

CaroMont Health

2026-2027

Pharmacy Residency Manual

PGY1 Pharmacy Residency Program
PGY2 Emergency Medicine Residency Program

TABLE OF CONTENTS

Letter from Residency Program Leadership	6
General Hospital Information	7
Hospital Vision, Mission, & Values	7
Pharmacy Department Mission & Vision Statements	8
Residency Program Mission & Vision Statements	8
Pharmacy Residency Program Overview	8
GENERAL RESIDENCY PROGRAM INFORMATION	
Residency Program Governance and Structure	**9-10**
Residency Program Director	9
Residency Preceptor	9
Research Advisors	9
Resident	9
Mentor	9-10
Residency Advisory Committee (RAC)	10
Pharmacy Research Committee	10
Qualifications of the Resident	**11**
Licensure Requirements	11
Human Resources Requirements	11
Resident Selection Process	**12-13**
Recruitment & Selection of Residents	12
Phase II Matching Process	13
Acknowledgement of the Residency Match	13
Early Commitment Process	13
GENERAL RESIDENT EXPECTATIONS & INFORMATION	
Professional Conduct	14
Professional Dress	14
Identification Badges	14
Attendance	14
Minimum Rotation Day Requirement	14
Patient Confidentiality	15
Federal and State Pharmacy Laws	15
Fitness for Duty	15
Duty Hours Policy	**16-17**
Definitions	16
Duty Hour Requirements	16-17
CRMC Duty Hour Tracking	17
CRMC Moonlighting Policy & Open Shifts	**18**
Vacation Days & Requests for Paid Time Off (PTO)	**18-19**
Project Days	**19**

Educational Leave Days	**19**
ASHP Membership	19-20
Extended Leave of Absence	**20**
Longitudinal Staffing Experience	**20-21**
Resident Staffing Schedules	20-21
Holiday Staffing Coverage	21
Schedule Changes	21
Resident Leadership Positions	**22-23**
Chief Resident	22
Resident Recruitment and Social Chairperson	22
Pharmacy Education Resident Chairperson	22-23
Preceptor Development Resident Representative	23
Operations Resident Representative	23
Resident Mentorship Program	**24**
Development Plans	**24-25**
Evaluation Methods	**25-29**
PharmAcademic Evaluation Rating Tool	25-27
Achieved for Residency (ACHR) Rating	27
Evaluation Guidance for Residents	27-28
Evaluation Guidance for Preceptors	28-29
Disciplinary/Dismissal Policy	**30-32**
Deadlines in the Residency Program	30
Plagiarism	31
Failure to Progress	31-32
Remediation	32
ADDITIONAL RESIDENT INFORMATION	
Resident Workspace	33
Keys	33
Computer Access	33
Shared Network Storage	33
Email and Voicemail	33
Voalte Phone	33
Printers and Photocopying	33
Parking	33
Compensation and Benefits	**34**
Salary	34
Benefits	34
Paychecks	34
Funding for Professional Meetings	34
Meetings	**34-35**
Resident Meetings	34

Departmental Meetings	34
Practice Site Meetings	34-35
RAC Meetings	35
Resident Research Committee Meetings	35
Code Blue Resident Response	**35**
End of Year Awards	**36-37**
Preceptor of the Year Award	36
New Preceptor of the Year Award	36
MVP Award	36
Resident Excellence in Research Award	36
Pave the Way Award	36-37
PGY1 RESIDENCY PROGRAM	
Purpose and Overview	**38**
PGY1 Resident Responsibilities	**38-39**
PGY1 Presentations	38-39
BLS/ACLS/PALS Requirements for PGY1s	39
PGY1 Orientation	**39**
PGY1 Learning Experience Rotations	**40-41**
Required Learning Experiences	40
Elective Learning Experiences	40
Longitudinal Learning Experiences	41
Rotation Changes	41
PGY1 Preceptor Roster	**41-42**
PGY1 Longitudinal Topic List	**42-46**
Requirements for Receiving a PGY1 Residency Certificate	**46-48**
PGY2 EMERGENCY MEDICINE RESIDENCY PROGRAM	
Purpose and Overview	**49**
PGY2 EM Program Structure	**49**
PGY2 EM Resident Responsibilities	**50**
PGY2 Presentations	50
BLS/ACLS/PALS Requirements for PGY2s	50
PGY2 Orientation	**40-51**
PGY2 Learning Experience Rotations	**51-52**
Required Learning Experiences	52
Elective Learning Experiences	52
Longitudinal Learning Experiences	52
Rotation Changes	52
PGY2 Preceptor Roster	**52-53**
PGY2 Longitudinal Topic List	**53-57**
Requirements for Receiving a PGY2 EM Residency Certificate	**57-60**
Attestation	**61**

Abbreviations

ACPE – Accreditation Council for Pharmacy Education
ASHP – American Society of Health-System Pharmacists
CMG – CaroMont Medical Group
COPS – CaroMont Outpatient Surgery
CRMC – CaroMont Regional Medical Center
CSS – CaroMont Specialty Surgery
MPJE – Multistate Pharmacy Jurisprudence Examination
NAPLEX – North American Pharmacist Licensure Examination
NCAP – North Carolina Association of Pharmacists
NMS – National Matching Service
RAC – Residency Advisory Committee
RPD – Residency Program Director
REPS – Research in Education and Practice Symposium
SERC – Southeastern Residency Conference

All information contained in this residency manual is intended to explain or supplement the existing policies and procedures of CaroMont Health, CaroMont Regional Medical Center and the CaroMont Regional Medical Center Department of Pharmacy Services. The resident is expected to follow all currently established policies of the organization and any policies updated or implemented in the future while they are employed by the organization. Any information contained in this manual that changes or contradicts the policies or procedures of CaroMont Health is unintentional and should be brought to the attention of the Residency Program Directors (RPDs). Failure to follow the organization's policies and procedures will result in disciplinary action referenced in this manual.

CaroMont Regional Medical Center

July 1, 2026

Dear Residents,

On behalf of the Pharmacy Service Line, we would like to welcome you to CaroMont Regional Medical Center. We are very pleased that you have chosen to continue your professional development by joining the 2026-2027 pharmacy residency class.

For more than twenty years, our institution has been committed to providing exceptional post-graduate training to pharmacists in a community hospital setting. We are proud to be able to customize our curriculum to provide a learning environment that meets each resident's individual needs. Our ASHP-accredited programs allow residents to develop the practice skills and gain the experience needed to thrive in their careers.

The combination of a diverse patient population, your participation in both clinical and distributive roles, and the level of autonomy provided within our programs will allow you to become well-rounded clinicians. Throughout the year during your learning experiences, our preceptors will provide guidance and set expectations for you. We challenge you to exceed those expectations and encourage you to take advantage of all learning opportunities available.

This year will be busy and exciting for everyone. We are confident that your investment of time and energy will be rewarding. We commend you for taking this step to advance your professional career. We look forward to working with you and watching your progression.

Sincerely,

Saumil Vaghela, PharmD, BCPS
PGY1 Residency Program Director
Clinical Pharmacy Manager

Madison Blaise Schwartz, PharmD, DABAT, BCCCP, BCEMP, CPP
PGY2 Emergency Medicine Residency Program Director
Clinical Pharmacist in Emergency Medicine

General Hospital Information

CaroMont Health encompasses two hospitals, a freestanding Emergency Department, and multiple primary and specialty care physician offices in a variety of areas within Gaston County.. CaroMont Regional Medical Center (CRMC) - Gastonia is a 476-bed not-for-profit community hospital located in Gastonia, North Carolina and serves as the primary medical center for CaroMont Health. CRMC houses a Level III Trauma Center, Level III Neonatal Intensive Care Unit, and is a Nationally Accredited Chest Pain and Primary Stroke Center. CaroMont Regional Medical Center - Belmont is a 54-bed not-for-profit community hospital that opened in 2025.

Hospital Mission, Vision and Values

Our Mission
To provide compassionate, exceptional and highly reliable care

Our mission is the reason we exist. Focused on the trio of words that guide our work - compassionate, exceptional and highly reliable - we are here to care for our patients and serve our community.

Our Vision
To be the community's most trusted healthcare partner

Our vision is what we aspire to be. There is one key word in our vision that we hope will resonate with each of you - trust. There is no greater level of confidence than when you have trust in someone or something. Those who trust us will want us to provide care for them, their families, and their friends. Trust is the foundation for our continued growth and independence as a health system.

Our CARES Values

The values of our organization are what we believe and how we behave. They are the way we support each other and our patients, they are the basis for our decisions, and they are the way we hold ourselves and each other accountable.



Department of Pharmacy Mission & Vision Statements

Mission Statement
Promote a healing environment through the consistent delivery of pharmaceutical care as the medication experts.

Vision Statement
Our community will see pharmacy as a collaborative member of the multidisciplinary health care team.

Residency Program Mission & Vision Statements

Mission Statement
The pharmacy residency programs at CRMC are committed to providing excellent training experiences that support the resident's clinical, academic, and professional needs and interests by fostering clinical, leadership and professional skills necessary to deliver high-quality pharmaceutical care.

Vision Statement
Our residency program graduates will be viewed as highly qualified, independent clinicians capable of providing excellent pharmaceutical care and professional leadership within the multidisciplinary healthcare environment.

Pharmacy Residency Program Overview

The Residency Programs at CaroMont Regional Medical Center consist of the PGY1 Pharmacy Residency and the PGY2 Emergency Medicine Pharmacy Residency. Each program is 12 months in duration, accredited by ASHP, and managed by staff from the CRMC Department of Pharmacy. Refer to the individual program sections within this manual for information specific to each program.

GENERAL RESIDENCY PROGRAM INFORMATION

Residency Program Governance and Structure

Consistent with the commitment of the hospital and the Department of Pharmacy, several individuals and groups play key roles in the administration of the pharmacy residency program.

Residency Program Director (RPD)
The Residency Program Directors are the individuals responsible for the administration, oversight, and coordination of the respective residency programs. The RPD is responsible for ensuring that the overall program goals and specific learning objectives are met, training schedules are maintained and competencies met, appropriate preceptorship for each rotation is provided, and resident evaluations are routinely conducted on schedule. The RPDs work closely with the RAC to ensure program quality, integrity, and consistency. The RPD accepts or rejects applicants and certifies candidates' successful completion of the residency. The terms PGY1 and PGY2 Interim RPD designate the individual that assists the RPD in the management of the individual residency programs, as outlined above, to act as RPD if the RPD is on leave (medical, maternity, sick, or otherwise).

Residency Program Coordinator (RPC)
The Residency Program Coordinator works closely with the PGY1 and PGY2 Emergency Residency Program Directors to manage the administration, oversight and coordination of both programs. The RPC serves as a central point of contact for administrative and logistical matters related to the residency programs. ensuring efficient program operations, regulatory compliance, and consistent communication among residents, preceptors, department leadership, and other stakeholders. Primary responsibilities include coordinating recruitment and onboarding activities, maintaining residency records and documentation, supporting accreditation and continuous quality improvement processes, facilitating scheduling, evaluations and educational activities, and assisting with policy, procedure and manual updates.

Residency Preceptor
Each rotation is administered by a preceptor who oversees the learning experience for the rotation. The preceptor reviews the resident's interests, strengths, weaknesses, and overall residency plan, and adjusts the learning experience as needed. The preceptor reviews the rotation goals and learning objectives with their resident at the beginning of the rotation. Periodic review of the goals and objectives shall occur during the rotation to measure and evaluate the attainment of the learning objectives. The preceptor will teach by direct instruction, modeling, coaching, and facilitating, when appropriate. The rotation preceptor keeps the RPD(s) apprised of the performance of the resident and reports pertinent updates regarding the resident's progression and setbacks at the RAC. The rotation preceptor completes the PharmAcademic evaluation of the resident within 7 days after the conclusion of the rotation and reviews it with the resident.

Research Advisors
The research advisors, or co-investigators, assume primary responsibility to guide the resident in completing the required research project. They serve to assist the resident in defining the scope of the research project to assure completion within the time frame of the residency year and planning and implementing the project design. The research advisors are not responsible for data collection or patient enrollment; data collection, patient enrollment, and data analysis are the primary responsibility of the resident. The research advisors provide guidance concerning the suitability for publication of the research project. Decisions concerning submission should be reviewed for final approval with the resident's RPD.

Resident
The resident is a licensed pharmacist who has entered a postgraduate training program under the supervision of experienced preceptor(s) who manage an organized program that builds on the knowledge, skills and abilities acquired from an accredited school of pharmacy. The resident has agreed to the terms and conditions in the offer letter provided after being matched/selected/admitted to the

program. The resident will function as an integral part of the department and contribute to the provision of patient care services. The resident is also responsible for frequent self-evaluation and incorporation of feedback to improve their practice. The resident should continually prepare and motivate themselves through self-learning so that the resident may fully benefit from the residency experience.

Mentor
The resident selects a mentor to serve as a personal and/or professional resource for the duration of the residency year. Mentors will be former residents or experienced preceptors who have an advanced understanding of the requirements and challenges facing residents in a post-graduate training program. The chosen mentor guides the resident by sharing insight, advice, and modeling positive behaviors. The mentor strives to develop a partnership between themselves and the mentee focused on trust, well-being, and growth. Mentors will be supportive of the mentee's professional development while providing strategies and guidance to foster their well-being and resilience. The resident is encouraged to be an active participant in the mentor-mentee relationship through reaching out to the mentor and coordinating regular meetings.

Residency Advisory Committee (RAC)
The Residency Advisory Committee (RAC) is a standing committee of the Department of Pharmacy chaired by the Residency Program Directors. Comprised of all current preceptors for both the PGY1 and PGY2 programs and pharmacy leadership, this committee is responsible for reviewing and approving recommendations presented by the RPDs and ensuring program quality and consistency. The RAC also serves as a forum to discuss customization for individual residents and the progression of each resident towards meeting the program's goals and objectives. This committee meets formally at a minimum of quarterly.

The goals of the Residency Advisory Committee are to:
1. Approve recommendations made by the Residency Program Directors
2. Develop and update elements of each program to align with accreditation standards
3. Customize the residency experience to meet the educational needs of the resident
4. Monitor each resident for progression towards meeting the goals and objectives of the program
5. Appoint and reappoint program preceptors
6. Make recommendations to the Residency Program Directors and/or pharmacy leadership to address problems or concerns that arise
7. Conduct a formal program evaluation annually
8. Assessment of methods for recruitment that promote diversity and inclusion
9. Review candidate applications for interview offers, interview candidates and decide on a rank order list to submit to the Match

Pharmacy Research Committee
The Pharmacy Research Committee is a standing committee of the Department of Pharmacy that is comprised of the Chairperson(s), representative(s) of pharmacy leadership, and preceptors involved with resident research during the current residency year. They will discuss the progression of all residents' research and their specific needs or requirements. They will oversee all aspects of the resident research process and report progress to the RAC. Responsibilities of the committee include selecting initial ideas as viable research questions for resident project selection, ensuring feasibility of resident project proposals and objectives, overseeing progress of resident investigations, providing feedback for professional presentations of research, and guiding the resident to appropriate avenues for research publication. This committee meets formally at a minimum of quarterly.

