoing review of learning experiences, and review of residents' evaluations of preceptors and learning experiences. The RPD or designee implements program improvement activities in response to the results of the assessment of the residency program.

Resident Portfolio

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

The resident portfolio will be an electronic file kept separately for each resident and will contain planning forms, presentations, and projects.

The residency program portfolio shall include the following items:

- CV folder
    - Updated version of CV
- Presentations / Projects folder
    - Final drafts of any formal presentation / educational document
    - Topic discussion handouts
    - Preceptor presentation feedback
    - Completed Presentation Assessment Forms
    - AAHP Fall Seminar and/or ASHP Midyear poster abstract
    - AAHP Fall Seminar and/or ASHP Midyear poster
    - MidSouth Residency Conference applications materials
    - MidSouth Residency Conference PowerPoint presentation
- Research folder
    - Final draft of research proposal
    - Completed / signed research proposal
    - Approval documents from IRB/QI department
    - Data collection sheet
    - Final draft of manuscript
- A list of all seminars/meetings attended
    - Staff meetings
    - Committee meetings (including professional associations)
    - Educational presentations (i.e., grand rounds)
    - Departmental staff development/in-services
    - State/local continuing education
    - Regional/national meetings
- The resident may customize the remaining content in the portfolio. Folder examples include:
    - Learning Experiences
    - Feedback Friday forms
    - Teaching Certificate (if applicable)

Resident Duty Hours

The NEA Baptist Memorial Hospital PGY1 Residency Program will comply with the ASHP defined Duty Hour Requirements for Pharmacy Residency Programs (ASHP Duty-Hour Requirements) as outlined below.

Residency program directors and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled, and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the requirements outlined in this policy to ensure optimal clinical experience and education for their program's residents.

Statement on Well-Being and Resilience

A. 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.
B. 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.
C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies 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.
D. 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 Hour Requirements

A. Duty hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.
    1. Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
    2. Duty hours exclude reading, studying, and academic preparation time (e.g., presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the RPD or a preceptor.
B. Maximum Hours of Work per Week
    1. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

C. Mandatory Duty-Free Times
    1. 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. Residents at NEA Baptist Memorial Hospital will NOT participate in any type of on-call program.
    2. Residents must have at a minimum of 8 hours between scheduled duty periods.
D. Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
    1. Continuous duty periods for residents should not exceed 16 hours.
    2. Residents at NEA Baptist Memorial Hospital will NOT participate in any type of on-call program.
E. Tracking of Compliance with Duty Hours
    1. Duty hours will be tracked using the Duty Hour Form in PharmAcademic™. Residents will receive a monthly automated reminder to complete the duty hour form. The resident will document either "yes" or "no" to being compliant with duty hours for each month. If the resident chooses "no", they are required to enter an explanation as to why they were noncompliant.
    2. The RPD will receive notification of the Duty Hour Form completion and must review and cosign the form. If the RPD notices any inconsistencies or missing information upon the review, this will be discussed with the resident and the form will be corrected.
    3. If the resident exceeds duty hours, the RPD will develop a plan with the resident to maintain compliance with the policy, which may include an adjustment of schedules and/or ceasing any moonlighting hours.

Moonlighting

A. Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
B. Moonlighting (internal or external) must 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 compromise patient safety. It is up to the RPD whether to permit or withdraw moonlighting privileges.
C. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period. Moonlighting hours will be tracked using the Duty Hour Form in PharmAcademic™. Residents will receive a monthly automated reminder to complete the duty hour form. The resident will document either "yes" or "no" to external and internal moonlighting. If the resident chooses "yes", they are required to enter the total number of hours spent moonlighting.
D. At NEA Baptist Memorial Hospital (internal and external) moonlighting is allowed.
    1. Internal moonlighting is preferred over external.
    2. Moonlighting will be limited to 16 hours in a rolling 4-week period.
    3. Residents must inform and obtain approval from the RPD for any moonlighting hours.
    4. As stated above, moonlighting hours must be tracked in PharmAcademic™.
    5. Residents participating in moonlighting will be monitored by the RPD to evaluate their performance or effect on judgment while on scheduled duty periods. If it is determined the moonlighting is having a negative impact on the resident's ability to achieve educational goals and objectives of the program and/or provide safe patient care, the RPD shall decrease or deny moonlighting hours.

Call Programs
Residents at NEA Baptist Memorial Hospital will NOT participate in any type of on-call program.

Communications

Email
The resident is responsible for reading and acknowledging all email messages in Microsoft Outlook in a timely manner. Failure to review email at least daily could result in the resident missing valuable information such as schedule changes, meetings, and policy announcements. Residents are also required to be proficient in Microsoft Outlook and maintain an up-to-date Outlook calendar.

