2019 - 2020

RESIDENCY MANUAL

Prisma Health Richland
Prisma Health Midlands Children’s Hospital
University of South Carolina College of Pharmacy

RESIDENCY PROGRAMS

PRISMA HEALTH

Children’s Hospital

UNIVERSITY OF SOUTH CAROLINA

College of Pharmacy
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July 1, 2019

Pharmacy Residency Class of 2019 - 2020:

I would like to personally welcome each of you to the residency programs of Prisma Health Richland. I am confident that the experiences of the coming year will give you a solid foundation of practice skills that will serve you throughout your career. In addition, the professional relationships and friendships you will develop during your program will be a key part of your support network for many years to come.

Our PGY1 residency program has been ASHP accredited since 1972. Over the last ten years, we have seen tremendous growth of our residency programs with the addition of PGY2 programs in Critical Care, Cardiology, Pediatrics, and Infectious Diseases (in collaboration with the University of South Carolina College of Pharmacy), expansion of our PGY1 residency to five residents, and the addition and subsequent growth of our PGY1 pharmacy residency in the ambulatory care setting. Our residency leadership team takes pride in gathering feedback from our residents and preceptors to make improvements to our programs each year. Graduates of our residency program have gone on to leadership positions in pharmacies around the nation, positions within the pharmaceutical industry, advanced clinical practice positions, and faculty positions with many colleges of pharmacy.

Our residency program is an integral part of this department. Each one of our team members have an interest in teaching you about all of the many aspects of pharmacy to include direct patient care, distribution, research, academia, leadership, and formulary management. We understand what residency training requires and are committed to that mission. Every pharmacy team member at Prisma Health is engaged in your education and your success.

Completing a residency year is very hard work, and as you have heard many times in the past, you will get out of this experience what you are willing to put in to it. There are many long days with frustrations and obstacles galore. There will be days when you think you cannot do one more thing – but find the energy to get it done anyway. You will definitely be able to take pride in what you accomplish during this year. The motivation comes from within, and the rewards will extend to many aspects of your career. In the end, I am sure that you will feel it was all worth the effort.

Once again, welcome to Prisma Health and our residency programs. I look forward to working with each of you and providing support for you over this next year.

Sincerely,

Jennifer Bair, PharmD, BCPS
Director of Pharmacy
Prisma Health
Department of Pharmacy
See myPAL for detailed Prisma Health – Midlands Org Chart

System Pharmacy Services Organizational Chart

Prisma Health System Pharmacy Leadership Structure

Jennifer Bair
Pharmacy System Director

Nicole Bookstaver
Outpatient Pharmacy Services Manager

Tim Walker
Support Services Pharmacy Supervisor
Procurement, Informatics, Drug Information, Finance

Lewis Overbay
Outpatient Pharmacy Services Supervisor

David Marsh
Palmetto SeniorCare Pharmacy Supervisor

Jessica Gemensky
System Pharmacy Operations Supervisor
Surgical Services
Behavior Expectations
All Prisma Health employees, volunteers and physicians want to be remembered as providing the care and compassion we would want for ourselves and our family members. To make this vision a reality, our attitudes always reflect Prisma Health’s five corporate values, and we conduct ourselves in accordance with the following Standards of Behavior. These standards were developed by a diverse team of Prisma Health employees and are modeled by all our team members every day. We use the word “customer” to describe those individuals who depend on our expertise. Customers are our patients, their families, visitors, vendors and coworkers. These standards define the behaviors our customers can expect from all Prisma Health employees.

The Purpose of Prisma Health:
Inspire health. Serve with compassion. Be the difference.

Behavior Expectations:
One Person:
Be professional and courteous.

• Be on time, as scheduled, prepared and ready to begin work the moment I arrive at work.
• Accept changes to assignments and/or schedules.
• Know and abide by my department’s dress code.
• Wear my ID badge at all times while at work—above the waist, preferably on the lapel area, with my name and picture clearly visible.
• Demonstrate good personal hygiene.
• Acknowledge and welcome others with eye contact, a smile and a friendly greeting, using their names when possible.
• Introduce myself by name and job title (AIDET).
• Refer to patients and guests by their titles (Mr./Mrs./Miss/Ms.) until invited to use their name of choice.
• Use positive body language and present myself professionally.
• Refrain from personal conversations in the presence of patients and guests.
• Answer the phone with the approved standard phone greeting.
• Use proper phone and email etiquette.
• Refrain from using mobile devices for personal reasons in patient care or service areas.