Qualifications of the Resident

The applicant must be licensed, or eligible for licensure, in the state or jurisdiction in which the residency program is conducted.

For the PGY1 program, the residency candidate must be a graduate or candidate for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in the process of pursuing accreditation).

For the PGY2 program, the applicant must have completed or is in the process of completing an ASHP-accredited PGY1 pharmacy residency program or one in the ASHP accreditation process. PGY2 residency position offers are contingent upon successful completion of the PGY1 program for which the resident is currently enrolled. A copy of the PGY2 resident's PGY1 residency certificate of completion should be provided to the RPD prior to starting the residency program. PGY2 residents who are unable to provide a PGY1 residency certificate within 30 calendar days from the start of the residency program will be dismissed from the program and ineligible for a PGY2 residency certificate.

Residents must collectively participate in and adhere to the rules of the National Matching Service (NMS) process.

Licensure Requirements
All residents are required to have taken the North American Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE) **before the first day of the residency year** unless an exception has been approved by the RPD(s). In the event the resident is unable to sit for examination(s) prior to the start of the residency year and gains such approval from the RPD(s) in writing, the resident must sit for each exam at the earliest available date.

Since the residency year is predicated on obtaining licensure, **failure to obtain pharmacist licensure to practice pharmacy in North Carolina by August 1st** of their residency year will result in delayed participation in staffing and full engagement in pharmacist duties on rotation. During this time, the resident(s) will be expected to continue training on scheduled staffing days and engage in all rotational activities legally allowed without pharmacist licensure.

If resident(s) fail to obtain pharmacist licensure by the third Friday in August, a formal, resident-specific plan for success will be drafted by the RPD and pharmacy leadership to ensure the resident meets the final deadline and rectifies any missed or delayed responsibilities of the program which require pharmacist licensure. **Failure to obtain pharmacist licensure in North Carolina within 90 days after the program's start date** will ultimately result in dismissal from the residency program and ineligibility for a residency certificate.

Human Resources Requirements
All residents are required to pass a drug test and criminal background check upon onboarding to CRMC at the direction of the Human Resources department.

Resident Selection Process

Recruitment & Selection of Residents
The CRMC residency programs participate in the ASHP Resident Matching Program administered by NMS. Program applications are accessible through the CRMC Pharmacy Residency web pages. The residency programs participate in the Residency Showcase at the ASHP Midyear Clinical Meeting each December, which serves as the primary recruiting forum, and all CRMC residents and RPDs in attendance participate in recruitment of candidates at the showcase. The RPD(s) and CRMC residents will offer at least one collective 'Residency Open-House' virtual session in November or December of each year to engage with interested candidates who are otherwise unable to attend the ASHP Midyear Clinical Meeting. The RPD(s) or designee will also recruit at local and regional career fairs or residency showcases, as permitted by the department budget. The programs utilize the online admissions management software platform, PhORCAS/WebAdmit to support the residency recruiting process. The deadline for receipt of application materials is the first Monday of January. Below details the criteria and steps taken in the selection process.

1. **Procedure for Selection**

   The RPD will serve as the initial reviewer to screen and eliminate candidates from consideration if the following elimination criteria are met:
   - Applicant did not complete application before deadline
   - Applicant is not legally authorized to work in the United States and will require sponsorship
   - Applicant has more than one "do not recommend" within their PhORCAS references

2. **Criteria for Interview**

   All interviews are by invitation only and are selected by the RAC after all completed applications, not meeting the above criteria for elimination, have been reviewed and given equal and fair consideration. Application packets are reviewed by at least three independent reviewers. CRMC has a detailed application review process including an application scoring rubric, for each respective program, used each year in the candidate review and interview selection process. The RAC will meet to discuss the application packets and recommendations for interviews. As a general rule, CRMC typically uses a 5-10 to 1 ratio (interviews to available positions) when scheduling interviews unless determined otherwise on a year-by-year basis by the RAC.

3. **Criteria for Selection**

   Interviews may either be conducted virtually or in-person as dictated by facility guidance and/or requirement. While in-person is the preferred modality for conducting residency interviews, a virtual option may be accommodated for candidates who are unable to attend on-site. Multiple staff members (e.g., preceptors, pharmacy leadership, RPDs, current residents, etc.) participate in each interview and complete objective interview scoring assessments of each candidate for submission to the indicated RPD. Note current residents are required to be involved in the annual candidate application review, interview, and ranking processes. In conjunction with application packet scores, the RPD will develop a preliminary rank order list based on average objective scores. A RAC's rank meeting is then held to review PGY1 candidates and discuss any changes and/or recommendations to the preliminary rank order list. Not all candidates interviewed are required to be ranked, if the RAC so chooses. The PGY2 RPD and PGY2 preceptor group meet separately to review PGY2 candidates and discuss any changes and/or recommendations to the preliminary rank order list. The individual RPDs make the final decision regarding the rank order list utilizing the input gathered during the screening and interviewing process. Each RPD is responsible for submitting the final rank order list to the National Matching Service (NMS). CRMC is an equal opportunity employer.

Phase II Matching Process
In the event that the NMS does not fill a residency position, additional applicants are reviewed through Phase II of the NMS. The same procedures for selection, interviewing, and ranking outlined above are followed if Phase II is conducted.

Acknowledgement of the Residency Match (Match Agreement)
Residents matched to the CRMC residency programs will receive (within the required 30-day time period) an acceptance/offer letter acknowledging the Match results and outlining the general terms and conditions of the residency to include information regarding the hiring process, pre-employment requirements, confirmation of program start date and term of appointment, and the current residency manual with associated policies. Acknowledgement in writing by the resident will constitute acceptance of the terms and conditions of the Match and agreement to fulfill the duties of the residency position for the upcoming year.

Early Commitment Process
The CRMC residency programs participate in the ASHP Resident Matching Program. As part of this program, there is an early commitment process whereby CRMC may commit one or two current PGY1 residents to one or both PGY2 resident positions in advance of the National Matching Service (NMS). The PGY2 Emergency Medicine program may extend early commit offers for both available positions provided the residency program and position are currently registered for the Match. PGY1 residents eligible for consideration are those who have satisfied the following conditions:

1. The resident who is interested in early committing to the PGY2 Emergency Medicine residency program must make their intent known to the PGY2 RPD prior to **November 15th** of each residency year.
2. The resident has completed or is in the process of completing the Emergency Medicine learning experience at the point in time application materials are submitted to the PGY2 RPD.
3. The resident is in good standing with PGY1 program, defined by:
    a. Having met all deadlines associated with the PGY1 program thus far *or* has successfully completed an action plan for previously delinquent deadlines and has not since missed a deadline
    b. Not actively on an action plan or Performance Improvement Plan
4. The PGY1 resident has submitted their CV, letter of intent, and any other requested materials to the PGY2 RPD by the scheduled deadline.

Once a PGY1 resident expresses interest in early commitment, eligibility is confirmed, and the aforementioned application materials are received by the RPD, the resident will participate in interviews which may include a sampling of PGY2 preceptors, ED leadership, pharmacy leadership, and the PGY2 RPD before the ASHP Midyear Clinical Meeting. The early commitment process is conducted as follows:

1. Each group of interviewers will fill out a scoring tool assessing the letter of intent, interview, and overall impression of the candidate. Total scores for these components will fall into objective score ranges indicating whether a candidate is recommended for early commitment by the individual interviewer.
2. The RPD is responsible for assessing the qualifications and performance of the candidate. This assessment will include review of:
    a. Application materials
    b. All interviewer scoring tools
    c. Rotation evaluations to date
    d. Quarterly evaluations to date
    e. Discussion with PGY1 RPD, current preceptors, and project mentors
3. The PGY2 RAC will collectively make a final determination to approve or deny the early commitment request based upon the culmination of the above findings presented by the RPD.
4. The RPD will extend a formal offer letter or denial for early commitment.
5. Transfer to the PGY2 position is contingent upon successful completion of the PGY1 program by June 30. It is highly encouraged for early committed residents to take the Emergency Medicine II/Toxicology elective prior to graduation from the PGY1 program.

GENERAL RESIDENT EXPECTATIONS & INFORMATION

Professional Conduct
It is the responsibility of all residents of CaroMont Regional Medical Center to always uphold the highest degree of professional conduct. Each resident will display an attitude of professionalism in all aspects of his/her practice and any time they are representing the department or organization.

Professional Dress
Please refer to the hospital and pharmacy department Professional Appearance Standards / Dress Code Policies. The hospital administrative policy is #11571 and the pharmacy policy is #15516. The pharmacists and residents at CaroMont Regional Medical Center are visible representatives of the hospital and pharmacy department. As such, each staff member is expected to maintain a professional, clean, and well-groomed appearance at all times during working hours.

1. In addition to the standards outlined in the pharmacy department policy, pharmacy staff must comply with the standards set forth in administrative policy #11571.
2. Uniform scrubs may be purchased at the location of your choice but are restricted to specifications as outlined by this policy.
3. When working in patient care areas, residents must:
    a. Wear professional attire as per administrative policy #11571 or solid black uniform scrubs. CaroMont-branded clothing may be worn as outlined in the policy.
4. When working within a sterile environment such as the main pharmacy or the OR satellite pharmacy, residents will wear hospital issued scrubs.
    a. Residents will change into scrubs upon arrival at the hospital and change back into street clothes prior to departure as outlined in the administrative policy.

Identification Badges
CRMC requires all employees to wear his/her identification (ID) badge at all times when working at a CaroMont facility. The ID badge must be worn at or above chest level and be easily visible at all times. Refer to administrative policy #11624 for additional information, including lost or damaged badge replacement and limitations on applying stickers or pins to badges. Upon the resident's separation (resignation, termination or completion of the residency program) from CRMC, the resident must return their ID badge to the RPD, member of pharmacy leadership, or the security department.

Attendance
Residents are required to follow the current administrative policies on attendance (#11560), tardiness and leaving early (#11617), and inclement weather attendance (#11588). All pharmacist positions are considered essential positions during inclement weather conditions.

Minimum Rotation Day Requirement
The RAC requires a PGY1 resident to be on rotation for a minimum of 17 days. These 17 days are days spent completing rotation-specific activities and include days dedicated to on-site or virtual rotation attendance, on-site or virtual teaching certificate-related responsibilities, and staffing weekdays for PGY1 residents only. Days spent off-site for required conference attendance do not count against a resident's 17 days on rotation. If a situation exists where a resident will have less than 17 rotation days, the situation must be reviewed by the RAC. The RPD and RAC will determine the appropriate actions to ensure adequate resident training is provided for the rotation. If a PGY1 resident is transitioning to a non-CRMC PGY2 program and the circumstances result in the resident having less than 17 days on their last rotation, the RAC will be consulted for appropriate management. PGY2 residents are exempt from adhering to a minimum rotation day requirement as their rotation hours may be required to closely reflect their preceptor's hours, which do not follow an 8-hr/day, 5 day/week pattern. The total number of days taken for Paid Time Off (PTO) (14 days allotted), jury duty, FMLA, and non-FMLA leave may not exceed a combined total of 37 days per residency year.

Patient Confidentiality
CRMC is committed to ensuring the confidentiality of information related to patients, employees, and the organization. Confidential information to which you have access is to be used only as necessary to perform your job. All information concerning the diagnosis, treatment or care of patients or an employee is confidential. All discussions concerning patients will be held in privacy. All residents will complete any required Health Insurance Portability and Accountability Act (HIPAA) training and abide by all HIPAA regulations during their practice and residency program. The resident is responsible for understanding and following all CaroMont policies related to patient confidentiality. See the HIPAA Minimum Necessary Policy #11546.

Federal and State Pharmacy Laws
All CRMC residents are expected to abide by all federal and state laws governing the practice of pharmacy in the state of North Carolina. Failure to do so will result in disciplinary actions from the organization. This includes activities or actions prior to licensure by the North Carolina Board of Pharmacy.

Fitness for Duty
Refer to Administrative Policy #11583. CaroMont Health intends to ensure that all employees are capable of performing their tasks safely and efficiently without impairment of any sort, whether because of the influence of any drug (legal or illegal), alcohol, illness, fatigue or other conditions. The Fitness for Duty Policy outlines the process and responsibilities for when an employee, engaged in work activities, is suspected of being impaired (as defined in the Policy) or otherwise may be unfit for duty. Fitness for Duty testing is a step in an investigative process and is not meant to be punitive.

Duty Hours Policy

All pharmacy residency programs at CRMC align with the ASHP Duty Hour Requirements for Pharmacy Residencies, which may be accessed at https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf. Duty hours are defined and regulated according to the following:

1. **Definitions**

    a. Duty Hours**:** Duty hours are defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program. This includes inpatient and outpatient care (within the facility or when assigned to be completed virtually), staffing/ service commitment, administrative duties, work from home activities, scheduled and assigned activities such as conferences, committee meetings, classroom time, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.
        i. Duty hours do not include reading, studying, and academic preparation time (presentations, journal clubs, closing knowledge gaps); or travel time to and from work and conferences; hours that are not scheduled by the RPD or preceptor.

    b. Moonlighting: ANY voluntary, compensated work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

    c. Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

    d. Strategic Napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

2. **Duty Hour Requirements**

    Residents, RPDs, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The RPD must ensure that there is no excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program, or that may compromise their fitness for duty and endanger patient safety. Residents may be required to participate in departmental coverage in times of unusual circumstances/state or emergency situations that go beyond the designated duty hours for a limited time frame. Providing residents with a sound training program must be planned, scheduled, and balanced with concerns for patient safety and resident's well-being and resilience. Therefore, programs must comply with the following duty hour requirements:

    Personal and Professional Responsibility for Patient Safety

    a. RPDs must educate residents and preceptors to recognize signs of fatigue and sleep deprivation and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
    b. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of the patient to transition the care to another qualified, rested provider.
    c. Residents will be provided with education regarding wellness and resilience, burnout syndrome, risks, and mitigation strategies during orientation at the start of each residency year. Residents will receive longitudinal well-being/resilience education via a discussion,

activity, and/or challenge at one resident meeting each month. Resident burnout will be objectively evaluated at each quarterly development plan meeting with their RPD.

d. Preceptors will be provided with at least one Preceptor Development opportunity each year regarding learner and/or preceptor well-being and resilience.
e. RPDs or preceptors ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity of care and patient safety.

Maximum Hours of Work per Week and Duty-Free Times

a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all internal and external moonlighting.
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.
    i. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
    ii. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
    iii. Residents must have a minimum of eight hours free of duty between scheduled duty periods.
    iv. Continuous duty periods of residents should not exceed 16 hours.

3. **CRMC Duty Hour Tracking**

Residents must attest to their compliance with duty hour requirements detailed above monthly within PharmAcademic and indicate whether they engaged in internal/external moonlighting including total hours spent. This is required and will be reviewed by the RPDs both monthly and at every quarterly development plan meeting to track compliance. The resident will notify the RPD regarding situations that do not meet the ASHP Duty Hour Regulations. Resident failure to adhere to ASHP duty hour regulations as outlined in the residency manual and/or resident non-compliance in tracking duty hours monthly when due in PharmAcademic will result in disciplinary action as per the CARES Culture Policy (#11591).