Telephone
Keep personal phone calls to a minimum. If you need to make a call that will be lengthy or possibly disruptive, please move yourself to a secluded area for the call.

Voalte Mobile Phone
Each resident will be given a Voalte mobile phone so they may be reached anywhere on campus. The residents will leave these phones in the resident's office when they are not on duty.

Pharmacy Phone/Fax Numbers
Pharmacy department phone numbers, including the pharmacy office, pharmacy fax number, and central pharmacy phone numbers are listed below.
Main pharmacy number: 870.936.1180
Pharmacy fax number: 870.936.1186
Pharmacy Director's office number: 870.936.1195
Assistant Director of Pharmacy office number: 870.936.1197

Internal and External Mail System
Residents will not have individual mailboxes but they can have mail sent to the Pharmacy mailbox in the mailroom. The Pharmacy mailbox is checked routinely. Internal mailing can be placed in an envelope (normal or confidential) and placed in the outgoing mail basket in the mailroom. Personal external mailing needs to have appropriate postage and placed in the US postal service drop boxes located on campus.

Mailing address: NEA Baptist Memorial Hospital, C/O Pharmacy Department, Attn: INDIVIDUAL NAME, 4800 East Johnson Ave, Jonesboro, AR 72405.

Professional Meetings and Travel

Professional Membership and Fees

Pharmacy residents are required to be members of the American Society of Health-System Pharmacists (ASHP). ASHP membership dues are reimbursed for all residents.

Travel

Month	Conference	Location	Required
Sept, Oct, or Nov	AAHP Fall Seminar	TBD, Arkansas	Yes
December	ASHP Midyear Meeting	Varies	Optional
April or May	MidSouth Pharmacy Residents Conference	Memphis, TN	Yes

Reimbursement

All travel reimbursement requests must be submitted at least 3 weeks before the event. The RPD will facilitate the completion of forms and attachments (agenda, Google Maps printout driving direction for mileage calculations, and airfare and lodging quote) as needed. Mileage, airfare, lodging, and registration are reimbursed at reasonable market values. A $56 per day meal limit is reimbursed, and meal tickets cannot include alcohol. Meal receipts must be itemized showing exact food and drink purchases. All other receipts should show specifics of all charges incurred. A completed reimbursement form should be submitted within 72 hours of return from the trip. Refer to the Baptist Travel policy for more information.

AAHP Fall Seminar Conference

Website: https://www.arrx.org/aahp-annual-fall-seminar
Deadlines – please see website for updates and actual dates:

- Hotel reservation: mid-August – reserve early please
- Registration: by mid-September
- Travel expenses for all Fall Seminar expenses will be reimbursed

ASHP Midyear Meeting

Website: https://www.ashp.org/meetings-and-conferences/midyear-clinical-meeting-and-exhibition?loginreturnUrl=SSOCheckOnly
Deadlines – please see website for updates and actual dates:

- Abstract submission: late September to early October
- Hotel reservation: mid-July – reserve early please
- Registration: by mid-October
- Travel expenses for all Midyear expenses will be reimbursed

MidSouth Pharmacy Residents Conference

Website: http://www.MidSouthprc.org/
Deadlines – please see website for updates and actual dates:

- Abstract submission: late February to mid-March
- Hotel reservation and registration: February or March – reserve early please
- Travel expenses for MidSouth expenses will be reimbursed

Stipend and Benefits

The stipend for the PGY1 pharmacy practice resident is $46,000.

Residents will be paid every two weeks for the previous two weeks of work. There is a total of 26 pay periods a year. Residents' stipends will be divided equally among the 26 pay periods. Direct deposit to your financial institution is required. Pay days are every other Friday and the timing of your first paycheck will be discussed during orientation.

Residents are provided with an excellent benefit package that includes medical, prescription, dental and vision coverage if chosen; benefits are activated the first day of the month after employment. Additional benefits include but are not limited to:

- 403B participation
- Benefits Continuation (COBRA)
- Jury Duty Leave
- Life Insurance
- Military Leave
- Short-Term Disability
- Bereavement
- Medical flexible spending accounts
- Corporate Discounts (cell phone, shopping, rental cars, electronics etc.)

The resident will receive a benefits packet and overview during hospital orientation (to be held during the first two weeks of the program). A Human Resources representative will be on site during orientation to answer any questions concerning the benefits and enrollment.