Ensure each person feels visible, valued and respected.

• Embrace the whole person and respond to emotional, ethical and cultural concerns as well as physical needs.
• Be welcoming and provide exceptional experiences for everyone.
• Treat others with respect and care, recognizing all are worthy of honor.
• Display sensitivity and respect for others’ cultures, backgrounds, beliefs and uniqueness.
• Prohibit language and/or actions that demean anyone’s culture or traditions, including heritage, race, nationality, appearance, beliefs, gender, age, disability, sexual orientation, religion, education and social status.
• Provide an interpreter, amplification device, closed-captioned television or other necessary equipment for appropriate patient care.
• Inform patients and guests about services relevant to their spiritual preferences.
• Treat each patient and guest as if he or she is the most important person in our facility.
• Support fair treatment for all.

Protect privacy and confidentiality.

• Knock before entering patient rooms and opening closed doors.
• Conduct sensitive and personal communication in a private setting.
• Protect and be sensitive to patient privacy, modesty and confidentiality in all situations.
• Adhere to organizational policies, HIPAA requirements and Joint Commission standards regarding privacy and confidentiality.
• Limit discussion of patient information to what is necessary to provide high-quality care.

Embrace learning and strive for continuous improvement.
• Be the best at what I do and serve as a model for others to emulate.
• Know, grow and own my position.
• Demonstrate openness to change and new ideas.
• Accept requests and new assignments as opportunities for growth and development.
• Seek self-development and utilize available tools to grow personally and professionally.
• Complete mandatory training and competencies.
• Actively read books and other resources that are provided and/or suggested.

One Moment:
Create a welcoming, quiet and safe workplace and healing environment.
• Closely observe my work area and identify opportunities for improvement.
• Provide the same high level of care and service to everyone I encounter.
• Be quiet in patient care areas at all times.
• Promote a culture of safety and exceptional service by speaking up.
• Maintain a clean, safe and clutter-free work area and surrounding environment.
• Demonstrate proper safety procedures.
• Properly tag and accurately report defective/hazardous equipment and conditions to the appropriate department in a timely manner.
• Provide a comfortable atmosphere for waiting patients and guests.
• Explain what I am about to do and why (AIDET).
• Size gowns and equipment appropriately for patients.
• Coordinate with others to facilitate timely, safe transitions for patients.
• Properly dispose of litter.
• Report spills, debris and/or necessary repairs to the correct department.

Listen attentively, avoid interrupting, and communicate clearly and appropriately.
• Refrain from gossip, abusive language and behaviors.
• Use AIDET every time.
• Actively listen by being fully engaged and providing my undivided attention to eliminate any distractions.
• Use language and terminology that is easily understandable.
• Encourage questions and offer choices as appropriate.
• Welcome feedback from team members.
• Apologize for delays, keep patients and guests informed and reschedule appointments as appropriate (AIDET, Service Recovery).
• Assume personal responsibility for receiving and responding to official departmental, entity and system-wide communications.

Take responsibility and be accountable.
• Conserve resources.
• Follow through with commitments and obligations in a positive and timely manner.
• Act like an owner – take care of equipment and facilities as if I own them.
• Be proactive in resolving concerns, even in difficult situations.
• Apologize for problems or inconveniences, and initiate actions to resolve them (Service Recovery).
• Find a team member who can fulfill a request when I cannot.
• Attempt to resolve issues one-on-one before using the chain of command.
• Take ownership of patient requests or concerns, whether it’s my job or not.

Exceed expectations for our patients and guests, and each other.
• Demonstrate a commitment to providing or contributing to exceptional patient and family experiences through decision-making, behaviors, attitudes and actions based on empathy and sensitivity.
• Engage patients and, as appropriate, family members and guests in their care and service.
• Escort anyone who requires assistance or find someone who can (such as Security or Volunteer Services).
• Pursue desired outcomes with relentless personal commitment, engagement, and follow-through.
• Inform patients about their plans of care and provide explanations for any delays (AIDET).
• Offer comfort measures when appropriate.
• Answer all call lights and phones promptly.
• Recognize patients’ and guests’ sense of urgency and show them I value their time.
• Resolve patients’ and guests’ needs and contact the appropriate person for issues I cannot personally resolve (Service Recovery).