CRMC Moonlighting Policy & Open Shifts

The resident is discouraged from seeking additional employment during the residency year. Any additional employment outside of CaroMont Health must be reported to the RPD so a plan can be implemented to ensure compliance with all ASHP residency standards and NCBOP rules. Permission and withdrawal of moonlighting privileges are subject to RPD discretion. Moonlighting requirements/limitations set forth by ASHP will be reviewed during orientation at the beginning of each residency year. It is the responsibility of the resident to seek RPD approval for all external moonlighting shifts.

Residents may not internally moonlight until all competencies have been completed and the RPD has approved. Residents may not engage in internal or external compensated work which, in combination with duty hours, exceeds 80 hours per week averaged over a 4-week period. Moonlighting may not exceed 40 hours per month. The resident may, with the approval of the RPD and Clinical Pharmacy Manager, pick up open shifts within the department at the hourly rate indicated by HR so long as the following conditions are met:

a. The shift does not interfere with residency or rotational requirements
b. The shift occurs during the resident's regularly scheduled time off
c. The resident is in good standing with the department and the RAC, defined as not actively being on an action plan or Performance Improvement Plan
d. Duty hour limits are not exceeded

If moonlighting, either internal or external, is found to negatively impact resident performance as identified by the resident, preceptor(s), or RPD(s), the residents' moonlighting privileges will be revoked.

Vacation Days & Requests for Paid Time Off (PTO)

The following outlines rules and requirements surrounding PTO allotment and requests:

1. Residents are provided with 14 days of PTO during their residency year. This PTO will be used for all vacation days, holidays scheduled off, and sick days as outlined in the organization's policies.
2. Any PTO not used by the end of the residency year (June 30) will be forfeited. The resident will not receive any additional monetary compensation for unused PTO days.
3. Residents cannot request PTO for any scheduled staffing or holiday shift.
4. Residents may request up to two PTO days per rotation month from the rotation preceptor. Preceptors are responsible for reviewing the resident's calendar for approval or denial of the PTO request. Once approved by the preceptor, the resident will submit the request in departmental scheduling software by established department deadlines indicating preceptor approval. The approving preceptor should be indicated for each PTO submission. Approved PTO should be documented by the resident in their individual "PTO/Project Days Tracking Log".
5. PGY1 residents must verify that any PTO request allows for 17 rotation days per learning experience and should be confirmed by the preceptor prior to approval.
6. Residents requesting more than two PTO days per rotation month must submit a request for approval from the RAC.
7. Any holidays that the resident is scheduled off due to the holiday rotation schedule are PTO days (or regular days off) but do not require a request and approval from the preceptor.
8. For a single learning experience/rotation, RPDs may elect to combine the months of November and December or December and January due to holidays, ASHP Midyear Clinical Meeting conference and seminars. PGY1 residents must complete at least 17 rotation days for the learning experience. The resident may request up to four PTO days during November and December or December and January, if combined as one learning experience. The four days may all be in one calendar month (November or December or January). PTO requests greater than four days in a combined November and December learning experience must be approved by RAC.

9. No PTO may be requested during the first four weeks of the residency year (exceptions for illness, approved FMLA or non-FMLA leave, PGY1 residents who have early committed to the PGY2 program, and extenuating circumstances for which RPD approval has been sought in advance of the residency year).
10. A resident may only take two days of PTO during the last two weeks of the residency year and will not be allowed to be taken consecutively in the last week of the residency year unless needed to begin a PGY2 program.
11. Each resident may be provided professional leave days outside of established PTO deadlines. These days are considered PTO days and may be used for either licensure examination (during July, August, May or June) or professional interviews for post-residency employment positions. This includes interviews for fellowships, PGY2 residency, or pharmacist employment to begin after the current residency year. All professional leave days must be approved by the preceptor and RPD. Professional leave days will be counted as days away from rotation.

Project Days

CRMC residents are provided with designated project days to allow time for completion of non-rotational residency requirements. Both PGY1s and PGY2s may receive up to four days per residency year at the discretion of their RPD. A project day is defined as a day that the resident uses to work on non-rotation requirements of the residency program which includes, but is not limited to, research, presentations, or educational program attendance required by the preceptor(s) or RPD. The following outlines the rules and procedures for project days.

1. Project days are a privilege and are not guaranteed. The RPD reserves the right to revoke this privilege at any time if he/she feels this privilege is being misused or abused by the resident.
2. No more than one project day per calendar month may be used. If the months of November and December are elected to be combined into one learning experience, a resident may use two project days within the rotation, regardless of calendar month.
3. Residents are required to report to the hospital or their office for a full workday on their project day. The resident must be available via Voalte during their project day.
4. A project day will count as a day away from the rotation.
5. The project date must be requested by the resident and approved by the rotation preceptor prior to the start of the rotation.
6. The resident will be required to document the project day on their “PTO/Project Days Tracking Log” with the date of their project day and a description of what was accomplished. The resident must provide the RPD with an emailed summary of their work or activities accomplished during the project day. The summary must be submitted to the RPD by the end of the next business day. The PGY1 RPD, PGY2 RPD, and primary preceptors reserve the right to ask for work completed on the project day taken. Failure to submit the summary, submitting a false summary, or not accomplishing a significant amount will result in the resident losing future project day(s).

Educational Leave Days

Residents are required to attend educational programs selected by the individual residency programs. The residents are provided the following days for educational programs, and these days are not deducted from the residents’ PTO time. This time allotment includes any required travel days.

ASHP Midyear (required for PGY1s and PGY2s): 4 days
ACLS (required for PGY1s and PGY2s): 1 day
PALS (required for PGY2s): 1 day
The Southeastern Residency Conference (SERC) or Research in Education and Practice Symposium (REPS) (required for PGY1s and PGY2s): 2 days

ASHP Membership

The resident is encouraged to maintain membership in ASHP. If the resident elects not to maintain an ASHP membership, CRMC will not pay or reimburse the resident for the difference in non-member versus member cost of the ASHP Midyear Clinical Meeting registration fee (or any similar costs that would be reduced due to ASHP membership).

Extended Leave of Absence (LOA)

Residents will follow HR policies and pharmacy policies as listed below

1. The default for managing resident absences and disciplinary action related to absences will be based on HR Attendance Policy #11584 and HR Inclement Weather Attendance Policy #11588.
2. If the resident is absent more than 15 days, HR Leave of Absence policies (FMLA #11584 or Non-FMLA #11596) will be utilized to govern continuation of the residency position.
3. A resident may not exceed 37 cumulative days away from the program within the 52-week residency year, regardless of whether they are on an approved Leave of Absence, without an extension to the program being required.
    a. Days away from the program are defined as the total number of days taken for vacation, sick, and interview days, holidays, religious time, jury duty, bereavement, military leave, parental leave, leaves of absence, and extended leave.
4. The resident can complete their residency program if not more than 60 days (2 months) is missed on an approved Leave of Absence. If more than 60 days (2 months = 2 rotations) are missed, the resident is not eligible for extension of the program, and thereby residency certification, and would be required to reapply for a position in the residency program.
5. If the resident is on approved leave and absent for 38-60 days, the resident will be required to make up all rotations, staffing shifts, and projects that were missed.
    a. To make up the rotation(s) and activities missed during an approved leave of absence, the residency may be extended up to a maximum of 60 days if the extension does not require payment of salary in excess of the original stipend specified in the residency offer letter (12 months paid employment plus Paid Time Off).
    b. The extension period will be used to make up all missed rotations and activities in a manner equal to the original rotation schedule and missed activities. The resident is required to complete all required rotations as described in the residency program manual. Patient care rotations cannot be replaced with projects or staffing. The RPD and RAC will be responsible for designing the extension period rotations and activities, which may be dictated by preceptor availability.
    c. Residents that complete and pass the make-up rotations, staffing requirements, and projects as designated, will be eligible to receive their residency certificate.
6. If the residency is interrupted due to the resident's active military duty, the legal counsel for CaroMont Health will be consulted to ensure compliance with all applicable laws, rules and regulations.

Longitudinal Staffing Experience

Resident Staffing Schedules

Each resident will be required to provide practice coverage in accordance with the ASHP Duty Hours Regulations. This includes staffing every third weekend for PGY1 residents (Friday-Sunday) and every other weekend for PGY2 residents (Saturday-Sunday) in the Emergency Department. The position in which PGY1 residents will staff is dictated by resident-specific operational and/or clinical needs identified by the RPD and RAC. It may include first-, second-, and third-shift. PGY2 residents who have not been early committed to the program will initially conduct their weekend staffing with the inpatient operations and clinical pharmacy team to facilitate their clinical protocol competency sign offs. The purpose of PGY2 residents initially staffing outside of the ED is to reinforce competency in operational tasks, grow

confidence in Epic navigation and facility-specific order verification intricacies, become further acquainted with workflow, and gain additional exposure to clinical protocols not frequently encountered in the ED. Once PGY2 residents have completed their clinical competency sign-offs, they can begin to staff their weekend shifts in the ED. Adjustments to weekend staffing schedules may be made by the RPD in conjunction with management in order to balance completion of clinical competencies, staffing needs, and initiate staffing experience in the ED. These staffing shifts are to be scheduled following completion of the Orientation learning experience. The residents are required to adhere to meal break standards defined by HR policies. Residents are required to arrange coverage for their weekday staffing shift if they are off during their assigned time (on scheduled PTO). Coverage does not need to be arranged if there is an unscheduled absence (illness). Residents are scheduled one regular day off around each weekend they are scheduled to work. This regular day off is typically the Monday after the weekend worked but may be changed by the RPD due to the timing of holidays or other events.

Holiday Staffing Coverage
Holiday staffing coverage is assigned by the RPDs at the start of the year and is dependent on which program they are completing, excluding July 4th and Labor Day, as defined by the organization and pharmacy department. Any changes from the assigned holidays are the responsibility of the resident to coordinate with RPD approval and will follow organizational and departmental policies and procedures, which may include disciplinary actions for unscheduled absences from an assigned holiday shift.

Current PGY1 holiday coverage rotations are:
1. Thanksgiving (Thursday and Friday) and Good Friday
2. Christmas Eve and Day and Good Friday
3. New Year's Day, Memorial Day, and Good Friday

Current PGY2 holiday coverage rotations are:
1. Thanksgiving (Thursday and Friday), Good Friday and New Year's Day
2. Christmas Eve and Day, Memorial Day, and Good Friday

Schedule Changes
Residents are permitted to switch staffing days with other residents and pharmacists.
1. Any requests for switches may be submitted through the current scheduling process by all involved parties and indicating approval of the change.
2. All switches must provide adequate coverage for the positions involved.
3. Everyone must be trained and competent to work in the positions they are covering.
4. Residents are discouraged from making schedule switches that require anyone to complete their part of the switch at an unspecified future date.

Resident Leadership Positions

Each resident is required to hold one leadership position throughout the duration of their residency year to develop their leadership and management skills. Residents will review the current leadership positions and their descriptions during the orientation rotation and submit a ranked list of three positions in order of preference to both program RPDs by a date assigned during orientation. During the initial development plan meeting, the resident's RPD will discuss the preferences with the resident. The RPDs will work together to determine which position will be most beneficial for the professional development of the resident for the year with consideration to their ranked preferences. Appointments will be communicated to the residency class by the end of the orientation period.

Chief Resident
Advisor(s): Madison Schwartz, PharmD, DABAT, BCCCP, BCEMP, CPP & Saumil Vaghela, PharmD, BCPS
The chief resident is responsible for assisting the RPDs with the administrative duties of the programs, developing an agenda for and leading each resident meeting, serving as secretary for resident meetings, serving as a liaison between the residents and RPDs, maintaining the longitudinal resident code blue schedule, and ensure accreditation readiness for the PGY2 program (in collaboration with the Accreditation Chair). The chief resident will compile an agenda for each scheduled resident meeting, record and disseminate minutes to all residents and RPDs, and choose one reading or activity for the basis of group discussion at every other residency meeting. Topic mediums may include an article, study, book passage, podcast, etc. related to leadership, precepting, professional development, or medical literature/guideline updates, for example, and must be sent to all residents and RPDs at least 7 days prior to the scheduled resident meeting. The chief resident will lead a discussion on the chosen topic. The chief resident will also be responsible for sending and verbalizing reminders during resident meetings for all research deadlines, REPS registration, abstract submission, etc. to all residents to keep the class on track with their research requirements. The chief resident will ensure ASHP requirements for the PGY2 emergency medicine residency are being satisfactorily met. This position is PGY2 resident preferred.

Resident Recruitment and Social Chairperson
Advisor(s): Jill McHugh, RPh, BCPS, Madison Schwartz, PharmD, DABAT, BCCCP, BCEMP, CPP & Saumil Vaghela, PharmD, BCPS
The resident recruitment and social chairperson will be responsible for the coordination and recruitment for future residency classes and maintaining adherence with ASHP accreditation standards. The chairperson will be responsible for working closely with RPDs to update and maintain electronic (e.g., CaroMont website) and physical recruitment materials for the upcoming class and is expected to attend all recruitment events (Midyear, local residency conferences, virtual open houses, etc.) as assigned. The chairperson will lead fellow residents in the annual residency interview planning and coordination process for the upcoming year, and any other recruitment needs identified by the RPDs or advisor(s). The resident will identify new opportunities to promote diversity and inclusion in the recruitment process annually. The resident will also plan and coordinate quarterly pharmacy department social events. This will include introduction activities, Pharmacy Week activities (in October), and graduation activities. Department events may serve as mentor/mentee events. The chairperson will ensure all such upcoming events are communicated to the Chief Resident for inclusion in residency meeting agendas and addition to the master calendar prior to the upcoming resident meeting.

Pharmacy Education Resident Chairperson
Advisor(s): Joe Norton, PharmD, BCPS and TBD
The pharmacy education resident chairperson is responsible for scheduling and coordinating all resident and student-led education events. The education chairperson is responsible for maintaining accurate logs of attendance, providing evaluation forms and presentation handouts, securing appropriate equipment for education sessions, and reserving rooms for educational activities. The resident must work closely with presenters and/or preceptors to obtain necessary information/materials in a timely manner. The education chairperson will communicate and promote education opportunities to the appropriate audience (pharmacists, technicians, entire service line, etc.) and will ensure any pertinent documents are disseminated (i.e., journal club articles, topics/titles of presentations, or any other supplementary

materials) at least 7 days prior to the education session. The chairperson will also ensure all such upcoming events are communicated to the Chief Resident for inclusion in residency meeting agendas and addition to the master calendar prior to the resident meeting. Educational activities the resident is responsible for coordinating include, but are not limited to, resident or student Lunch & Learn presentations, journal clubs, research-related presentations, resident seminar continuing education presentations, and presentations for the Clinical Pharmacy Education Series. This individual will collect attendance rosters for these events, maintain an associated electronic record, which will be completed/audited monthly by the chairperson. The education chairperson will also coordinate the presentation of “Tech Pearls” with any student on an Advanced Hospital rotation and may recruit fellow residents to present medication pearls periodically. “Tech Pearls” are informal, 2-3 minute presentations regarding a chosen medication including any information of educational benefit to pharmacy technicians including, but not limited to, indications, importance of rapid delivery/administration if indicated, stability information, or any other pearls applicable to the role of the technician. Frequency of these presentations is at the direction of the advisor(s). The chairperson will also be responsible for designing and leading a discussion, activity, and/or challenge promoting resident well-being and resilience at one resident meeting each month using the ASHP Well-Being Calendar as a guide. This individual will also coordinate at least one volunteer opportunity for all residents to take part during the residency year. This position is PGY1 resident preferred.