Vacation and Leave

Vacation/Paid Time Off (PTO)

Pharmacy residents are considered full-time exempt employees of the organization and, as such, are eligible for the benefits (paid time off, healthcare package, 403bK plan, etc.) that are afforded to other employees of the organization. Residents are paid every 2 weeks. Residents will accrue 12 PTO days immediately upon employment. Their 12 days are to be used during the 52-week program and are not refundable with pay. The 12 PTO days will be used to cover any sick days, vacation days, as well as holidays the resident does not work, and days off for external post-graduate interviews.

The residents should seek approval from the RPD and the preceptor to be assigned during the time off if requested for the day(s) missed at least 6 weeks in advance. The resident needs to notify the current preceptor and RPD in email of the date(s) requested. If approved, the RPD should be informed for final scheduling adjustments. All PTO days planned and taken will be documented and updated as part of the Resident Development Plan.

At the completion of the residency year, unused PTO time will not be paid out and will be forfeited at the end of the residency year unless the resident remains with the organization post-residency in a benefits-eligible position.

Sick Days

If a resident is sick and absent during the week for their assigned rotation, the resident must contact their current preceptor and the Assistant Director of Pharmacy by 7 a.m. If the resident is going to be out sick for a weekend staffing shift, the resident must contact the pharmacy at least two hours prior to the start of the shift when possible. The resident will be required to make up the shift later. Residents must use PTO for any sick days taken during the residency.

Personal Appointments

Appointments for personal issues (physician, dentist, banking, etc.) should have minimal impact on rotation activities. The preceptor must approve appointments at least two days prior to the appointment, and ideally, prior to the start of the rotation.

Bereavement Benefit

Residents are granted three days paid funeral or bereavement leave to attend services for a lost loved one including spouse, parent, grandparents/grandchildren, step-parents, step-children, children, parent-in-law, sibling, or sibling-in-law. A funeral brochure should be provided to the RPD, if requested, to have up to three scheduled days off with pay. The days will be discussed with the preceptor for make-up time as appropriate.

Extended Leave

The resident is to comply with the Baptist Personal/Medical Leave Policies. All leave, including professional leave, cannot exceed 37 days without requiring program extension. Training is extended to make up any absences exceeding 37 days and extension is equal to the content and time missed. When training is extended to make up for absences, the training to be “made up” is accomplished via an experience or experiences reflective of the content and length to what was missed (the training plan is equal to both the content missed and the time missed).

Any extension of the residency program will be unpaid although medical benefits will continue through the extension. If extended leave is required beyond 12 weeks, the resident will be dismissed from the residency program and will not be eligible for a certificate of completion.

Resident Disciplinary Process

Disciplinary Actions

Attendance: Documented excessive tardiness or call-ins the day of the shift are recorded as a ½ and 1 occurrence, respectively. The RPD will track attendance. If a resident is tardy more than five times, the resident will lose 8 hours of PTO. Per NEA Baptist Memorial Hospital attendance policy, a formal written warning is issued at seven occurrences. At eight occurrences, the final written warning is issued and signed. After nine occurrences, the resident will be dismissed from the program.

Professionalism and Performance Standards: Documented breaches of professionalism or failure to meet milestone performance standards also initiate a written warning, second written warning, and are then grounds for dismissal. Only one breach of professionalism or one performance standard failure constitute grounds for a coaching session, but any additional instances progress to written warnings. Professionalism and performance standards include: responsiveness, trustworthiness, teamwork, appropriate dress, forgiveness, loyalty, honesty, integrity, fairness, and confidentiality.

Probation

Probation occurs 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 program, the resident may be placed on probationary status by recommendation to the RPD. Notice of probation and the reasons for the decision will be sent out in writing to the resident. There should be clear documentation that the specific areas of concern about the performance of the resident have been identified, and the RPD should outline, to the degree possible, a specific remedial plan.

Examples of unsatisfactory performance or conduct leading to probation and/or dismissal include, but are not limited to the following:

- Performance which presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare;
- Failure to progress in the program, based on preceptor feedback through formative and summative evaluation data;
- Unethical conduct;
- Illegal conduct;
- Excessive tardiness and/or absenteeism;
- Unprofessional conduct;
- Failure to correct deficiencies noted in probation;
- Job abandonment, defined as two (2) days absent from the program without notice.

The resident will be given 30 calendar days to correct the identified deficiencies. If at the end of the probationary period, the RPD determines that the resident has not corrected the identified deficiencies, the resident will be dismissed from the program. The dismissal procedures, as written below, must be followed. If the RPD 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.

Dismissal

Upon recommendation of the RPD, a resident may be dismissed during the residency term for unsatisfactory performance or conduct. The recommendation for dismissal shall be in writing, outlining the areas deemed unsatisfactory and the reasons for the dismissal.