One Love:
Do the right thing – be honest, ethical and trustworthy.
• Be honest and ethical in all I say and do.
• Set a good example.
• Exhibit a commitment to always being open, honest and trustworthy in word, action and behavior.
• Abide by all policies and Behavior Expectations, and all other applicable laws and regulations.
• Be fair and just, considering all sides before making a decision.
• Demonstrate the courage to speak up and do the right thing.
• Be reliable and accountable for my actions and treat everyone’s property with care and respect.

Demonstrate a positive, can-do attitude.
• Be positive and supportive of our organization and our team members.
• Come to work with a smile and an attitude of optimism.
• Speak in a warm, calm and clear tone of voice, using understandable and respectful language.
• Keep personal problems from interfering with work responsibilities.
• Apologize for my mistakes and take corrective actions (Service Recovery).
• Actively search for creative solutions to meet individual and organizational needs with a can-do, flexible, positive approach.
• Offer potential solutions when I present a problem.

Encourage teamwork and cooperation.
• Be honest, sincere and truthful in all interactions.
• Create and participate in a team environment where team members see honest feedback as valuable, not as criticism.
• Achieve common goals together by building each other up and sharing successes, failures, information and ideas.
• Display the behaviors, attitudes and actions of a team player, demonstrate openness and be welcoming to our team members.
• Respect the ideas, opinions, expertise and diversity of my coworkers.
• Do not consider my own work done until my team’s work is complete; assist team members who are struggling with their workloads.
• Serve as a resource to other departments as needed.
Show gratitude and appreciation.
• Use “please” and “thank you” in conversations.
• Build relationships through respect, coaching, recognition and encouragement of our team members.
• Express gratitude and appreciation.
• Welcome and support new team members with warmth and respect.
• Thank patients for trusting us to meet their needs (AIDET).

**AIDET**

A-ACKNOWLEDGES the customer:
Smiles, makes eye contact and greets them in a pleasant manner.

I-INTRODUCES self
States name, role and competencies.
Highlights skill and expertise of self and other healthcare team member.

D-DURATION
Gives the customer a time expectation.
Keeps the customer informed as to the amount of time a procedure or process will take.
Includes letting them know if there is a wait time; gives time expectation of that wait.

E-EXPLANATION
Keeps customers informed by explaining all processes and procedures.
Assists customers to have clear expectations of what will be occurring.

T-THANKS the customer:
Consistently thanks customers for their time and, if a patient, for choosing us for their care.
Expresses appreciation that they have chosen us as their health care facility.
Asks if there is anything else he/she can do for the customer before ending the interaction.

**Service Recovery**
Service recovery is defined as “the handling of customer dissatisfaction, complaints or any problems or difficulties with our organization.” Service Recovery is initiated when a customer receives less than excellent service.
Simply stated, Service Recovery is the art of making things right when things go wrong!
When a service failure is brought to your attention, it’s time to **ACT**!
A- Apologize for not meeting the customer’s expectations.
C- Correct the service issue.
T- Thank the customer for bringing the issue to your attention, and assure proper follow through to prevent a recurrence.
Prisma Health Midlands Policies and Procedures

Attendance Policy
   Corporate – Appendix F
   Departmental – Appendix G

Patient Safety Policy
   Lewis Blackman – Appendix H

Patient Confidentiality (HIPAA) – Appendix I

Cleanliness Standards and Dress Code - Appendix J

Prisma Health Human Resources Corrective Action – Appendix M
THE RESIDENCY EXPERIENCE

Qualifications of Resident Applicants
Applicants must possess a PharmD degree from an ACPE-accredited college or school of pharmacy or equivalent from another country and must be eligible for licensure as a pharmacist in the State of South Carolina. Applicants for PGY 2 residencies will have completed an ASHP-accredited PGY 1 residency.

Selected applicants for all programs will be required to visit the Prisma Health Richland campus for an on-site interview. Candidates are selected for interviews based on criteria approved by the Application Processing Committee within each respective program.

Application Information

Applications are accepted via PhORCAS beginning November 1st and the application deadline is January 5. See website for official date. On-site interviews will begin after application deadline.

Application materials must include the following:

- PhORCAS Application form
- Letter of intent
- Curriculum Vitae
- Official transcripts of all professional pharmacy education
- Three letters of reference via the PhORCAS recommendation form completed by health professionals who can attest to the applicant’s practice abilities and aptitudes.