Preceptor Development Resident Representative
Advisor(s): Holly McLean, PharmD, BCPS, BCCCP,CPP & Allison Kump, PharmD, BCEMP
The ASHP accreditation standards for residency programs require that programs have a documented preceptor appointment/reappointment process and development plan(s) to support preceptor compliance with qualifications and continuing education. The purpose of this requirement is to maintain and enhance the skills of current preceptors to best meet the needs of pharmacy residents and students. The preceptor development resident representative will be responsible for working closely with preceptors and their advisor to determine the preferred methods and frequency of preceptor development, create at least 1 preceptor development educational activity each quarter, and coordinate other preceptor development sessions. Preceptors will be provided with at least one Preceptor Development opportunity each year regarding learner and/or preceptor well-being and resilience and one opportunity on a DEI-related topic. Additionally, the resident will work with the advisor to collect and maintain records of yearly preceptor progress according to the current CRMC preceptor development plan as well as a schedule of activities for each residency year. The resident will also maintain an associated electronic record of all activities and attendance. The resident will assist with evaluating changes to the preceptor development plan by conducting an end of year survey of all preceptors regarding preceptor development.

Accreditation Chairperson
Advisor(s): Saumil Vaghela, PharmD, BCPS, Madison Schwartz, PharmD, DABAT, BCCCP, BCEMP, CPP, Joe Norton, PharmD, BCPS
The resident accreditation chair will ensure readiness for ASHP accreditation for the PGY1 and PGY2 residency programs. The chairperson will be responsible for working closely with RPDs and RPC to create and review a monthly checklist to ensure that all required elements of the residency program are being completed and/or have a plan for completion as required by ASHP. They will review the ASHP Standards and the residency manual to drive requested updates for the subsequent residency year. The Chief resident will assist with respect to the PGY2 residency program standards; the accreditation chair will oversee both programs. This position is PGY2 resident-preferred.

Resident Mentorship Program

The intent of CRMC's mentorship program is to improve the residency learning experience for both the resident and preceptor and assist the resident in their professional and personal development. The expectation is that the preceptor (mentor) will not only teach but also serve as a role model, who encourages and advises the resident (mentee) in the various life lessons that will add to the foundation that post-graduate training builds. The mentor will be someone who has in-depth knowledge of the residency experience and is willing to develop a personal and professional relationship with the mentee not only during the residency year but also beyond. The mentor will have regular interactions (meetings, lunches or social interactions) with the mentee and support the resident by providing feedback outside of an evaluation setting through answering questions and providing guidance. The mentorship program will help the resident navigate their new surroundings, become acclimated to their new position and ultimately lead to an enjoyable residency program experience and successful career.

The residents will be exposed to a multitude of pharmacists throughout their orientation process, all of whom are candidates for serving as mentors. The RPDs will ask the residents for their preference of mentors before the end of the orientation period. By the end of the orientation experience, the RPDs will assist each resident in matching with a mentor for the residency year.

Development Plans

Residents' development plans are high-level summaries of resident performance and progress throughout the program. To ensure success, residents will complete a learning style assessment and submit a self-assessment of their baseline skills, strengths, and opportunities for improvement. This self-assessment will be used to generate the resident's initial development plan, which will be discussed and evaluated in conjunction with the RPD within 30 days from the start of the residency.

At the end of each quarter, the resident will be required to re-evaluate these areas, among others. Overall, the resident will document:

a. Self-evaluation of their strengths, opportunities for improvement, and progress on previously identified opportunities relative to the program's competency areas
b. Any new practice interests identified since the previous quarter or changes to their existing practice interests
c. Any new career goals identified since the previous quarter or changes to their existing career goals
d. Assessment of well-being and resilience as guided by their Maslach Burnout Inventory score
e. Goals for the upcoming quarter
f. Two interactions or accomplishments they are proud of from the past quarter
g. Progress toward completion of the topic list for their respective programs
h. Progress toward completion of requirements necessary to achieve a residency certificate for their respective programs
i. Updates to their patient case log *(PGY2 residents only)*

At the end of each quarter, the RPD will evaluate and discuss the resident's documentation above. Additionally, the RPD will document:

a. Assessment of the resident's strengths, opportunities for improvement, and progress on previously identified opportunities relative to the program's competency areas including an analysis of the effectiveness of any changes made to the resident's plan in the previous quarter
b. Any changes to the program going forward based on above findings, goals, or changes to practice interests, career goals, and/or well-being
c. Resident's progress toward achievement of objectives for the residency (ACHR)

It is the resident's responsibility to maintain an updated residency portfolio within their respective folders of the Pharmacy Residency Program Share Point to include documentation of all rotation activities before the end of each quarter and have all evaluations completed. Contents of the residency portfolio shall include all topic discussions, journal clubs, case presentations, research, and other tasks as assigned by residency preceptors (this list is not exhaustive). The resident must have their indicated sections of the development plan complete at least 7 days prior to meeting with the RPD. Quarterly development plan meetings will be held, and updates will be documented and finalized in PharmAcademic every 90 days from the start of the residency.

Evaluation Methods

During the year, the residents will be evaluated by rotation preceptors, their respective RPD, their research associate(s), presentation attendees, and themselves, at minimum. Preceptors provide ongoing verbal feedback to residents about how they are progressing and how they can improve. Residents who are not progressing according to expectations receive more frequent formative feedback documented in PharmAcademic. Preceptors make appropriate adjustments to learning experiences based on residents' progression. Preceptors for the learning experience document a summative evaluation of the resident by the end of each learning experience. The summative evaluation includes the extent of the resident's progress toward achievement of assigned objectives based on the defined rating scale below and includes qualitative written comments. The preceptor and resident discuss each summative evaluation. If more than one preceptor is assigned to a learning experience, all preceptors provide input into residents' evaluations. Residents document and discuss an evaluation of each preceptor and the learning experience by the end of the rotation. All resident and rotation evaluations must be completed in PharmAcademic within 7 days of the due date.

PharmAcademic Evaluation Rating Tool

1. The residency programs will use an ordinal scoring scale to evaluate residents. The scale will range from 1 to 5, with 5 being the highest (Exceeds Expectations).
2. Evaluation rating assessments other than a score of 3 ("Average Performance") will require objective written comments and explanation on the evaluation.
    a. Any evaluation submitted without appropriate narrative comments for evaluations of 1 (Needs Significant Improvement), 2 (Needs Some Improvement), 4 (Meets Expectations) and 5 (Exceeds Expectations) will be returned to the evaluator by the RPD.

Evaluation Rating	Preceptor Role Usually Needed for Rating / Explanation	Examples / Criteria for Consideration
1 Needs Significant Improvement	Preceptor Role: Direct Instruction/Modeling The resident has a general understanding/knowledge of rudimentary techniques and concepts required for the task. (Fundamental Awareness) The resident is not meeting the objective and substantial effort is needed in order to meet the objective. The resident rarely performs the task or objective within expectations and requires constant guidance and supervision.	Patient Care: Needs extensive assistance in collection and evaluation of patient information; recommendations are often incorrect and without supportive evidence; unable to implement or monitor plan. Problem Solving: Unable to identify basic problems or able to identify some problems but unable to develop solutions without significant preceptor assistance. Communication: Written and oral communication are frequently inappropriate, incomplete, or disrespectful. Personal and Professional Development: Unable to recognize deficiencies even when pointed out. Resistant to/does not implement changes behavior even when directed.
2	Preceptor Role: Coaching	Patient Care: Needs occasional assistance in collecting and evaluating patient information;

Needs Some Improvement	The resident has limited experience with task completion and requires frequent preceptor coaching in the application. (Novice) The resident is developing skills in this objective or task; however, some improvement(s) are needed in order to progress to average performance or meets expectations. The resident sometimes performs the task or objective within expectations and requires regular guidance and supervision.	makes recommendations that are usually correct, but often without depth of understanding; needs occasional assistance in implementing plan and/or monitoring patient. Problem Solving: Able to identify most problems and develop solutions with some guidance. Communication: Written and oral communication are occasionally inappropriate, incomplete, or disrespectful. Personal and Professional Development: Needs to have deficiencies pointed out before able to change. Unable to accurately self-assess performance.
3 Average Performance	Preceptor Role: Facilitation The resident can function independently with facilitation in uncomplicated situations. (Intermediate) The resident usually performs the task or objective within expectations and requires little guidance and supervision from the preceptor.	Patient Care: Collects and evaluates appropriately chosen patient information; makes appropriate patient care recommendations which are individualized and evidence-based with limited preceptor guidance; can implement and monitor plans with limited preceptor guidance. Problem Solving: Able to identify most problems and develop solutions with limited guidance. Communication: Written and oral communications are appropriate, complete, and respectful at all times but require some feedback/edits from preceptor for content issues. Personal and Professional Development: Is self-aware and able to describe how their actions impact others. Accepts feedback and makes an effort to correct deficiencies.
4 Meets Expectations	Preceptor Role: Facilitation The resident can function independently with facilitation in moderately complex situations. (Independent) The resident has adequately and consistently demonstrated the task or objective. The resident frequently performs the task or objective within expectations and requires minimal guidance and supervision from the preceptor.	Patient Care: Efficiently collects and evaluates appropriate patient information without direction; assess the whole patient (beyond single protocol) and makes detailed, individualized evidence-based recommendations with minimal preceptor guidance; can independently implement and monitors plans. Problem Solving: Accurately and consistently identifies problems and develops well-thought-out solutions. Communication: Written and oral communications are appropriate, complete, and respectful at all times but require minimal feedback/edits from preceptor for content. Personal and Professional Development: Has integrated self-assessment into routine practice (midpoint/final). Independently takes action to correct deficiencies. Seeks feedback and strives to improve.

5 Exceeds Expectations	Preceptor Role: Facilitation Resident can function independently with facilitation in the most complex situations. (Achieved) The resident demonstrated excellent skills in this area; consistently performs this task or objective above expectations and without guidance and supervision from the preceptor. The resident was extremely effective in completing assignments above and beyond the minimum requirements.	Patient Care: Efficiently collects and evaluates appropriate patient information without direction; independently assesses the whole patient (beyond a single protocol) and makes detailed, individualized evidence-based recommendations; independently implements and monitors plans; a mentor and role model to other pharmacists. Problem Solving: Able to accurately and consistently identify problems and develop well-thought-out solutions including alternative plans. Communication: Written and oral communications are appropriate, complete, and respectful at all times; may require minimal feedback/edits from preceptor for content which typically only includes minor suggestions to enhance work. Personal and Professional Development: Integrates self-assessment into daily practice and independently takes action to correct deficiencies. Seeks feedback and strives to improve. Immediately incorporates feedback into daily practice.

Achieved for Residency (ACHR) Rating
The RPD will assess each resident's progress in achieving the goals and objectives following rotations in which they are precepting a resident and prior to quarterly development plan meetings to mark select objectives for achievement in the residency program. The designation ACHR is defined as consistent performance of the objective independently at the 'Meets Expectations' or 'Exceeds Expectations' level, across multiple settings/patient populations/acuity levels for the residency program, if applicable. When evaluating an objective for ACHR, RPDs will review all summative evaluations for learning experiences completed to date and assess the ratings rendered by preceptors for each objective assigned to be taught and evaluated.

For objectives that are assigned to be taught and evaluated on only one learning experience and associated activities would generally only be completed once (i.e. objectives generating only one work product such as participation in and completion of a medication use evaluation), the RPD will mark ACHR if 'Meets Expectations' or 'Exceeds Expectations' were achieved.

For objectives that are assigned to be taught and evaluated on more than one learning experience, the RPD will mark ACHR if 'Meets Expectations' or 'Exceeds Expectations' were achieved for at least two learning experiences in which the objective was evaluated.

For any objective(s) marked as ACHR, if assigned on a subsequent learning experience, the preceptor is not required to comment on such objective(s) unless the resident earns a rating of 'Needs Significant Improvement', 'Needs Improvement', or 'Average Performance'. At any time during the course of the residency program training, if a preceptor and/or RPD observe any resident performance needing reinforcement, remediation, and/or further assessment, the RPD may elect to remove the ACHR rating from the associated objective(s) for further training and evaluation. If this occurs, an action plan will be developed in collaboration with the resident.

Evaluation Guidance for Residents
When completing the evaluations in PharmAcademic, consider and provide a narrative response to address each of the following:

Evaluation	Points to Include
Summative Evaluation	
Strengths During the Rotation	• Give examples of what you did well/or strengths you possess that were critical during the rotation • Name at least two strengths • Include any areas you may be progressively improving in which may have been previously identified as areas for improvement (knowledge, qualities, skills, behaviors)
Areas for Improvement	• Discuss what you would like to improve on moving forward from this rotation (knowledge, qualities, skills, behaviors) • Name at least two areas for improvement • Include how you plan to address those areas for improvement in future rotations, learning experiences, leadership opportunities, assignments, etc.
Comments in Objectives	• When you feel you have "achieved" something, give an example(s) of what you have done to demonstrate this • If still satisfactory progress yet you have made a significant improvement, give an example of what you have been doing to make this improvement
Preceptor Evaluation	
Preceptor Roles	• State which roles the preceptor demonstrated while on rotation and give examples of when and how they did this: instructing, modeling, coaching, and facilitating
Feedback	• Give an example of a time the preceptor gave you feedback during the rotation and what you did to implement it • Give an example of a time you provided the preceptor with feedback during the rotation and how they modified the learning experience or their precepting style accordingly
Other	• Give examples of activities the preceptor provided to help enhance the rotation • Give examples of modifications the preceptor made to the rotation or rotational assignments to accommodate your learning style or enhance your knowledge in a particular area
Rotation Evaluation	
Strengths of the Rotation	• What did the rotation offer that you found to be most beneficial? • Name at least 2 strengths
Areas for Improvement in the Rotation	• What did the rotation miss or not cover? • What did the rotation lack that would make it better? • Name at least 1 weakness
Suggestions	• This should align with assessment of the weaknesses of the rotation; you have stated what they are and this is the section where you suggest how to improve this weakness
Overall	• Did this rotation help you grow as a clinical pharmacist? How so? • Explain how the experiences in this rotation will help you in future rotations/future career/future goals

Evaluation Guidance for Preceptors

When completing the evaluations in PharmAcademic, consider and provide a narrative response to address each of the following:

Evaluation	Points to Include
Summative Evaluation	
Strengths During the Rotation	• Name at least two strengths the resident has demonstrated during the rotation • Give examples of what the resident did well during the rotation • Include areas in which the resident has shown improvement during the month
Areas for Improvement	• Name at least two areas for improvement for the resident • Give examples of how the resident can demonstrate improvement in the above- mentioned areas
Rotation Assessments	• Comment on pre- and post-rotation assessments • Comment on any quizzes or skills assessments given during rotation • Comment on any presentations or projects done by resident
Comments in Objectives	• Give examples for how a resident has “achieved” a goal during the rotation • Give examples on how a resident has progressed towards a goal during the rotation or how they can progress towards that goal during future learning experiences or activities
Handoffs	• Comment on any handoff from prior preceptor (re: improvement or areas for improvement) • Comment on any area of improvement for next rotation and how it may be measured

Disciplinary/Dismissal Policy

The CRMC Residency Programs are committed to excellence. Residents are expected to complete all requirements of their respective residency program, and only those residents will receive their residency certificate as evidence of program completion.