Resident Impairment

- Residents perform their educational and assigned duties unimpaired by alcohol, drugs, and psychological, medical, or behavioral disorders.
- Residents will not engage in unlawful or unethical acts in relation to drugs and alcohol.
- Residents are not under the influence of, nor consume alcohol or drugs while engaged in work or educational activities.

Resident Wellness

NEA Baptist Memorial Hospital cares about the wellness of its employees. Residents have access to the CONCERN Employee Assistance Program (EAP). This is an employee benefit program designed to identify and resolve production or operational problems associated with employees affected by personal problems. CONCERN's team of licensed, experienced counselors and clinical social workers help employees sort through issues such as stress, health, marital, family, financial, alcohol, drug, legal, gambling, emotional and other problems, and work toward viable solutions to get them back on track personally and professionally.

Residents are encouraged to participate in the quarterly Resident Development & Wellbeing Series presented by CONCERN representatives. This series covers assorted topics such as, *Overcoming/Avoiding Burnout*, *Building Healthy Relationships*, *Five Buckets Principle* of identifying priorities in life, and the *Power of Positive Thinking*.

Miscellaneous

Confidentiality
Maintaining confidentiality of patient, employee, and business information is critical and pertains to all information (oral, paper-based, and/or electronic).

Identification Cards
All employees must wear NEA Baptist Hospital identification badges while on duty. The badge must be worn above the waist and name and picture must be clearly visible. Residents may not wear non-professional insignia such as pins or buttons not related to Baptist or the healthcare profession while on duty unless pre-approved by the Pharmacy Director.

Professional Dress and Decorum
All residents are expected to maintain a professional appearance while delivering services to patients and their families, as outlined in Human Resources Professional Dress Standards policy. Standardized professional scrubs are allowed. If dressed improperly, the resident may be instructed to return home to change clothing or take other appropriate action. Subsequent infractions may result in disciplinary action.

Workspace and Supplies
Residents have a designated workspace that will include, at a minimum, a desk, computer and printer, and telephone. Residents have access to a copy machine, scanner, and a fax machine that can be used for official business associated with the residency.

Liability Insurance
All pharmacists at NEA Baptist Memorial Hospital are required to carry professional liability insurance. Suggested insurers include Pharmacists' Mutual and through ASHP via Proliability by Mercer. Proof of insurance must be provided to the RPD by July 31st of the residency year. Liability insurance is not reimbursed.

Parking and Transportation
Residents will receive information about parking during hospital orientation. Residents are allowed to park in the hospital employee parking lot.

Housing
NEA Baptist Memorial Hospital does not provide housing for the pharmacy resident. The RPD can help direct residents interested in finding housing to various resources, as well as current residents for advice.

Appendix A: Residency Advisory Committee

NEA Baptist Memorial Hospital PGY1 Pharmacy Residency Program
RESIDENCY ADVISORY COMMITTEE
Statement of Purpose & Operations

Purpose:
The purpose of the Resident Advisory Committee (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 committee is to provide the resident with guidance in practical and clinical issues as well as foster the growth and development of the resident as a competent practitioner. The RAC is composed of the RPD, Director of Pharmacy, and all residency preceptors.

Responsibilities:

1. The RAC will be involved in the development and advancement of the residency program.
2. The RAC will provide a forum for preceptors to discuss common concerns, develop additional learning experiences, and promote new and innovative areas of practice.
3. The RAC will be involved in the evaluation of resident candidates pursuing our program.
4. The RAC will provide general guidance and support to the resident.
5. The RAC will assure that appropriate preceptorship is provided for each training period.
6. The RAC will assess each resident's progress toward meeting overall program goals and specific learning objectives.
7. The RAC will assist the resident in developing and meeting his/her career goals and objectives.
8. The RAC will be involved in planning a rotation schedule for the resident.
9. The RAC will be involved in providing a formal quarterly evaluation of the resident's performance.
10. The RAC will periodically review the progress of the resident and provide feedback to the resident regarding his/her performance.
11. The RAC will serve as the resident's "research" advisory committee.
    a. Project topic choices / recommendations
    b. Project approval
12. The RAC will appoint a research project advisor for each resident based on the topic of the research project.
13. The RAC will be involved in any issues regarding the resident in which the RPD deems necessary.
14. The RAC will evaluate end-of-year input from the residents who complete the program.
15. The RAC will evaluate input from resident evaluations of preceptors and learning experiences.
16. The RAC will establish a minimum standard for all individuals who wish to participate in the precepting of residents.
17. The RAC will evaluate input from preceptors related to continuous improvement of the program. These discussions and decisions will be documented as stated below in meeting minutes. Improvements identified through the assessment process will be implemented.