How candidates will be selected and assessed:
Candidates will be assessed by reviewing application materials and using the Prisma Health Residency application review criteria for the respective program. The eligible candidate must be on track to complete a PharmD program or ASHP accredited PGY1 residency program by June 30th. There will be no reservations about the candidate from the program preceptors or program director/coordinator. Any concerns should be voiced by the preceptors or mentor to the RPD before the “match” meeting following the guidelines set forth by the residency program.

Phase 2
All programs participate in Phase 2 of the match if any positions remain unfilled in Phase 1. The same application process will be followed as above. Interview format will be determined by program leadership.

Early Decision for PGY2 Programs

Application Process: Residents may apply for a PGY2 Program at Prisma Health under the early commitment process if the RPD of the PGY2 Program wishes to offer the option. Applications for an early commitment should be discussed with the PGY2 RPD as soon as possible. The resident must have completed a learning experience in the specialty area of the program for which he or she wishes to apply. If the RPD agrees to accept early commitment candidates, application materials listed below must be submitted by the 4th Wednesday of October. Final decision will be made by Nov 4. If accepted, the early commitment letter and fees must be signed and received by the National Matching Service deadline.

Application materials must include the following:
- Letter of Intent
- Curriculum Vitae
- Two letters of reference completed by health professionals who can attest to the applicant's practice abilities and aptitudes.

How candidates will be selected and assessed:
Candidates will be assessed by reviewing application materials and using the Prisma Health Residency application review criteria for the respective program. The eligible candidate must be on track to complete the Prisma Health PGY1 residency program by June 30th with no “needs improvement” on any goals/objectives. There will be no reservations about the candidate from the PGY2 program preceptors or the candidate’s PGY1 advisor or RPD. Any concerns should be voiced by the preceptors or mentor to the RPD by the application deadline.

Residency Program Position Descriptions
Residency Program Director designates the individual responsible for directing the activities of a particular residency program and is responsible for completion of the resident development plan quarterly and final evaluations (Appendix C).

Residency Program Coordinator designates the individual as a leadership partner along with the RPD. The two collaborate and oversee the structure and function of the residency program. (Appendix C).

Residency Advisor designates the individual who a Residency Program Director assigns as a personal and/or professional mentor to a resident. (Appendix D)

Preceptor designates the individual assigned to educate, train and evaluate the resident within their practice area or area of expertise. These persons also serve on the Residency Preceptor Committee (Appendix D).

Preceptor in Training designates a preceptor (as defined above) who has less than two years of practice in his or her area of expertise or has precepted less than two residents. The Preceptor in Training will become a full preceptor when the first of these requirements is met (appendix D).

Chief Resident designates the individual that acts as intermediary between Residency Preceptor Committee and residents and as a representative of the resident class. Responsibilities are outlined in the chief resident job description (Appendix B)

Residency Leadership Team is comprised of the Residency Program Directors and Residency Program Coordinators for each program at Prisma Health. This team is responsible for making administrative decisions for the programs and ensuring consistency between the programs and serves as the Residency Advisory Committee (RAC) for all PGY1 and PGY2 programs

Residency Preceptor Committee or Residency Advisory Committee (RAC) is comprised of the Residency Programs Directors and Coordinators, Advisors and designated preceptors for the residency program. This group attends monthly meetings to discuss progress of the residents and of the program. See appendix N.
Expectations and Responsibilities of the Resident
Residents in all residency programs will be required to perform or participate in a number of activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined by the residency accreditation standards. In addition to the expectations outlined by the accreditation standards we expect residents to be able to:

- Describe their personal philosophy of pharmaceutical care that is based on a thorough understanding of emerging health-care delivery systems and the role of pharmacy in helping patients and other health professional to achieve optimal patient outcomes.
- Function as pharmacy generalists.
- Participate in drug use review and drug policy development.
- Communicate effectively in writing.
- Communicate effectively verbally with other team members.
- Teach others effectively about drug therapy.
- Participate in quality improvement initiatives.

Required Activities:
General requirements for completion of the residency program are outlined in Appendix E. Failure to complete any of these requirements may result in suspension or termination from the Residency Program (see section on Resident Disciplinary Action). Residents are expected to attend all functions as required by the Residency Advisory Committee, the respective Residency Program Director and rotation preceptors. Specifically:

Participation in Residency Orientation Program
A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions. PGY2 residents may be excused from many of the scheduled sessions at the discretion of their individual program director. This orientation period is used to introduce the incoming residents to Prisma Health Richland and the University of South Carolina College of Pharmacy and to outline the expectations for the residency year.