As CaroMont Health employees, residents are subject to disciplinary actions in the CARES Culture Policy (#11591). The decision to terminate a resident, making the individual thereby ineligible for a residency certificate, is based on the inability to complete the requirements as outlined in this residency manual or as guided by the disciplinary process as defined in the CARES Culture Pathway within the aforementioned CARES Culture Policy for willful/intentional acts and/or performance issues. For the purposes of the residency program, performance issues may be exemplified by failure to meet deadlines, plagiarism, and failure to progress, defined below. As guided by the CARES Culture Pathway, types of disciplinary action a resident may be subject to include a coaching session, written warning, final written warning, decision-making leave day, performance improvement plan (PIP), and/or dismissal as defined in the policy. Residents who fail to complete all requirements of their respective residency program manual as outlined in this manual, fail to meet the requirements for remediation of their individual PIP, engage in plagiarism (defined below), or otherwise meet criteria for discharge in the CARES Culture Pathway will be dismissed from the residency program and ineligible to receive a pharmacy certificate.

Deadlines in the Residency Program
Pharmacy residents are required to meet all deadlines associated with the residency program and the resident job description. Failure of a resident to meet predetermined or established deadlines set by pharmacy leadership, program director(s), preceptor(s), mentor(s), RAC, or chair(s) of the Pharmacy Research Committee will be considered unsatisfactory work performance and subject to disciplinary action as per CARES Culture Policy (#11591).

All residents will be informed of the requirement to meet deadlines at the beginning of the residency year through verbal discussions during the orientation period and through written information stated in the current edition of the Pharmacy Residency Manual. This initial discussion during orientation will constitute the first coaching session and will be documented by the signature of all residents and all program directors present.

Residents seeking an extension must request it in writing at least 24 hours in advance of the deadline; requests may only be approved by preceptors (e.g., co-residents may not grant deadline extensions, even if they are precepting a learning experience or overseeing the project/task). The RPD and RPC will be included on all requests for deadline extensions. All reported missed deadlines will be investigated by the resident's program director and if the missed deadline is verified, the occurrence will be documented, and the Pharmacy Leadership Team will be notified for follow up.

The first verified failure to meet a deadline will result in a second coaching session by the resident's program director and/or pharmacy leadership. Further verified failures to meet set deadlines will follow the CARES Culture Pathway for performance issues and may lead to the resident's termination from employment at CaroMont and the residency program, making the individual thereby ineligible for a residency certificate.

Deadlines that will be subject to this investigation and disciplinary action include:

- **All deadlines related to resident research** (as set by the pharmacy research committee) including practice presentations and documentation forms
- **All fall and/or spring seminar deadlines** (as set by mentors/preceptors/program directors or committee) including drafts and practice presentations
- **All presentations and associated deadlines** including, but not limited to, seminars, Lunch & Learn presentations, journal clubs, community support groups, and department educational programs

- **All rotational deadlines** including, but not limited to, topic discussions, rotation-specific projects, P&T committee assignments, and resident leadership position activities/duties
- **All resident leadership position deadlines**

Plagiarism
Plagiarism is presenting someone else's work or ideas as your own, with or without their consent, by incorporating it into your work without full acknowledgement. All published and unpublished material, whether in manuscript, printed or electronic form, is covered under this definition (University of Oxford). As defined in the ASHP PGY1 CAGOs:

Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Criteria:

- Writes in a manner that is concise, easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Determines appropriate breadth and depth of information based on audience and purpose of education.
- ***Notes appropriate citations and references.***
- Includes critical evaluation of the literature and knowledge advancements, and an accurate summary of what is currently known on the topic.
- Develops and accurately uses tables, graphs, and figures to enhance the reader's understanding of the topic, when appropriate.
- Writes at a level appropriate for the target readership (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
- Creates visually appropriate documents (e.g., font, white space, and layout).
- Creates materials that are inclusive of all audiences, accommodating any person(s) with health conditions or impairments.
- ***Creates one's own work and does not engage in plagiarism.***
- Seeks, processes, and appropriately incorporates feedback from the targeted audience.

ALL residents are expected to complete and present their own work for all assignments they turn in, including topic discussions, power point presentations, etc. Residents will not utilize artificial intelligence programs in the creation of their original work. **At minimum, the RPDs and pharmacy leadership will have access to all residency-related files in the shared storage space**.

Any resident who does not comply with sharing of their information or is suspected of potentially plagiarizing will face disciplinary action up to immediate termination as determined by the RPD, pharmacy leadership, and HR.

Failure to Progress
The RPD will evaluate progress toward achievement of educational objectives and all other requirements for completion of the residency program at each quarterly development plan meeting. Resident progress will additionally be discussed and documented at each RAC meeting. Areas for discussion include, but are not limited to, residents with 2 or more evaluation ratings of 2 (needs some improvement) or below, failure to progress as outlined in the learning experience description (LED) of a rotation, and those whose evaluation ratings decline on objectives previously ACHR. Residents identified as not making satisfactory progress toward meeting educational objectives of the development plan or of their rotations, as defined above, will be deemed as those making unsatisfactory progress.

A resident is considered to have failed a rotation if they receive an evaluation rating of 1 (needs significant improvement) on 3 or more educational objectives. If the resident fails a rotation, the individual will be required to repeat and pass the rotation to obtain, at minimum, an evaluation rating of 3 (average performance) in the education objectives in which they originally received a rating of 1 (needs significant improvement). If the failed rotation cannot be repeated due to circumstances such as timing during the residency year, the RPD and RAC will determine the requirements for passing the rotation based on the

specific goals and objectives needing significant improvement. The residency year cannot be extended for the purpose of repeating failed rotations.

The resident has the right to challenge comments on evaluations and evaluation rating scores. If the resident wishes to have comments retracted or modified, a formal written submission must be completed within 72 hours of receiving the evaluation. A copy of the evaluation response will be submitted to the preceptor and RPD. The RPD will meet with the preceptor and then with the resident to discuss the evaluation and formal response. A decision will be made by the RPD within 72 hours of these meetings.

Remediation
For the Orientation rotation, if the resident does not complete the Orientation Checklist or does not successfully complete Epic system training, the resident will be required to complete a remediation period. The maximum duration of the remediation period is 3 weeks. If the resident cannot progress and complete orientation as evidenced by completion of the Orientation Checklist, Epic system training, and completion of majority of operational competencies after the 3-week remediation period, the resident will be dismissed from the program resulting in ineligibility to receive a residency certificate.

Remediation for circumstances surrounding a failed rotation are outlined above.

If indicated by the CARES Culture Pathway, a PIP will be used when performance concerns have been identified and/or not successfully resolved through coaching. The PIP gives the employee/resident a clear outline of concerns, actions to be taken by the employee/resident to resolve those concerns, resources available, and timelines for check-ins and reevaluations. The goal is to assist the employee/resident in overcoming concerns surrounding their performance and remediating those actions or behaviors. If indicated, a PIP will be prepared by the Clinical Pharmacy Manager or other member of pharmacy leadership. Should the employee/resident not complete all requirements of the PIP by the deadlines provided, immediate discharge may be applicable at completion of the PIP, resulting in ineligibility to receive a residency certificate.

ADDITIONAL RESIDENT INFORMATION

Resident Workspace
Residents will have cubicle desks available for residency required work that are located in the main pharmacy. The resident workspace ***should not be*** used for routine work during a residency day while on a patient care rotation unless specific approval is given by the preceptor or RPD. Each workspace contains a computer, phone, network access, and appropriate references for the resident's use.

Keys
Residents will receive a key to access the clinical pharmacy offices. The key must be returned at the end of the residency, and a member of pharmacy leadership must be notified if a key is lost.

Computer Access
Residents will have access to department and unit-based computers. Residents will have access to a desktop computer in their resident office and laptop computer during the residency year. The laptops are the property of the organization and must be returned at the end of the residency program. The residents are responsible for understanding how to use the computers and notifying the IT department of problems with the equipment.

Shared Network Storage
Residents will have access to network storage space. The resident will have public (department accessible) storage for all residency related files and a private storage space. ***At minimum, the RPDs and pharmacy leadership will have access to all residency related files in the shared storage space***. All residency related files will remain on the network after the end of the residency program. The resident is responsible for storing all work and organizing and maintaining all files/folders during their residency year.

Email
Residents will be provided with a CaroMont Health email address and access to the current email software being used by the organization. The resident must follow all policies related to email.

Voalte Phone
Resident will receive a Voalte phone for use during the residency year. The resident is required to be logged into Voalte at all times during their residency workday, project days, and staffing shifts.

Printers and Photocopying
Residents will have access to printers and photocopiers in order to complete residency-related tasks. Inappropriate use, including non-work-related use of the machines, will result in disciplinary action.

Parking
Residents must follow the current CRMC Employee Parking Policy #11711. Residents are not allowed to park in restricted parking areas at any time without the proper permit.

Compensation and Benefits

Salary
Pharmacy residents hold exempt positions within the organization, and their stipends are set by the organization and follow all related policies. Due to their exempt status, residents are not eligible for overtime pay.

- The current PGY1 stipend is $49,920 for the 12-month residency year.
- The current PGY2 stipend is $52,000 for the 12-month residency year.
- There is a procedure for residents to pick up open pharmacy shifts and any shifts picked up by residents outside of their residency program will be paid at the rate of $49.50 per hour.

Benefits
Residents are eligible for benefits as dictated by their temporary full time exempt position and follow HR policies. This currently includes access to medical, dental and vision benefits. All employees must review and update their benefits yearly during the open enrollment period (typically late October or early November). Additional information on all the benefits can be found on CHIP.

Paychecks
Pharmacy residents are paid every two weeks on the same schedule as all CRMC pharmacy staff. Residents are encouraged to use the ADP software to view all pay stubs as paper copies are not distributed. The residents are responsible for reporting any errors on their paychecks to the Director of Pharmacy in a timely manner.

Funding for Professional Meetings
The residency program expects to provide each resident with financial assistance towards the costs related to educational programs outside of CRMC. This assistance may include registration fees, travel fees, and hotel accommodation, if needed. Residents are required to attend one national educational program and one regional program to present their residency research. The estimated education and travel funds provided by CRMC may not cover all costs for the required programs, and the resident is encouraged to prepare (save) for these expenses. Expenses above the reimbursable amounts are the responsibility of the resident, and every resident is expected to use good judgment and adhere to all policies while attending and representing the organization at educational programs. All departmental educational funds are not guaranteed and must be approved by the division Vice President prior to the event.

Meetings

Resident Meetings
The residents meet every two weeks (or as deemed appropriate by RPD) in the first half of the residency year to discuss deadlines in the program, current trends and issues in healthcare, and well-being/resilience strategies. Resident meetings may be extended to monthly in the second half of the residency year by the RPD. See resident leadership position descriptions for resident responsibilities associated with resident meetings.

Departmental Meetings
The pharmacy department conducts daily departmental huddle, monthly departmental meetings, and weekly pharmacist meetings. Residents are required to attend if on-campus unless patient care responsibilities prevent attendance.

Practice Site Meetings
The PGY1 resident is responsible for attending meetings relevant to their rotation alongside their preceptor (i.e., rounds, stroke meetings, etc.). PGY2 residents are required to attend meetings they are

assigned to at the beginning of the year based on their practice interests which may include Stroke Committee, Resuscitation Committee, Sepsis Committee, etc.

RAC Meetings
RAC meetings are held quarterly, at minimum, and on an as needed basis.

Resident Research Committee Meetings
The pharmacy research committee publishes a deadline schedule at the beginning of the residency year based on the research deadlines for significant milestones in the process. Residents are expected to adhere to these deadlines.

Code Blue Resident Response

PGY1 residents will respond to all Code Blues, house-wide (with exception to the ED), during weeks they are scheduled for weekend staffing unless otherwise dictated by rotation schedule. This Code Blue response requirement is limited to on-site, clinical rotations. PGY2 residents will respond to all Code Blues in the ED, NICU, and Birthplace throughout the residency year as facilitated by the ED preceptor(s).

In accordance with the Pharmacy Department Specific Guidelines (no. 15516), no more than three representatives of pharmacy (inclusive of preceptor, resident, student or other trainees) should be actively participating in any Code Blue scenario unless the preceptor specifies otherwise. A resident will not attend a Code Blue *alone* until they have received ACLS certification and have been signed off on the Code Blue response competency. A resident may respond to a Code Blue during a staffing shift (i.e., weekend staffing, holiday staffing, PGY1 Friday staffing) only if requested to do so by a preceptor or if the event is on a unit that the resident is covering during their shift. The same maximum pharmacy presence noted above applies to all shifts and situations unless a preceptor specifies otherwise.

The Chief Resident will be responsible for creating and maintaining a code response master schedule indicating which weeks each resident is designated Code Blue responsibility extending to the end of the residency year. If a resident has made an approved staffing shift swap with another resident or will be unable to engage in their assigned code responsibility due to a PTO day, the resident requesting a swap or scheduled off is responsible for coordinating and communicating a plan for code coverage. This plan must be communicated to and approved by the Chief Resident for documentation on the code response master schedule. Absence of assigned resident(s) at Code Blue cases during designated weeks without communication should be promptly reported to the RPD(s) for disciplinary action.

End of Year Awards

The following awards will be presented at the annual residency graduation at the end of each residency year.

Preceptor of the Year Award
Each year the residency class selects a Preceptor of the Year according to the following guidelines:

1. The award will be presented to one preceptor at the graduation ceremony
2. The preceptor of the year nominee shall possess the following qualities as determined by the residents:
    a. Shall be an outstanding practitioner as demonstrated through their excellence in pharmacy practice
    b. Shall be dedicated to residency training and education
    c. Shall possess personal interest and concern for the residents over and above their professional commitment
    d. Shall demonstrate respect for the profession, the Department, and the institution
    e. Shall be a role model, not only to the residents, but to other practitioners
    f. Does not need to be a preceptor to each resident
    g. Must meet CRMC qualifications for preceptor designation
    h. Must not have received this award during the previous two years
    i. Must not have received the New Preceptor of the Year Award in the prior year.

New Preceptor of the Year Award
This award is selected by the residency class. Pharmacists eligible for the New Preceptor of the Year Award meet the same criteria of the Preceptor of the Year Award but are within their first two years of precepting. This may not be awarded each year.

MVP Award
This award is selected by the residency class. This annual award is designed to recognize an individual who provides outstanding service and support to the pharmacy residency program. The recipient could be a technician, assistant, administrator, or any related personnel that plays a significant role in the success of the current pharmacy residents. Candidates for the award could be positive and approachable in supporting the resident class. The recipient should also demonstrate qualities of patience, reliability, dedication, and consistency. The recipient should ***not*** be a current preceptor. Previous recipients from the two prior years are not eligible to receive the award.