Operations:

- Meetings will be conducted by the Residency Program Director (RPD) or designee.
- Meetings will be held at least quarterly.
    - All members of the RAC are required to attend.
    - Meetings may be scheduled at any time based on the discretion of the RPD.

    - Members may request a meeting to be scheduled to evaluate resident progress or to discuss any critical issues.
- The agenda will be composed by the RPD or designee.
- The meeting minutes will be recorded by the RPD or another member of the committee.
- Decisions will be made by consensus. Items requiring a decision will be discussed until a clear consensus is reached.
- Committee members will have shared ownership/accountability for decisions.
- Additional persons may be invited to attend a meeting. Their addition to the agenda is at the discretion of the RPD.

Appendix B: Preceptor Development

NEA Baptist Memorial Hospital PGY1 Pharmacy Residency Program will offer educational opportunities for preceptors to improve their precepting skills. Preceptor development activities must be focused around increasing knowledge and skills that can be applied to effectively precepting residents regardless of practice setting (e.g., methods for providing effective feedback, understanding and applying the residency accreditation standard, setting clear expectations, instilling professionalism and confidence, tips for precepting a successful resident research project) rather than solely activities centered around improving or increasing clinical knowledge (e.g., reviewing practice guidelines, completing continuing education on a clinical topic). Annually, a preceptor development plan will be developed to focus on areas of needs. Individual preceptor development plans will be developed for all preceptors and for any preceptor who has specific development needs identified through the preceptor needs assessment process. The RPD, in conjunction with the RAC, will be responsible for the following on an annual basis:

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

Assessment of Preceptor Development Needs:

- Preceptors will be required to submit an updated APR annually.
- The RPD will review residents' evaluations of preceptors as they become available and learning experiences annually to identify potential needs.
- The RPD will solicit feedback from residents annually.
- RPD will review ASHP residency accreditation site visit recommendations, if applicable, to identify any recommendations or areas of partial compliance which pertain to precepting skills.

Development Process for Annual Preceptor Development Plan:

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

Review of Effectiveness of Previous Year's Plan:

- Review of the current preceptor development plan will occur annually documented in the RAC meeting minutes. Effectiveness of the plan will be assessed as follows:
    - Review of current preceptor needs assessment results to determine if any needs addressed through preceptor development activities in the past year are still identified as top areas of need.

    - Discussion with preceptors of the effectiveness of activities utilized in the past year to address preceptor development needs.
- The discussion of effectiveness of previous year's plan will be utilized when developing topics, scheduling, and preceptor development activities for upcoming year.

Additional Required Preceptor Training for New Preceptors:

- Read and discuss "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs" with RPD.
- Read NEA Baptist Memorial Hospital PGY1 Pharmacy Residency Manual and review with RPD.
- The RPD will help the preceptor develop a plan designed to ensure the new preceptor meets all ASHP preceptor requirements within 2 years.
- Appointment of an advisor to mentor a new preceptor. Advisors will also be required to co-sign any summative evaluations completed by the new preceptor.

Other Opportunities for Preceptor Development for Preceptors:

- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills. Preceptor will submit a request to the Pharmacy Director if requesting professional leave or travel reimbursement. Attendance at professional meetings is subject to NEA Baptist's travel policy.
- Those who attend meetings which provide education regarding training will share the information at a RAC meeting or other forum as appropriate.
- Material for self-study will be circulated.
- Professional Associations and Pharmacist Letter have educational programs available to orient new preceptors.
- ASHP and other web-based programs are available.

Appendix C: NEA Baptist Memorial Applicant Initial Screening

Applicant Name:		Overall Score:
□Interview	□Waitlist	□Do Not Interview
Reviewer:		