Participation in Monday afternoon Leadership and Practice Management meetings
This is a required longitudinal learning experience for PGY1 Pharmacy residents. Attendance guidelines are the same as all other required learning experiences. PGY2 residents will be provided with the list of topics to be covered in the learning experience and may attend sessions of interest or as required by their individual program director.

Operational Requirements:
See the section on ‘Operational / Clinical Pharmacy Practice’ for full details.

Clinical Rotation Requirements:
Learning Experiences
Learning Experiences will be evaluated using the outcomes, goals and objectives approved by ASHP for the specific residency program. At the beginning of each learning experience, the preceptor will
review the rotation expectations, learning objectives and specify the degree of autonomy the resident will have. The degree of autonomy may be modified at any time during the rotation. In addition, residents will be expected to document all activities appropriately throughout the month and will report to the preceptor a summary of activities, including patient interventions. All of these documents will be referenced in PharmAcademic and compiled in the resident’s notebook. Residents must participate in department service documentation activities.

**Participation in the Medical Groups**

Most groups (medicine, critical care, pediatrics, practice management, drug information, ambulatory care, etc) meet on a regular basis to discuss journal articles or topics relevant to that area. Each resident is required to actively participate throughout the year as required by their preceptors and through their learning experiences.

**Participation in Teaching Activities**

Resident involvement in the teaching activities fosters development and refinement of the resident's communication skills, builds confidence and promotes the effectiveness of the resident as a teacher. Residents will serve as co-preceptors for P4 students and participate in in-services, didactic lectures, and case studies. In all cases, residents will work with and be evaluated by a preceptor. The University of South Carolina College of Pharmacy Clinical Teaching Certificate Program (CTC) guidelines are in Appendix A.

**Resident Grand Rounds/Non-Pharmacist Education:**

**Grand Rounds:**

All residents (PGY1 & PGY2) will present a formal ACPE-accredited Grand Rounds (pharmacist audience).

The goal of the continuing education program is to expand the resident's communication skills and presentation techniques. The topics will be chosen by the resident, with guidance from the CE preceptor, and should involve a therapeutic or practice management controversy, developing clinical or practice management research, or therapeutic area. The resident will be responsible for identifying a residency program preceptor to serve as "preceptor" for their CE. Please see formal guidelines for topic submission and deadlines. Residents are highly encouraged to attend all Grand Rounds.

The objectives of the grand rounds should include the following:

1. Critical evaluation of the literature
2. Enhancement of presentation, teaching and communication skills
3. Provision of continuing education for pharmacists and technicians and other health care professionals
4. Development of skills in responding to audience questions and comments
5. Familiarization with different audiovisual equipment and techniques

The length of grand rounds will be limited to one hour, with at least 10 minutes of this time reserved for questions and/or comments from the audience. ACPE requires that some form of interactivity be included in every accredited program. This can be accomplished via case studies, post-test, informal quiz, etc. See Speaker Guideline document for more examples.

Each resident will receive a critique of the presentation from a minimum of two preceptors including input from the preceptor who will evaluate the presentation on the basis of content, presentation style, and overall quality. The critique will be discussed with the resident immediately following the CE. The audience will also be encouraged to submit written comments to the resident using the CE...
evaluation form provided.

**Non-Pharmacist Education:**
The PGY1 residents will each present a formal/accredited or sponsored 30-60 minute presentation to a non-pharmacist audience (ie technicians, pharmacy/NP/PA/MD students etc).

**Continuing Education Approval Process**
All residents are required to apply for ACPE (Accreditation Council for Pharmacy Education) accreditation of their grand rounds and tech talk for continuing education credit. **The application deadline is six weeks prior to the presentation.** The University of South Carolina College of Pharmacy’s Continuing Education office (803) 777-0869 will assist you in the application process, registration and evaluation documents.

**Continuing Education Instructions (located on Pharmacy Shared Drive)**
The title and identification of a preceptor are due to the CE coordinator 2 months prior to the presentation.

- Objectives should be expressed in terms of observable, measurable behaviors (e.g., describe, list, summarize. “Discuss” is not appropriate.)

Items to be submitted 6 weeks in advance of your presentation to the CE Director:
- Program Info Sheet (reason for program, title, learning objectives, presenter’s name, preceptor’s name, date and other information).
- Your curriculum vitae
- A completed Disclosure Form

Prior to your presentation:
- Send PowerPoint slides to CE preceptor **2 weeks** prior to presentation for review
- Send PowerPoint slides to the CE Director for review at least **10 days** in advance so they can be reviewed for compliance with ACPE standards.