Resident Excellence in Research Award
This award is selected by the Residency Research Committee and will be presented to one resident in recognition of outstanding research efforts. Selection will be based on resident's demonstration of the following criteria:

1. Originality and creativity
2. Impact on pharmacy practice
3. Independence and initiative
4. Delivery at the Southeastern Residency Conference (SERC) or Research in Education and Practice Symposium (REPS) (if applicable)
5. All research deadlines were met

Pave the Way Award
This award is selected by the RPDs and preceptors and will be presented to one resident in recognition of outstanding performance, leadership, or management of a non-research project. The chosen resident is recognized as one who has gone above and beyond on an assigned or self-identified project that paves the way for advancement of clinical pharmacy practice at CRMC. This may not be awarded each year. Residents are eligible to receive this award based for project-related performance in accordance with the following criteria:

1. Comprehensive, thoughtful approach to project design
2. Self-driven management of project direction and momentum
3. Demonstration of strong leadership and/or delegation skills
4. Independent incorporation of key parties required to approve or collaborate on components of the project
5. Ability to navigate and overcome roadblocks
6. Completion of project by end of residency year or comprehensive handoff provided to RPD and/or incoming resident to set up the following project manager for success

PGY1 RESIDENCY PROGRAM

Purpose and Overview

The purpose of the CRMC PGY1 Residency Program is to build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the ASHP Standards and educational competency areas, goals, and objectives (CAGOs). Residents who successfully complete the PGY1 residency program will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies. The PGY1 program at CRMC provides the resident with the skills and experience necessary to become a well-balanced pharmacist clinician who thrives in both clinical and distributive roles.

The PGY1 program is a 12-month training program beginning early July and completing on the last day of the pay period of the last week of June in the following year. The postgraduate training experience is composed of four outcome competencies: 1) Patient Care; 2) Practice Advancement; 3) Leadership; 4) Teaching and Education. This program is accredited by the American Society of Health-System Pharmacists (ASHP) and upon successful completion of the residency requirements, the resident is awarded a certificate of program completion.

The specific program for each resident varies based upon the residents' goals, interests, and previous experience. However, all residents are required to complete rotations in core subject areas considered to be essential to the pharmacy practitioner. A range of elective rotations are available to permit the resident flexibility in pursuing individual goals. Additional learning experiences aimed at producing a well-rounded pharmacist include the development and completion of a major project related to pharmacy practice, development of oral and written communication skills, patient education, participation in various departmental administrative committees, and practice in various pharmacy areas throughout the institution.

PGY1 Resident Responsibilities

The residency program provides training in all aspects of pharmacy practice. To accomplish this, the resident will spend at least one month orienting to the department and major hospital departments then complete an additional eight required and two elective rotations. Completion of a research project is also required. Throughout the program, the resident will have practice responsibilities, be assigned to departmental and interdisciplinary committees, and be involved with departmental educational activities.

PGY1 Presentations

Presentations may be assigned throughout the year as part of a rotation or other learning experience. All presentation topics and content must be submitted by the resident for approval by the preceptor for the rotation month in which a presentation is scheduled. Residents will attend each of their co-resident's presentations. The majority of references used for any presentation must reflect literature published within the previous three years. At minimum, the following presentations will be completed by the PGY1 resident:

- Lunch and Learn presentation (for each required rotation)
- Journal Club – two per resident (1 in Fall; 1 in Spring)
- CE Seminar presentation (1-hour presentation in the Fall for NCAP-CE Fall and 0.5-hour presentation in the Spring (if scheduled)) and practice sessions
- Poster presentation at ASHP Midyear (e.g, residency research or MUE)
- Research presentation at SERC or REPS (plus practice sessions) – late April / early May
- Research poster presentation at the CaroMont Research Education Day (if scheduled)
- Medical Explorers (students with health career goals; if scheduled)

- Various presentations to support groups, patients, or committees
- Rotation-related presentations including topic discussions and case presentations

BLS/ACLS/PALS Requirements for PGY1 Residents
The resident will complete BLS and ACLS certification before September 30, if not already certified. Certification will be maintained during the residency year. The resident will be given the option to attend a PALS certification class.

PGY1 Orientation

The Orientation learning experience is five weeks in duration and provides the resident with a familiarity of the CaroMont Regional Medical Center campus and a hands-on familiarity with each service of the Department of Pharmacy. This orientation period serves to train the resident to be functional in providing care to our patients. Time spent in training in this area can be customized to include more time in specific areas based on specific resident's needs.

The resident will receive an orientation to the following areas/services:

1. Epic Computer System
2. The Electronic Health Record (EHR)
3. Medication order entry and verification
4. Inpatient Practice
5. Clinical Protocols
6. Pharmacy Policies
7. IV Room, TPNs, and Chemotherapy
8. Central Pharmacy Workflow
9. Controlled Substance Handling
10. Prepacking/Pharmacy Automation (TraySafe, Pak-Edge, GoHCL)
11. Additional Computer Systems
12. Pharmacy Purchasing
13. Automated Drug Cabinets (Omnicell)
14. Drug Information Resources
15. P&T Committee / Formulary
16. ADR Reporting Program (RL6)
17. Emergency Medications / Code Carts

The orientation period also includes the following activities:

1. Review of departmental and residency policies - the RPD or designee reviews program policies with matched candidates and acceptance is documented within 14 days from the start of the residency.
2. Introduction to pharmacy staff
3. Procurement of ID badges
4. Attendance at hospital orientation
5. Benefits and payroll procedures
6. Orientation to the Residency Program and evaluation process
7. BLS, ACLS, and PALS training
8. Introduction to other departments and employees
9. Scheduled topic discussions
10. Overview of well-being/resilience strategies and resources

For the Orientation Rotation, the resident must complete the Orientation Checklist and Epic computer system training.

PGY1 Learning Experience Rotations

Rotations are one calendar month in duration. Organized rotations provide the structure of resident training in specialized areas of pharmacy practice. The resident is expected to consider the goals and objectives for each rotation as a foundation for their experience.

Residents are expected to perform independently and demonstrate proficiency in their rotations. The residency preceptor provides guidance and assistance to the resident and ensures that the goals set forth by the resident and program are met. The preceptor also provides the resident with frequent evaluation of their progress including written evaluation at the conclusion of the rotation.

Frequent, clear communication is the key to a successful resident/preceptor relationship. In order to maximize the learning experience, the resident is expected to, in a timely manner, personally inform the preceptor of any preexisting schedule conflicts or concerns that might arise during the rotation. Residents shall also prepare for topic discussions, read materials in a timely manner, and perform other tasks as assigned by the preceptors.

One week prior to the start of each rotation, the resident will contact the rotation preceptor to arrange for a pre-rotation communication (ex., meeting or email). At this pre-rotation communication the resident will provide the preceptor a schedule or list of meetings and other commitments the resident has for the rotation that will require time away from the rotation. Issues that may be discussed at this meeting include, but are not limited to: starting time each day, rotation expectations, specific goals the resident has for the rotation, specific goals the preceptor has for the resident to accomplish, readings to be done prior to the rotation, scheduling of a midpoint and end of rotation evaluation.

Required Learning Experiences
The first required rotation for PGY1 residents is Orientation. This rotation will be completed during the first five weeks of the year. The next set of required rotations for PGY1 residents include Internal Medicine, Infectious Disease, and Cardiology, which will span the next three months. The following core rotations are required and will be one month in duration:

a. Critical Care
b. Cardiology
c. Emergency Medicine
d. Pharmacy Management
e. Ambulatory Care (Outpatient Anticoagulation Clinic, or CaroMont Medical Group)
    a. A single, one-month Ambulatory Care experience at CaroMont Health is a required component of the resident's learning experience. The resident may choose between ambulatory care settings in CaroMont Anticoagulation Clinic or CaroMont Medical Group practices, each of which houses a team of ambulatory care clinical pharmacists capable of providing the resident with a unique ambulatory learning experience. The remaining ambulatory experiences will be made available as elective options.
f. Student Precepting

Elective Learning Experiences
The following elective rotations are available and will be one month in duration:

a. Some core rotations may be repeated as an elective (i.e., Critical Care II, Internal Medicine II)
b. Infectious Disease
c. Ambulatory Care (Outpatient Anticoagulation Clinic or CaroMont Medical Group whichever is not chosen as a required rotation)
d. Emergency Medicine II/Toxicology
e. NICU/Pediatrics
f. OR Pharmacy/Surgery
g. Combination month of above offered experiences created based on resident interest

Longitudinal Learning Experiences
Longitudinal learning experiences at CRMC are conducted throughout the residency year. These required learning experiences will range from 6 to 12 months as per the schedule below, unless otherwise specified. There will be quarterly evaluations on all longitudinal learning experiences, with the exception of the optional teaching certificate and committee assignments.

a. Research Project (12 months)
   Completion of a quality research project is required of all residents. This important component of the residency should serve to enhance the resident's professional growth and benefit the department through innovation in pharmacy practice. The major practical goals of this portion of the residency are:

   1. To expose the resident, firsthand, to the mechanics of research methodology.
   2. To gain experience in directing and conducting an original research project from beginning to end.
   3. To learn how to submit a paper for publication or presentation at a national meeting.
   4. To critically assess, evaluate and improve pharmacy services and the use of medications. When possible and relevant, the financial impact of products or services assessed will be documented.
   5. To develop new and innovative approaches to managing drug and biological therapies for improvement of patient care.

b. Staffing (12 months)
c. Teaching and Education (12 months)
d. Hospital Committees

Rotation Changes
Residents may request changes to their scheduled rotations throughout the year as practice interests evolve. All requests should be received at least two weeks prior to the start of the upcoming rotation. Rotation changes are to be put in writing by the resident and affected preceptors if agreed upon and forwarded to the RPD for final approval.

PGY1 Preceptor Roster

Preceptor	Rotation/Experiences Precepted
Kevin Lynch, PharmD, BCPS, CPP, EMT	• Emergency Medicine • Student Precepting
Madison Schwartz, PharmD, DABAT, BCCCP, BCEMP, CPP	• Emergency Medicine • Student Precepting
Dana Thorvilson, PharmD, BCEMP	• Emergency Medicine • Student Precepting
Allison Kump, PharmD, BCEMP	• Emergency Medicine • Student Precepting
David Courteau, PharmD	• Emergency Medicine • Student Precepting
Saumil Vaghela, PharmD, BCPS	• Orientation • Medication Safety • Pharmacy Management • Pharmacy Management II • Staffing
Matt Lane, PharmD, BCNSP	• OR Pharmacy/Surgery • Staffing

Colin Busbee, PharmD	• Infectious Disease • Staffing
Jill McHugh, RPh, BCPS	• Cardiology • Cardiology II • Student Precepting • Staffing
Joe Norton, PharmD, BCPS	• Pharmacy Management • Student Precepting • Staffing
Minnie Ng, PharmD, BCPS	• Internal Medicine • Staffing
Nick Harper, PharmD	• Internal Medicine • Staffing
Desmond Durham, PharmD	• Internal Medicine • Ambulatory Care
Brent Courtwright, PharmD	• Internal Medicine • Ambulatory Care
Joanna Nixon, PharmD, BCCCP	• Critical Care • Critical Care II
Holly McLean, PharmD, BCPS, BCCCP, CPP	• Critical Care • Critical Care II • Student Precepting • Staffing
Valerie Watts, PharmD	• Oncology • Ambulatory Care - Oncology
Charleen Melton, PharmD, BCCCP	• Pharmacy Management • Pharmacy Management II
Michael Darbyshire, RPh	• Pharmacy Management • Pharmacy Management II
Mike Hance, PharmD, BCPS	• Pharmacy Management • Pharmacy Management II
Nikki Alexander, PharmD, MBA, CSSGB	• Pharmacy Management • Pharmacy Management II

PGY1 Longitudinal Topic List

The list of topics below represents core therapeutic areas, disease states, general medical and pharmacy topics that graduates of the PGY1 Pharmacy Residency program are expected to have adequate knowledge to provide patient care and comprehensive pharmacotherapy management. The PGY1 Pharmacy Residency will provide the resident with sufficient experiences and opportunities to gain knowledge in the topics listed below. The encounters may be in a variety of acceptable formats during the year including, but not limited to, topic discussions, discussions with preceptors, educational programs and patient case experiences. Residents will track the topics encountered during their residency for discussion with the RPD during quarterly development plan meetings.

CARDIOVASCULAR		
TOPIC	**ROTATION**	**DATE COMPLETED**

Acute Coronary Syndromes		
Acute Myocardial Infarction		
Cardiothoracic Surgery		
Atrial Arrhythmias		
Ventricular Arrhythmias		
Chronic Coronary Artery Disease		
Heart Failure		
Hypertension		
Peripheral Arterial Disease		
Valvular Heart Disease		
Pulmonary Hypertension		
BONE/JOINT & RHEUMATOLOGY		
TOPIC	**ROTATION**	**DATE COMPLETED**
Osteoarthritis		
CRITICAL CARE		
TOPIC	**ROTATION**	**DATE COMPLETED**
Adult Respiratory Distress Syndrome		
ICU Sedation/Paralysis/Delirium		
Sepsis		
Stress Ulcer Prophylaxis		
Toxicology Basics		
DERMATOLOGIC		
TOPIC	**ROTATION**	**DATE COMPLETED**
Decubitus Ulcers		
ENDOCRINE		
TOPIC	**ROTATION**	**DATE COMPLETED**
Adrenal Disorders		
Diabetes Insipidus		
Diabetes Mellitus		
Diabetic Ketoacidosis		
Metabolic Syndromes		
Thyroid Disorders		
FLUID & ELECTROLYTE/NUTRITION		
TOPIC	**ROTATION**	**DATE COMPLETED**
Acid-Base Disorders		
Electrolyte Abnormalities		
Nutrition Support		

GASTROINTESTINAL		
TOPIC	**ROTATION**	**DATE COMPLETED**
Chronic Liver Disease & Cirrhosis		
Constipation		
Motility Disorders		
Nausea/Vomiting		
Pancreatitis		
Peptic Ulcer Disease		
Upper Gastrointestinal Bleeding		
HEMATOLOGIC		
TOPIC	**ROTATION**	**DATE COMPLETED**
Anemias		
Anticoagulant Reversal		
Clotting Factor Disorders		
Disseminated Intravascular Coagulation		
Drug-Induced Hematologic Disorder		
Polycythemia		
Sickle Cell		
Thrombocytopenia		
Venous Embolism & Thrombosis		
IMMUNOLOGIC		
TOPIC	**ROTATION**	**DATE COMPLETED**
Allergic Reactions		
Stevens Johnson Syndrome/Toxic Epidermal Necrolysis		
Angioedema		
INFECTIOUS DISEASE		
TOPIC	**ROTATION**	**DATE COMPLETED**
Antimicrobial Prophylaxis		
Bone & Joint Infections		
Central Nervous System Infections		
Community-Acquired Pneumonia		
Hospital-Acquired Pneumonia		
Febrile Neutropenia		
Gastrointestinal Infections		