	Residency Application Point Allotment			
	3	**2**	**1**	**0**
Letters of Recommendation	All characteristics marked as "Exceeds" or "N/A"	All characteristics marked as "Exceeds", "Appropriate", or "N/A" but all evaluators "highly recommend" the candidate	All characteristics marked as "Exceeds", "Appropriate", or "N/A" but any 2 or >evaluators only "recommends" the candidate	Any characteristic marked as "Fails to Meet" or any evaluator does not recommend the candidate
Comments:				
Pharmacy School GPA (Class Rank Evaluated if Pass/Fail School)	4.0 (Top 5% of class)	3.5-3.9 (Top 10% of class)	3.1-3.4 (No class rank provided)	2.5-3.0
Comments:				
APPE Clinical Rotations	Completed >3 clinical/acute care rotations	Completed 2 clinical/acute care rotations	Completed 1 clinical/acute care rotations	Completed 0 clinical/acute care rotation
Comments:				
Work Experience	≥ 1 years in hospital setting	<1 year in hospital setting	≥1 year in retail (or other) setting	None
Comments:				
Research/presentations/ contributions	≥1 National Poster/Platform Presentation ≥1 Publication in peer-reviewed journal	≥1 Local poster/platform presentation ≥1 Research project	≥2 presentations with pharmacy audience	None Or Only presentations with non-pharmacy audience
Comments:				
Organizational Involvement/Leadership	Officer of organization for >2 years	Officer of organization for <2 year	Member only	None
Comments:				
Volunteering Experience	≥3 organizations Or ≥3 years of participation with an organization	2 organizations Or 2 years of participation with an organization	1 organization and <2 years with organization	None
Comments:				
Overall Comments/Concerns:				

Appendix D: NEA Baptist Memorial Applicant Interview Evaluation Rubric

Candidate name:			**Date:**	
Reviewer initials:			**Score: _____ out of _____**	
Category	**Weakness**	**Acceptable**	**Strength**	**Exceptional**
	0	**1**	**2**	**3**
Critical Thinking Skills	Understands there is a problem; unable to identify or identifies a different problem	Identifies main problem; does not summarize or explain them clearly; easily answered	Can summarize problem; some details are not thoroughly understood; may be missing key details or have them confused	Understands and identifies problem; underlying key details understood; establishes why the problem needs to be solved
Communication / Interpersonal skills	Shows lack of interest; unfriendly and not courteous; lack of eye contact	Showed some interest; attempts to be courteous to all in interview setting; eye contact is made intermittently	Showed interest throughout the interview; courteous to all involved in interview; occasional loss of eye contact	Very attentive and enthusiastic; friendly and courteous to all involved in interview; eye contact made and maintained
Professional Demeanor	Unacceptable behavior and language	Used typical behavior and language (did modify behavior to fit the interview)	Acceptable behavior, well mannered, but professionalism lacking	Professional behavior and language (handshake, “hello”, “thank you”, eye contact, etc.)
Time Management	Late to work/class more than once/week; misses multiple project deadlines	Late to work/class more than once every month; misses two project deadlines	Late to work/class only once or twice; almost never misses a day; no unexcused absences; generally takes responsibility for material and work missed; no more than one deadline missed	Always arrives on time and stays until the job is done; all absences are excused; always takes responsibility for work missed; no deadlines missed
Curriculum Vitae	Most sections are formatted inconsistently (use of bold, headings, italics, spacing); information is unorganized and inconsistent; font size is different throughout; text appears very overcrowded or too spaced out; bullets/entries appear to not have a dated order; no clear line of sight, bullets and indentions are sporadic	More than 3 areas formatted inconsistently (use of bold, headings, italics, spacing); information lacks some consistency and orderliness, some duplication; font size is different in more than 3 areas and font type/size is inconsistent; text appears overcrowded or spaced out; bullets/entries are inconsistently listed from most to least recent; indentions and bullets are lack consistency	1 or 2 areas formatted inconsistently (use of bold, headings, italics, spacing); information is somewhat consistent and orderly; font size is different in 1 or 2 areas and much larger or smaller that 10-12pt; text appears somewhat overcrowded or somewhat spaced out; most bullets/entries are listed from most to least recent; most Indentions and bullets are consistent	Consistent formatting (use of bold, headings, italics, spacing); information is presented consistently and orderly in all sections (no duplication of information); font is the same size and between 10-12pt; text isn’t overcrowded or too spaced out; bullets/entries are listed from most to least recent; indentions and bullets line up appropriately creating a nice line of sight
Interview Performance	Answers are short, incomplete, or do not answer the question; demonstrates poor verbal and non-verbal demonstration skills; answers do not demonstrate enthusiasm/passion; does not ask any questions about the program	Lacks confidence in answers but provides answers for all questions; weak verbal and non-verbal communication skills; incomplete answers to questions even with prompting/follow up questions; lacks enthusiasm/passion;	Somewhat confident in answers; appropriate verbal and non-verbal communication skills; answers questions completely with prompting/follow up questions; somewhat able to foster conversation; limited enthusiasm/passion; asks	Displays confidence in answers; demonstrates appropriate verbal and non-verbal communication skills; answers questions completely; can sustain and foster conversation; demonstrates enthusiasm/passion; asks thoughtful questions