At conclusion of your presentation, you must provide the “Access Code” to the participants so that they can complete their evaluations (on-line) and then print their CE statements.

After the presentation:
- Meet with your preceptor and evaluator to receive feedback.
- Review the Program Evaluation Forms with your preceptor.
- Deliver the following documents to the DI Center:
  - Sign in sheets
  - One copy of your handout
  - One copy of your post test

**Formulary Management (PGY1)**
Residents must attend all DST/MUE/P&T meetings unless otherwise discussed with the Formulary Management coordinator. Residents will act as the secretaries in all MUE meetings and will be required to complete minutes from each meeting in a time defined by the Formulary Management coordinator chair.
Active Participation in the Successful Completion of a Medication Use Evaluation
Each resident is required to participate in a Medication Use Evaluation (MUE).

These MUEs will be conducted in support of patient care at Prisma Health. Residents participating in MUEs originating in the Department of Pharmacy will follow the policies and procedures determined by the Drug Information Center. Satisfactory performance as determined by Coordinator of Medication Use Policy and Informatics and his/her designee is required for successful completion of the program.

Case Conferences
The objective is to discuss clinical cases encountered during patient care and examine the optimal evidence-based approach in an open forum dialogue among pharmacy preceptors and residents. Cases may be of any topic and may include either commonly seen or infrequently encountered scenarios.

Two clinical cases (approximately 20 minutes in length) will be discussed at each lunch and learn session. Presenters will be primarily PGY1 and PGY2 pharmacy residents, although preceptors are welcome to present. Each PGY1 and PGY2 for Prisma Health pharmacy residency programs will present two case conferences during the year (one each ‘semester’). Details regarding Case Conference presentation can be found on the Pharmacy Shared Drive.

Presenters should plan for 15-20 minutes of presentation and discussion each. Presenters are encouraged to use Microsoft PowerPoint® for presentation of case and review of available evidence. A review of the available evidence may focus on a particular treatment aspect of the case. For example, presentation of HSV encephalitis case may have evidence that focuses on dosing of acyclovir or prevention of nephrotoxicity, or even more broadly on appropriate treatment and duration. The audience will discuss and review the approach to the case together. The goal is not to teach a disease state broadly.

Research
Completion of a Major Longitudinal Research Project
Each resident must complete a longitudinal research project. The project will require submission to IRB for approval (by mid-September, as determined by Resident Research Series Timeline on the Pharmacy Shared Drive), collaboration with a team of clinical pharmacists that will act as the research coordinators (to be included on all communications with the office of research / Investigational Review Board), and presentation of the completed research project at SERC (or another applicable national meeting for PGY2 residents). See information below on professional meeting participation and presentation for further information on ASHP and SERC. See separate Resident Research Series Timeline for specific deadlines and requirements.

PGY1 residents present their MUE and PGY2 residents choose a topic to present at the UHC/Vizient Poster Session at ASHP midyear meeting. All residents present their major project at the Southeastern Residency Conference (or equivalent national conference as a PGY2) as a platform presentation.

Preparation of a Manuscript Acceptable for Publication
All residents who participate in (CTC) must write at least one manuscript suitable for publication in a peer-reviewed biomedical journal. The manuscript must be a report of the PGY
1 resident’s practice related project or PGY 2 resident’s pharmacy research project. Alternative manuscript submissions may include a drug monograph, journal article, case report, etc. Editorial assistance by a preceptor is required. The resident should be first author on the resident’s project manuscript and be responsible for submission and revisions to a journal if they so choose to have their manuscripts published. A resident does not need to be first author on additional submissions. See separate Resident Research Series Timeline for specific deadlines.

**Professional Meetings and Recruitment**

**Presentation at ASHP midyear meeting**
The ASHP midyear meeting is held every December and is a forum where residents can share their experience through poster format (at the UHC/Vizient Poster Presentation Session). Each resident will create a poster presentation on their project which will be evaluated by persons attending the conference. Meeting accommodations and travel arrangements will be made by the Residency Program Director. All presentation submission is the sole responsibility of each resident and participation is mandatory.