Human Immunodeficiency Virus		
Infectious Endocarditis		
Sexually Transmitted Infections		
Skin & Soft Tissue Infections		
Systemic Fungal Infections		
Tuberculosis		
Urinary Tract Infections		
NEUROLOGICAL		
TOPIC	**ROTATION**	**DATE COMPLETED**
OR Anesthesia		
Acute Pain		
Hemorrhagic Stroke		
Ischemic Stroke		
Chronic Pain		
Parkinson's Disease		
Status Epilepticus		
ONCOLOGY		
TOPIC	**ROTATION**	**DATE COMPLETED**
Anticoagulation Recommendations for Oncology		
Supportive Care (I.e. preventing/treating complications associated with malignancy or treatment)		
PSYCHIATRIC		
TOPIC	**ROTATION**	**DATE COMPLETED**
Drug/Alcohol Overdose/Withdrawal		
Substance Abuse		
RENAL		
TOPIC	**ROTATION**	**DATE COMPLETED**
Acute Renal Failure		
Chronic Renal Failure		
Dialysis (managing associated complications and drug dosing)		
Glomerulonephritis		
Nephrolithiasis		
RESPIRATORY		
TOPIC	**ROTATION**	**DATE COMPLETED**

Chronic Obstructive Airway Disease		
Asthma		
Sleep Apnea		
RESUSCITATION & LIFE SUPPORT		
TOPIC	**ROTATION**	**DATE COMPLETED**
Basic Life Support/Advanced Cardiac Life Support		
Rapid Sequence Intubation/Post-Intubation Management		
Shock States		

Requirements for Receiving a PGY1 Residency Certificate

To complete the PGY1 Pharmacy Residency program and receive a residency certificate, the resident must obtain an Achieve for Residency (ACHR) performance rating, as defined by ASHP, for each of the following goals and objectives by the end of the residency year:

Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).	
Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.	ACHR
Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	ACHR
Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	ACHR
Objective R1.1.4: (Applying) Implement care plans.	ACHR
Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	ACHR
Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	ACHR
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.	
Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.	ACHR
Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.	ACHR
Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.	ACHR
Goal R1.3: Promote safe and effective access to medication therapy.	
Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.	ACHR
Objective R1.3.2: (Applying) Participate in medication event reporting.	ACHR
Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.	ACHR
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management)	

Objective R1.4.1: Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures	ACHR
Objective R1.4.2: Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	ACHR
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.	ACHR
Objective R2.1.2: (Creating) Develop a project plan	ACHR
Objective R2.1.3: (Applying) Implement project plan	ACHR
Objective R2.1.4: (Analyzing) Analyze project results	ACHR
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 questions related to patient care.	ACHR
Objective R2.1.6: (Creating) Develop and present a final report.	ACHR
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.	
Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.	ACHR
Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	ACHR
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.	
Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.	ACHR
Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	ACHR
Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.	ACHR
Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.	ACHR
Goal R4.1: Provide effective medication and practice-related education.	
Objective R4.1.1: (Creating) Construct educational activities for the target audience.	ACHR
Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	ACHR
Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	ACHR
Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.	ACHR
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.	
Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.	ACHR

Additional Requirements

1. Obtain or maintain NCBOP pharmacist licensure by the deadline outlined in the residency manual
2. Complete resident orientation and training in July
3. Complete at least 12 months of rotations to include all required rotations
4. Complete any active action plans or Performance Improvement Plans as outlined in the individual resident's plan by the deadlines provided
5. Complete primary research project data collection, analysis, and submit a manuscript for publication (completion defined by advisor for each project with approval of the RPD)

   a. All resident research is expected to be completed before the end of the residency year (June 30). Any exceptions will be limited to a maximum of 2 months and must be approved by the Research Committee, Residency Advisory Committee, RPD, and Pharmacy Clinical Manager. The residency year (employment and financial compensation) cannot be extended for the purpose of research completion.
   b. The research manuscript must be submitted to the Research Committee by the published deadline. The Research Committee and resident co-investigators will be responsible for setting deadlines for manuscript revisions required after the end of the residency year if needed based on publication schedules.
6. Complete all assigned e-learning modules (including, but not limited to, CITI learning, Net Learning, Compounding 360/STARS, etc.)
7. Complete or maintain BLS and ACLS certifications
8. Develop and present a Lunch & Learn presentation on each required rotation
9. Develop and present two Journal Club presentations (one in August-December; onein January-June)
10. Achieve the objectives of *ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy, Community-Based, and Managed Care Residency Programs* outlined above
11. Complete and sign/cosign all PharmAcademic evaluations
12. Create, maintain (on a monthly basis) and complete an electronic residency portfolio (to be shared with preceptors continuously throughout the year).
13. Attend and present a research poster at the ASHP Midyear Clinical Meeting (December)
14. Attend and present research at a regional residency conference (Southeastern Residency Conference, Research in Education and Practice Symposium)
15. Participate in all assigned residency recruitment activities (December-February)
16. Attend and present NCAP-CE Fall and/or Spring continuing education seminars, as assigned
17. Complete all duties of the assigned leadership position as outlined in position description
18. Prepare a drug class review, monograph, treatment guideline, protocol, or an order set
19. Design and prepare a medication use evaluation (MUE)

End of PGY1 Program Specific Information

PGY2 EMERGENCY MEDICINE RESIDENCY PROGRAM

Purpose and Overview

The PGY2 Emergency Medicine (EM) pharmacy residency program at CaroMont Regional Medical Center builds upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives (CAGOs) for advanced practice areas. Through focused areas of training, the resident will acquire the confidence to function independently as a practitioner by conceptualizing and integrating accumulated experience with evidence-based medicine into the provision of patient care in emergency settings. The PGY2 EM residency program strives to inspire and promote professional growth within the EM specialty through focusing the majority of rotations in the emergency department and allowing for independent practice with preceptor oversight. Following the completion of residency, the pharmacist will be recognized as a board certification-eligible EM pharmacy clinician who provides evidence-based drug therapy management and is capable of establishing and advancing EM pharmacy practice.

The ASHP-accredited residency in Emergency Medicine (EM) is a twelve-month program of training and experience based upon the ASHP Standards. The PGY2 program is a 12-month training program beginning early July and completing on the last day of the pay period of the last week of June in the following year. Upon successful completion of the residency requirements, the resident is awarded a certificate of program completion.

PGY2 EM Program Structure

A core set of rotations and experiences will be required to evaluate the resident's progress throughout the residency year. In addition, each resident will have an individualized training plan based on their skill level and professional interests to achieve their personal goals. A customized residency training plan will be jointly agreed upon by the resident and the RPD during the first month of the residency year.

The resident will function as an integral part of the department and institution's patient care services. The resident is also responsible for frequent self-evaluation. Residents should continually prepare and motivate themselves through self-learning so that the resident may fully benefit from the residency. Some of the services the resident will be responsible for include the following:

1. Provision of patient care and medication therapy management
2. Patient/caregiver, nursing, prescriber, EMS and other ED staff education
3. Participation in the education of advanced pharmacy practice students and PGY1 residents
4. Participation in interdisciplinary committees
5. Participation in operational activities
6. Participation in departmental quality improvement activities
7. Participation in residency applicant interviews

The resident will spend at least five weeks orienting to pharmacy department services (unless they have been early committed to the program) and major hospital departments, then complete 11 required and 1-2 elective rotations (number depends on resident's customized schedule). Completion of a research project is also required. Additional learning experiences aimed at producing a well-rounded pharmacist include development of oral and written communication skills, patient education, participation in various departmental administrative committees, and practice in various pharmacy areas throughout the institution.

PGY2 EM Resident Responsibilities

This program provides residents with extensive emergency medicine clinical pharmacist training while allowing the resident customization to meet their individual goals during the year. The PGY2 training experience is composed of six required competency areas and three elective competency areas:

1. Patient Care
2. Advancing Practice and Improving Patient Care
3. Leadership and Management
4. Teaching, Education, and Dissemination of Knowledge
5. Management of Medical Emergencies
6. Management of Toxicology Patients
7. Leadership and Practice Management Skills (elective)
8. Medical Writing (elective)
9. Pre-Hospital Care (elective)

PGY2 Presentations
Presentations may be assigned throughout the year as part of a rotation or other learning experience. All presentation topics and content must be submitted by the resident for approval by the preceptor for the rotation month in which a presentation is scheduled. The majority of references used for any presentation must reflect literature published within the previous three years. At minimum, the following presentations will be completed by the PGY2 resident.

- Lunch and Learn presentation (required on a minimum of four rotations; two in Fall and two in Spring)
- Journal Club (two required per resident; one in Fall and one in Spring)
- CE Seminar presentation (1-hour presentation in the Fall for NCAP-CE Fall and 0.5-hour presentation in the Spring (if scheduled)) and practice sessions
- Poster presentation at ASHP Midyear
- Research presentation at SERC or REPS plus practice sessions (late April / early May)
- Research poster presentation at CaroMont Research Education Day (if scheduled)
- Rotation-related presentations including topic discussions and case presentations
- Various presentations to support groups, staff, patients, or committees

PGY2 BLS/ACLS/PALS Requirements
The resident will arrive at the program already BLS/ACLS and PALS certified or will complete certification as soon as possible during the residency year (dates determined by ACLS/PALS schedule in NetLearning). The resident must complete BLS/ACLS and PALS certification before the end of August of each residency year.

PGY2 Orientation

The Orientation learning experience is five weeks in duration and provides the resident with familiarity of the CRMC campus and a hands-on familiarity with each service of the Department of Pharmacy. Residents who have been early committed to the program are exempt from undergoing a five-week orientation period but will be required to engage in any orientation sessions specific to the PGY2 program including review of the residency manual, PGY2 EM residency's purpose and structure, applicable CAGOs, description of required and elective learning experiences, and the annual well-being presentation, at minimum. The orientation experience is meticulously designed to provide the resident with a comprehensive review of hospital, Department of Pharmacy, pharmacy residency program, and Emergency Department policies, procedures, and protocols. This period will provide the resident with ample opportunity to develop the necessary operational and clinical knowledge to be functional in

providing care to our patients. Time spent in training in this area can be customized to include more time in specific areas based on specific resident's needs.

The resident will receive an orientation to the following areas/services:

1. Epic computer system
2. The Electronic Medical Record (EMR)
3. Medication order entry and verification
4. Inpatient practice
5. Emergency Medicine practice
6. Clinical protocols (including ED-specific policies/protocols)
7. Pharmacy policies
8. IV room, TPNs, and chemotherapy
9. Central pharmacy workflow
10. Controlled substance handling
11. Prepacking / Pharmacy Automation (TraySafe, Pak-Edge, GoHCL)
12. Pharmacy purchasing
13. Automated Dispensing Cabinets (Omnicell)
14. Drug information resources
15. P&T Committee / Formulary
16. Adverse Drug Reaction/Event reporting program (RL6)
17. Emergency medications / code carts

The orientation period also includes the following activities:

1. Review of pharmacy department, emergency department, and residency policies - the RPD or designee reviews program policies with matched candidates and acceptance is documented within 14 days from the start of the residency.
2. Introduction to pharmacy staff
3. Procurement of ID badges
4. Attendance at hospital orientation
5. Benefits and payroll procedures
6. Orientation to the Residency Program and evaluation process
7. BLS, ACLS, and PALS training
8. Introduction to other departments and employees
9. Scheduled topic discussions
10. Overview of well-being/resilience strategies and resources

For the Orientation learning experience, the resident must complete the Orientation Checklist and Epic computer system training.

PGY2 Learning Experience Rotations

Residents are expected to work toward safe, confident, and competent independent performance and demonstrate proficiency in their rotations. The residency preceptor provides guidance and assistance to the resident and ensures that the goals set forth by the resident and program are met. The preceptor also provides the resident with frequent evaluation of their progress from orientation to the final evaluation at the conclusion of the rotation.

Frequent, clear communication is the key to a successful resident/preceptor relationship. In order to maximize the learning experience, the resident is expected to, in a timely manner, personally inform the preceptor of any preexisting schedule conflicts or concerns that might arise during the rotation. Residents shall also prepare for topic discussions, read materials in a timely manner, and perform other tasks as assigned by the preceptors.

At least one week prior to the start of each rotation, the resident will contact the rotation preceptor to arrange for a pre-rotation communication. At this pre-rotation communication, the resident will provide the preceptor a schedule or list of meetings and other commitments the resident has for the rotation that will require time away from the rotation. Issues that may be discussed at this meeting include, but are not limited to, rotation schedule dates/times, rotation expectations, specific goals the preceptor has for the resident to accomplish, readings to be completed prior to the rotation, etc.

Required Learning Experiences
The following core rotations, aside from the aforementioned Orientation rotation, are required:

- Introduction to Emergency Medicine (2 months)
- Adult Emergency Medicine I (Trauma/Neuro) (1 month)
- Adult Emergency Medicine II (CV/Pulmonary) (1 month)
- Adult Emergency Medicine III (GI/Infectious disease/Endocrine) (1 month)
- Critical Care (1 month)
- Emergency Medicine Precepting (1 month)
- Pediatric/Obstetrical Emergency Medicine (1 month)
- Pre-Hospital Care (EMS) (2-week concentrated experience)
- Toxicology (conducted at Atrium Health Carolinas Medical Center) (1 month)
- Special Populations (1 month)

Elective Learning Experiences
Total time available for electives may be 1-2 months, which are customized based on each individual resident's plan. Any of the aforementioned core rotations may be repeated as an elective rotation (with exception to off-site toxicology rotation) and will be created based on resident interest. Elective rotations are one month in duration and are as follows:

- Advanced Infectious Disease
- Advanced Emergency Medicine Precepting
- Pharmacy Management

Longitudinal Learning Experiences
In addition to monthly rotations, PGY2 EM Residents are responsible for other longitudinal experiences including (duration of residency unless stated otherwise):

- Research Project
- Staffing
- Q3/4 Project Management (3rd and 4th quarters; 6 months)
- Bi-monthly Obstetrical Emergency Medicine topic discussions/lunch and learns
- Emergency medicine professional development

Rotation Changes
Residents may request changes to their scheduled rotations throughout the year as practice interests evolve. All requests should be received at least two weeks prior to the start of the upcoming rotation. Rotation changes are to be put in writing by the resident and affected preceptors if agreed upon and forwarded to the RPD for final approval.

PGY2 Preceptor Roster

Preceptor	Rotation/Experiences Precepted
Anna Dulaney, PharmD, DABAT, FAACT	• Toxicology
Holly McLean, PharmD, BCPS, BCCCP, CPP	• Critical Care
Joanna Nixon, PharmD, BCCCP	• Critical Care
Kevin Lynch, PharmD, BCPS, CPP, EMT	• Introduction to Emergency Medicine

	• Adult EM I, II, and III • Emergency Medicine Precepting • Advanced Emergency Medicine Precepting • Pediatrics/OB • Special Populations • Pre-Hospital Care • Research • Staffing
Saumil Vaghela, PharmD, BCPS	• Pharmacy Management
Madison Schwartz, PharmD, DABAT, BCCCP, BCEMP, CPP	• Introduction to Emergency Medicine • Adult EM I, II, and III • Pediatrics/OB • Special PopulationsEmergency Medicine Precepting • Advanced Emergency Medicine Precepting • Pre-Hospital Care • Research • Staffing
David Courteau, PharmD	• Introduction to Emergency Medicine • Adult EM I, II, and III • Pediatrics/OB • Special Populations • Emergency Medicine Precepting • Advanced Emergency Medicine Precepting • Pre-Hospital Care • Research • Staffing
Allison Kump, PharmD, BCEMP	• Introduction to Emergency Medicine • Adult EM I (Trauma/Neuro) • Emergency Medicine Precepting • Advanced Emergency Medicine Precepting • Pre-Hospital Care • Research • Staffing
Dana Thorvilson, PharmD, BCEMP	• Introduction to Emergency Medicine • Adult EM I (Trauma/Neuro) • Emergency Medicine Precepting • Advanced Emergency Medicine Precepting • Pre-Hospital Care • Research • Staffing

PGY2 Longitudinal Topic List

The list of topics below represents core therapeutic areas, disease states, and emergency medicine topics that graduates of PGY2 Emergency Medicine programs are expected to have adequate knowledge to provide patient care and comprehensive pharmacotherapy management.