		asks limited questions about the program	general questions about the program	reflecting seriousness of intent
Overall Fit	Poor interactions with all staff; expresses no enthusiasm/passion for NEA program; poor verbal and non-verbal communication skills; poor performance throughout the entire interview day; expect issues with integration into the program and/or department.	Unenthusiastic interactions with staff; lacks overall enthusiasm/passion; below average verbal and non-verbal communication skills; average to below-average performance throughout entire interview day; concern for potential issues with integration into the program and/or department.	Positive interactions with all staff members; expresses interest in the NEA program; average verbal and non-verbal communication skills; good performance throughout the entire interview day; expect no major issues with integration into the program and department.	Very positive interactions with all staff members; passionate/enthusiastic about NEA; strong verbal and non-verbal communication skills; excellent performance throughout the entire interview day; expect quick and easy integration into the program and department.
What impresses you most about this candidate?				
What concerns you most about this candidate?				
Comments:				
Final assessment: **Δ Exceptional** **Δ Good** **Δ Acceptable** **Δ Concerns** **Δ Do NOT rank**				

Appendix E: NEA Baptist Memorial PGY1 Applicant - Final Rankings

Please list below your applicant rankings for all applicants from **highest to lowest** scores. If you do not recommend a candidate for the program, please do not rank them below.

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

Please indicate below any applicants for which you were unable to attend interviews and rank:

Appendix F: Resident Statement of Agreement

NEA Baptist Memorial Hospital
PGY1 Residency Program

PGY1 RESIDENT STATEMENT OF AGREEMENT

As a resident in the PGY1 Residency Program at NEA Baptist Memorial Hospital, I agree to the following:

1. I am participating in a one (1) year Pharmacy training program that is scheduled to begin on June ___, ____ and scheduled to end after 52 weeks.
2. I will be considered benefits-eligible as other full-time employees are at NEA Baptist Memorial Hospital. Vacation time will be limited to 12 days unless other arrangements are made with the Residency Program Director.
3. I will receive a salary of $46,000/year, paid on a biweekly basis by direct deposit.
4. I understand that I will be required to work every other weekend and assigned evening shifts in a clinical staff pharmacist role and two of the following holidays (1 major and 1 minor): Labor Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day, New Years' Day, and Memorial Day (the compensation for weekend and holiday shifts is included in the base salary).
5. I will avoid engaging in any activities that compete with my duties and responsibilities with the residency program. If I wish to work extra hours as a pharmacist, I will discuss this (and receive approval) with the Residency Program Director and will generally work those hours (for pay) at NEA Baptist Memorial Hospital by signing up for available overtime shifts.
6. I will follow ASHP Duty hours as outlined in the Residency Manual.
7. I understand that I must schedule all Board exams prior to July 1st of this year and notify my Residency Program Director of my test dates. If I fail to pass either the NAPLEX or Arkansas law exam and fail to obtain licensure as a pharmacist in the State of Arkansas within 120 days of my start date, I understand that I will not be able to continue in the program.
8. I understand that I must obtain, and provide proof of, adequate professional liability insurance prior to beginning residency training.
9. I will take full advantage of what the residency program offers me; I understand that this will typically require more than 50 hours per week.
10. I will accept the responsibility placed on me, in so far as my knowledge and experience allow; I am aware that my rotation preceptors, Resident Mentor and Residency Program Director will be available for assistance.
11. I will accept constructive criticism and act on it.
12. I will strive to complete all assignments on time, including learning experience evaluations.
13. I understand that I must satisfactorily complete all of the competencies and requirements outlined in the Residency Manual in order to earn an ASHP-accredited residency certificate.
14. By signing this I attest that I have reviewed the NEA Baptist Memorial Hospital PGY1 Residency Manual.

Resident Printed Name: _____ Date: _____

Resident Signature: _____

Appendix G: Resident Evaluation 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 preceptor feels the resident will only need facilitation to perform this skill throughout the rest of the residency. If the learning experience preceptor feels the resident has achieved (ACH) a particular goal/objective but does not feel comfortable evaluating achieved for the residency (ACHR), the learning experience preceptor will discuss with the RPD/preceptor group as needed to determine whether this skill has been demonstrated consistently in similar situations in order to be considered achieved for the residency (ACHR).

Appendix H: Pharmacy Resident Job Description

Resident-Pharmacist I

BAPTIST

Job Code	FLSA Status	Job Family
2095	Exempt	
PROCESSLEVEL	**Job Description Title**	
2110	Resident-Pharmacist I	

Job Summary

Job Summary

Learns practice assimilation and integration of the knowledge and skills acquired as a student. In this structured learning environment, a resident ensures appropriate, safe, effective and efficient use of medications in order to provide optimal patient outcomes. The resident will be routinely evaluated and given feedback in accordance with the American Society of Health-System Pharmacists Association accreditation requirements. Performs other duties as assigned.