**Presentation at the Southeastern Residency Conference**
The Southeastern Residency Conference (SERC) is held in the spring each year and is a forum where residents share experiences and expertise. Each resident is required to make a brief presentation on their project which will be evaluated by preceptors and residents attending the conference. The resident will participate in practice sessions with preceptors and residents prior to SERC attendance. Information regarding SERC is found at [www.sercpharm.com](http://www.sercpharm.com).

The residents who attend SERC are required to be present at all of the sessions and attend either their fellow residents’ presentations or attend presentations in their area of interest.

A representative of the Residency Advisory Committee will accompany the residents. The representative will represent Prisma Health and participate as a moderator or evaluator, intervene on behalf of the residents in the case of emergencies (accidents or unforeseen circumstances), and provide a verbal report to the Residency Preceptor Committee at the meeting following the trip. All presentation submission is the sole responsibility of each resident, and participation is mandatory (PGY2 residents may present at other equivalent meeting).

**Presentation at Discover USC**
Each resident is required to present a poster or oral presentation at the annual Discover USC Day, unless this event conflicts with SERC. This is a local meeting, usually in April, supported by the University of South Carolina and Prisma Health. The topic of the poster or oral presentation can be the resident’s major project, MUE, or other research or case presentation. The topic must be approved by the resident’s RPD.

**Presentation at South Carolina Society of Health Systems Pharmacy Annual Meeting**
This is an optional, but highly encouraged, presentation for our residents. If the resident, project preceptor, and RPD agree, the resident will submit an abstract to be reviewed.

**Participation in Recruitment Efforts**
Each resident will assist with the recruitment efforts of the program. Because each resident is an important source of information and advice for potential candidates, there will generally be some scheduled time within the interview process for interviewees to interact with current
residents. Additionally, each resident is requested to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting. Residents will be asked to staff the residency showcase and the recruitment suite (PPS, if applicable).

**Participation in On-Site Interviews**
All residents will be expected to actively participate in the on-site interview process for potential residents for the following residency year. This will include: guided tours of the hospital facilities and active participation in answering questions from the candidates.

**Participation in Resident Meetings**
Residents will attend scheduled resident meetings to discuss upcoming resident events, other issues pertaining to the residency program, and actions/recommendations made at residency committee meetings, etc. Meetings will be scheduled by the Residency Program Director and are usually once monthly during a Monday afternoon meeting.

**Successful Completion of Certifications**
Each resident is expected to successfully complete the Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) curriculum, as appropriate, within the first quarter of the residency. The goal is to ensure that the resident is familiar with and capable of providing BLS and ACLS or PALS in the event of an emergency and to complete the medical emergencies longitudinal rotation.

PGY1 Pharmacy residents who staff in the outpatient pharmacy should successfully complete a certification in administration of immunizations. The goal is to ensure that the resident can support the immunization service in the outpatient pharmacy.
Pharmacist Licensure in South Carolina
All residents must be licensed by the South Carolina Board of Pharmacy by August 1st. Information on the licensure process may be accessed at www.llr.state.sc.us/POL/Pharmacy. Questions regarding licensure may be addressed to the Residency Program Director or directly to the South Carolina Board of Pharmacy.

South Carolina Board of Pharmacy
P.O. Box 11927
Columbia, SC  29211-1927
Telephone:  (803) 896-4501
Fax: (803) 896-4596


- Practical Experience Requirements
  - No practical experience is required to take the examination but the practical experience must be completed prior to licensure.
  - 1500 hours of practical experience
    - 1000 hours for a PharmD degree may be granted if your college of pharmacy awards that amount for an approved externship/clerkship program
    - At least 500 hours of experience shall be acquired in a retail or institutional pharmacy

- Complete 3 separate forms
  1. South Carolina application + fee
     - Complete the Application for Examination for the South Carolina Board of Pharmacy in its entirety
     - Certified copy of birth certificate
     - One photograph with signed attachment
     - Certification of Clinical Experience completed by Dean of College of Pharmacy
  2. NAPLEX Examination + fee
     - Exams are administered through Pearson VUE and are given Monday – Saturday, no holidays
     - Pearson VUE with provide ATT and confirmation letter
  3. MPJE Examination + fee
     - Exams are administered though Pearson VUE and are given Monday – Saturday, no holidays
     - Pearson VUE with provide ATT and confirmation letter

If the resident has not received their license by Aug 1, the resident will not be able to work towards achieving any patient-care related residency goals until licensure is obtained. As a result, the residency timeline will begin no more than 90 days from official start date, per Prisma Health HR policy. For extended residency timelines due to delayed licensure, compensation will be dependent upon departmental finances and at residency leadership discretion. Failure to meet licensure standards will result in immediate dismissal from the program and termination from Prisma Health.
Operational/Clinical Pharmacy Practice

**Goal**  
The goal of the operational pharmacy practice experience is to ensure that each resident can function independently as a pharmacy generalist in all distribution areas.