Residents are required to have direct patient care experience for topics listed as, “Required Direct Patient Experience” (R-DPE). “Required Direct or Non-direct Patient Experience" (R-NDPE) and “Elective Direct or Non-direct Patient Experience” (E) will be covered by direct patient experience, case-based application, didactic instruction, topic discussion, simulation, or other alternative approach. Residents will track the topics encountered during their residency for discussion with the RPD during quarterly development plan meetings.

CARDIOVASCULAR	EXPERIENCE
Acute Coronary Syndromes	R-DPE
Acute Decompensated Heart Failure	R-DPE
Hypertensive Urgency / Emergency	R-DPE
Acute Aortic Dissection	R-NDPE
Arrhythmias (atrial, ventricular)	R-NDPE
Pericardial Tamponade	E
Pericarditis	E
Pulmonary Hypertension	E
DERMATOLOGY	**EXPERIENCE**
Burns (thermal, chemical, electrical)	R-NDPE
Drug Reactions	R-NDPE
Stevens Johnson Syndrome / Toxic Epidermal Necrolysis	R-NDPE
Topical & Local Anesthesia	R-NDPE
Erythema Multiforme	E
Gout Exacerbation	E
Rash (poison ivy)	E
ENDOCRINE	**EXPERIENCE**
Glycemic Control	R-DPE
Hyperglycemic Crisis	R-DPE
Adrenal Crisis / Insufficiency	R-NDPE
Myxedema Coma	R-NDPE
Thyroid Storm	R-NDPE
SIADH	E
EMERGENCY PREPAREDNESS	**EXPERIENCE**
Decontamination	R-NDPE
Disaster Preparedness / National Incident Management System	R-NDPE
Medical Surge Capacity & Capability	R-NDPE
Advanced HAZMAT Life Support	E
Bioterrorism	E
Nerve Agents	E
Radiation Exposure	E
ENVIRONMENTAL	**EXPERIENCE**
Hyperthermia	R-NDPE
Hypothermia	R-NDPE

Altitude Illness	E
Carbon Monoxide	E
Drowning / Near Drowning	E
GASTROINTESTINAL & HEPATIC	**EXPERIENCE**
Acute Upper & Lower Gastrointestinal Bleeding	R-DPE
Nausea / Vomiting	R-DPE
Acute Liver Failure / Cirrhosis	R-NDPE
Constipation / Diarrhea	R-NDPE
Peptic Ulcer Disease	R-NDPE
Esophageal Foreign Body	E
Pancreatitis	E
HEMATOLOGY	**EXPERIENCE**
Reversal of Anticoagulants	R-DPE
Thromboembolic Disease (DVT, PE)	R-DPE
Benign Heme Disorders (anemias, hemophilia, sickle cell disease)	R-NDPE
Coagulopathies	R-NDPE
Hypercalcemia of Malignancy	E
Tumor Lysis Syndrome	E
INFECTIOUS DISEASES	**EXPERIENCE**
Bites (animal, human)	R-DPE
Influenza	R-DPE
Pneumonia	R-DPE
Sepsis	R-DPE
Sexually Transmitted Infections	R-DPE
Skin & Soft Tissue Infections	R-DPE
Urinary Tract Infections	R-DPE
Vaccinations	R-DPE
Conjunctivitis	R-NDPE
Dental Infections	R-NDPE
Epiglottitis	R-NDPE
Endocarditis	R-NDPE
Intra-Abdominal Infections	R-NDPE
Meningitis	R-NDPE
Occupational / Non-Occupational Anti-Retroviral PEP	R-NDPE
Sinusitis / Otitis Media	R-NDPE
Streptococcal Pharyngitis	R-NDPE
Bone / Joint Infections	E
Febrile Neutropenia	E
Food & Waterborne Illness	E
Hepatitis	E
Parasites / Worms	E
Toxic Shock Syndromes	E

Tuberculosis	E
Wilderness Medicine	E
NEUROLOGY	**EXPERIENCE**
Acute Hemorrhagic Stroke	R-DPE
Acute Ischemic Stroke	R-DPE
Status Epilepticus / Seizures	R-DPE
Increased Intracerebral Pressure Management	R-NDPE
Migraines / Headaches	R-NDPE
Myasthenia Gravis	E
Ventriculostomy	E
OBSTETRICS	**EXPERIENCE**
Ectopic Pregnancy	R-NDPE
Preeclampsia / Eclampsia	R-NDPE
Resuscitation in Pregnancy	R-NDPE
Miscarriage / Spontaneous Abortion	E
PAIN & SEDATION	**EXPERIENCE**
Acute Agitation	R-DPE
Acute Pain Management	R-DPE
Post-Intubation Sedation / Analgesia	R-DPE
Procedural Sedation	R-DPE
Psychosis & Delirium	R-NDPE
PULMONARY	**EXPERIENCE**
Asthma Exacerbation	R-DPE
Chronic Obstructive Pulmonary Disorder Exacerbation	R-DPE
Rapid Sequence Intubation (RSI)	R-DPE
Mechanical Ventilation	R-NDPE
Noninvasive Airway Management	R-NDPE
Acute Respiratory Distress Syndrome (ARDS)	E
Pneumothorax	E
RENAL & GENITOURINARY	**EXPERIENCE**
Acid-Base Disorders	R-DPE
Acute Kidney Injury / End-Stage Renal Disease	R-DPE
Fluids & Electrolytes	R-DPE
Priapism	R-NDPE
Renal Colic / Urolithiasis	R-NDPE
Renal Replacement Therapy	R-NDPE
Rhabdomyolysis	R-NDPE
RESUSCITATION	**EXPERIENCE**
Advanced Cardiac Life Support	R-DPE
Anaphylaxis	R-DPE

Hemodynamic Monitoring / Management	R-DPE
Routes of Medication Administration	R-DPE
Shock States	R-DPE
Pediatric Advanced Life Support	R-NDPE
Mechanical Devices (ECMO, ECLS, ventricular assist device)	E
Surgical Airways	E
SPECIAL POPULATIONS	**EXPERIENCE**
Age-Specific Dosing Considerations (pediatric, geriatric)	R-NDPE
Angioedema (ACEi-induced, hereditary)	R-NDPE
Pediatric / Neonatal Febrile Seizures	R-NDPE
Common Infections in Children (croup, meningitis, otitis media/externa, pertussis, RSV, sepsis)	E
TOXICOLOGY	**EXPERIENCE**
Acetaminophen	R-DPE
Approach to the Toxic Patient	R-DPE
Gastric Decontamination / Elimination	R-DPE
Opioids	R-DPE
Salicylates	R-DPE
Withdrawal Syndromes	R-DPE
Antidepressants / Antipsychotics	R-NDPE
BBs / CCBs	R-NDPE
Occupational Exposures	R-NDPE
Sedatives	R-NDPE
Antiepileptics	E
Antihypertensives	E
Caustic Ingestions	E
Cyanide	E
Digitalis	E
Heavy Metals	E
Iron	E
Neuroleptic Malignant Syndrome	E
Poisonous Plants	E
Toxic Alcohols	E
TRAUMA	**EXPERIENCE**
Antibiotic Prophylaxis	R-DPE
Coagulopathy of Trauma	R-NDPE
Open Fractures	R-NDPE
Spinal Cord Injury	R-NDPE
Traumatic Brain Injury	R-NDPE
Trauma Resuscitation	R-NDPE
Massive Transfusion	E
Thoracostomy / Thoracotomy	E

Requirements for Successful Completion of the PGY2 EM Residency Program

To complete the PGY1 Pharmacy Residency program and receive a residency certificate, the resident must obtain an Achieve for Residency (ACHR) performance rating, as defined by ASHP, for each of the following goals and objectives by the end of the residency year:

Goal R1.1: Provide comprehensive medication management to patients following a consistent patient care process.	
Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.	ACHR
Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.	ACHR
Objective R1.1.3: (Analyzing) Collect and analyze information to base safe and effective medication therapy.	ACHR
Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.	ACHR
Objective R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	ACHR
Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients by taking appropriate follow-up actions.	ACHR
Objective R1.1.7: (Applying) Communicate and document direct patient care activities appropriately in the medical record, or where appropriate.	ACHR
Objective R1.1.8: (Applying) Demonstrate responsibility for patient outcomes.	ACHR
Goal R1.2: Ensure continuity of care during transitions between care settings.	
Objective R1.2.1: (Applying) Manage transitions of care effectively.	ACHR
Goal R1.3: Manage and facilitate delivery of medications.	
Objective R1.3.1: (Applying) Facilitate delivery of medications following best practices and local organization policies and procedures.	ACHR
Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.	ACHR
Objective R1.3.3: (Applying) Facilitate aspects of the medication-use process.	ACHR
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.	
Objective R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol.	ACHR
Objective R2.1.2: (Analyzing) Identify opportunities for improvement of the medication-use system.	ACHR
Goal R2.2: Demonstrate ability to conduct a quality improvement or research project to improve patient care or for adsancing the pharmacy profession.	
Objective R2.2.1: (Analyzing) Identify and/or demonstrate understanding of specific project topic.	ACHR
Objective R2.2.2: (Creating) Develop a plan or protocol for the project.	ACHR
Objective R2.2.3: (Evaluating) Collect and evaluate data for the project.	ACHR
Objective R2.2.4: (Applying): Implement an improvement project or conduct research activities.	ACHR
Objective R2.2.5: (Evaluating) Assess changes or need to make changes related to the project.	ACHR

Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference.	ACHR
Goal R3.1: Demonstrate leadership skills for successful self-development in the provision of patient care.	
Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of patient care.	ACHR
Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of patient care.	ACHR
Goal R3.2: Demonstrate management skills in the provision of patient care.	
Objective R3.2.1: (Applying) Contribute to departmental management.	ACHR
Objective R3.2.2: (Applying) When presented with a drug shortage, identify appropriate alternative medications.	ACHR
Objective R3.2.3: (Analyzing) Participate in the organization's system for reporting medication errors and adverse drug events (ADEs).	ACHR
Objective R3.2.4: (Applying) Manage one's own emergency medicine practice effectively.	ACHR
Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.	
Objective R4.1.1: (Applying) Design effective educational activities.	ACHR
Objective R4.1.2: (Applying) Use effective presentation and teaching skills.	ACHR
Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.	ACHR
Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.	ACHR
Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.	
Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs.	ACHR
Objective R4.2.2: (Applying) Effectively employ preceptor roles (instructing, modeling, coaching, or facilitating).	ACHR
Goal R5.1: Participate in and exercise leadership in the management of medical emergencies.	
Objective R5.1.1: (Applying) Demonstrate the essential role of the emergency pharmacist in the management of medical emergencies.	ACHR
Objective R5.1.2: (Applying) Exercise leadership as a team member in the management of medical emergencies.	ACHR
Objective R5.1.3: (Applying) When allowed by the organization, exercise skill in the administration of emergency medications.	ACHR
Goal R6.1: Describe the role of the poison center or medical toxicologist in the care of the toxicology patient.	
Objective R6.1.1: (Understanding) Explain the collaboration between the medical toxicologist, poison center and emergency department.	ACHR
Goal R6.2: Demonstrate the ability to provide appropriate evidenced-based recommendations for the patient in need of toxicologic intervention.	
Objective R6.2.1: (Evaluating) Assess patients in need of toxicologic intervention.	ACHR
Objective R6.2.2: (Applying) Participate in the management of a patient in need of toxicologic intervention.	ACHR
Objective R6.2.3: (Creating) Prioritize and specify appropriate pharmacologic and supportive measures for the management of patients in need of toxicologic intervention.	ACHR

Additional Requirements

1. Obtain or maintain NCBOP pharmacist licensure by the deadline outlined in the residency manual

2. Complete resident orientation and training in July at the start of residency year
3. Complete all emergency medicine and clinical competencies by November of the residency year prior to individual staffing in the ER
4. Complete any active action plans or Performance Improvement Plans as outlined in the individual resident's plan by the deadlines provided
5. Complete primary research project data collection, analysis, and submit a manuscript for publication (completion defined by advisor for each project with approval of the RPD)
    a. All resident research is expected to be completed before the end of the residency year (June 30). Any exceptions will be limited to a maximum of 2 months and must be approved by the Research Committee, Residency Advisory Committee, RPD, and Pharmacy Clinical Manager. The residency year (employment and financial compensation) cannot be extended for the purpose of research completion.
    b. The research manuscript must be submitted to the Research Committee by the published deadline. The Research Committee and resident co-investigators will be responsible for setting deadlines for manuscript revisions required after the end of the residency year if needed based on publication schedules.
6. Create, maintain (on a monthly basis) and complete an electronic residency portfolio (to be shared with preceptors continuously throughout the year).
7. Complete or maintain BLS, ACLS, and PALS certifications
8. Develop and present four Lunch & Learn presentations (two in August-December; two in January-June)
9. Develop and present two Journal Club presentations (one in August-December; one in January-June)
10. Achieve the objectives of *ASHP Required Competency Areas, Goals, and Objectives for Emergency Medicine Postgraduate Year Two (PGY2) Pharmacy Residencies* outlined above
11. Complete and sign/cosign all PharmAcademic evaluations
12. Attend and present a research poster at the ASHP Midyear Clinical Meeting (December)
13. Attend and present research at a regional residency conference (Southeastern Residency Conference, Research in Education and Practice Symposium).
14. Participate in all assigned residency recruitment activities (December-February).
15. Complete all Spring Project List assignments.
16. Attend and present NCAP-CE Fall and/or Spring continuing education seminars, as assigned.
17. Complete all duties of the assigned leadership position as outlined in position description
18. Complete all "Required Direct Patient Experience" and "Required Direct or Non-direct Patient Experience" topics within the development plan as outlined in the *ASHP Required Competency Areas, Goals, and Objectives for Emergency Medicine Postgraduate Year Two (PGY2) Pharmacy Residencies Appendix.*
19. Engage in the minimum number of cases indicated in "Patient Case Log" within the development plan.
20. ED physician shadowing days, 5-6 days (4-hour shifts) throughout the year.
21. Complete assigned longitudinal reading assignments (1-2 books pertinent to emergency medicine practice and professional development) and participate in scheduled topic discussions.
22. Complete at least 12 months of rotations to include all required rotations
23. Complete at least 4 nursing education activities (one activity per quarter, if possible).

End of PGY2 Emergency Medicine
Program Specific Information

Attestation

I, _____, attest the current version of the residency manual and all policies referenced herein were reviewed with me during residency orientation.

_____ _____
Resident Signature Date