Required Population Served

Job Responsibilties

Job Responsibilities

- Manages medication orders including age-specific considerations to ensure medications safety (i.e. processing, preparation and dispensing).
- Participates in pharmacotherapeutic plan processes.
- Completes a major residency project of pharmacy practice-related issues
- Contributes to goals, programs and report cards for unit/department/hospital.
- Provides drug information.
- Provides education.
- Manages own pharmacy practice effectively.
- Processes and prepares sterile products for dispensing.
- Supervises and directs healthcare team members.
- Participates actively on inter and intra-departmental committees.
- Maximizes safety and efficiency through appropriate use of automation.
- Completes assigned goals.

Specifications

Experience

Description	Minimum Required	Preferred/Desired
	Clinical knowledge.	Experience in hospital pharmacy.

Education

Description	Minimum Required	Preferred/Desired
See Licensure	Bachelor of Science (B.S.) or Doctor of Pharmacy (Pharm.D.).	

Training

Description	Minimum Required	Preferred/Desired

Special Skills

Description	Minimum Required	Preferred/Desired
Computer literacy, interpersonal skills, general clinical awareness	Advanced communication skills and computer skills, including Microsoft Office applications. High-level cognitive ability to interpret and assess written medication orders to ensure optimal medication use. Teaching skills and qualified to precept residents, students, interns and externs.	Membership with state and/or national hospital pharmacy associations.

Licensure

Description	Minimum Required	Preferred/Desired
Current, active, unrestricted pharmacy licensure for appropriate state or eligibility for licensure. Must acquire licensure within 90 days of hire date.	PHARMACIST-FOR APPROPRIATE STATE	

Reporting Relationships

Does this position formally supervise employees? If set to YES, then this position has the authority (delegated) to hire, terminate, discipline, promote or effectively recommend such to manager.

Reporting Relationships

No

Work Environment

Functional Demands

Label	Short Description	Full Description
Sedentary	Very light energy level	Lift 10lbs. box overhead. Lift and carry 15lbs. Push/pull 20lbs. cart
Light	Morderate engergy level	Lift and carry 25-35lbs. Push/pull 50-100lbs. (ie. empty bed, stretcher)
Medium	High energy level	Lift and carry 40-50lbs. Push/pull +/- 150-200lbs. (Patient on bed, stretcher) Lateral transfer 150-200lbs. (ie. Patient)
Heavy	Very high energy level	Lift over 50lbs. Carry 80lbs. a distance of 30 feet. Push/pull > 200lbs. (ie. Patient on bed, stretcher). Lateral transfer or max assist sit to stand transfer.

Functional Demands Rating
Sedentary

Activity Level Throughout Workday

Physical Activity Requirements - Sitting
Frequent

Physical Activity Requirements - Standing
Frequent

Physical Activity Requirements - Walking
Occasional

Physical Activity Requirements - Climbing (e.g., stairs or ladders)
Occasional

Physical Activity Requirements - Carry objects
Occasional

Physical Activity Requirements - Push/Pull
Occasional

Physical Activity Requirements - Twisting
Occasional

Physical Activity Requirements - Bending
Occasional

Physical Activity Requirements - Reaching Forward
Occasional

Physical Activity Requirements - Reaching Overhead
Occasional

Physical Activity Requirements - Squat/Kneel/Crawl
Occasional

Physical Activity Requirements - Wrist position deviation
Occasional

Physical Activity Requirements - Pinching/fine motor activities
Occasional

Physical Activity Requirements - Keyboard use/repetitive motion
Frequent

Physical Activity Requirements - Taste or smell

Physical Activity Requirements - Talk or hear
Frequent

Sensory Requirements

Color Discrimination	Near Vision	Far Vision	Depth Perception	Hearing
No	Accurate	Accurate	Minimal	

Environmental Requirements - Bloodborne Pathogens
Not Anticipated

Environmental Requirements - Chemical
Not Anticipated

Environmental Requirements - Airborne Communicable Diseases Not Anticipated
Environmental Requirements - Extreme Temperatures Not Anticipated
Environmental Requirements - Radiation Not Anticipated
Environmental Requirements - Uneven Surfaces or Elevations Not Anticipated
Environmental Requirements - Extreme Noise Levels Not Anticipated
Environmental Requirements - Dust/Particular Matter Not Anticipated
Environmental Requirements - Other