**Description**

I. Each resident will train with a preceptor as assigned. Basic training will take place during the first month of the residency.

II. At the conclusion of the basic training period, the preceptor, the resident, and the training supervisor will mutually determine if the resident is ready to function independently as a pharmacist.

A. If the resident is not ready to function independently at the conclusion of the training period, the following actions will occur:
   1. A list of deficiencies will be developed by the preceptor.
   2. A specific plan will be outlined by the preceptor and the respective Residency Program Director to provide additional training/experience in the area(s) of weakness to which the preceptor and the resident will agree.
   3. A copy of this plan will be forwarded to the Manager of the area as well as the resident's program director.
   4. Progress will be re-evaluated on a monthly basis.

B. Once the resident is deemed competent, he/she will return to the designated patient care unit or pharmacy to function in that area for the remainder of the residency.

III. Residents will be evaluated on a quarterly basis per program requirements.

IV. Each RPD will designate the number of hours and location of the operations service component for their respective resident. The residents are solely responsible for their assigned operational pharmacy practice and clinical weekend duties, and are responsible for assuring that these commitments are met in the event of an absence. All leave requests should be discussed in advance with the involved preceptor/scheduler/residency director to assure that service responsibilities can be fulfilled. An excused absence is defined as any PTO, sick time, or outside education discussed with and signed off by the respective rotation preceptor, scheduler and residency program director. Please see the section on PTO/Vacation/Sick Time for further instruction.

V. In order to maintain competence in this role, residents are expected to attend appropriate monthly Department of Pharmacy Services Staff Meetings, Department of Pharmacy Services Education Meetings, and/or mandatory in-services.

VI. Residents are permitted to work additional shifts within the Department of Pharmacy Services as a temporary Prisma Health employee for compensation. These shifts may not interfere with any of the resident's rotation or residency requirements. If a resident chooses to work additional shifts, he/she should inform his/her Residency Program Director and complete a Job 2 Agreement form at the beginning of the residency. Residents may not work additional shifts when they are primary clinician on-call for any service and must review these shifts with their rotation preceptor before signing up. According to ASHP Pharmacy Specific Duty Hours Requirements, residents may not exceed 80 duty hours worked per week, averaged over a
four-week period. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). Residents are required to log all duty hours after the completion of each schedule. This log should be emailed to the RPD within 7 days of the end of the schedule.

**Resident Projects**
Each resident will complete a research project during the residency year. The resident will present the results of the project at the Southeastern Residency Conference or other equivalent meeting. A manuscript describing the results of the project must be written and submitted to the project preceptors for approval. Publication submission is optional.

**Project selection / Scope of projects/ Approval**
Projects may be submitted by any College of Pharmacy faculty member, Prisma Health’s Department of Pharmacy Services staff member, resident, or others, as appropriate. The Residency Research Committee will approve the list of potential projects before it is distributed to the residents. Each year a list of potential projects will be generated and distributed to the residents for selection. All residents will have an opportunity to review all potential projects. PGY2 residents will be given preferential choice of projects on the list. All of the projects will be conducted in support of Prisma Health’s Department of Pharmacy Services pillar goals.

**Process/Timeline:** see Resident Research Series Timeline for specific deadlines and expectations

**Status Reports**
The project preceptor will complete a criteria-based summative evaluation on a quarterly basis and the resident will include a progress report to the preceptor and advisor at monthly preceptor meetings.

**Project Completion**
The project will be considered complete when the stated objectives have been met to the satisfaction of the project preceptor and Residency Program Director, a manuscript describing the results of the project is submitted to the RPD. The project is presented at the Southeastern Residency Conference or other equivalent meeting. A residency certificate will not be awarded until the project is complete as determined by program leadership.
**Resident Clinical Weekend Responsibilities**

PGY1 Residents who staff in the inpatient pharmacy will participate in clinical weekend services in their weekend staffing rotation. When staffing this weekend, the resident is responsible for ensuring that all consultations and follow-up (if necessary), are completed.

Clinical weekend responsibilities include but are not limited to:
- Pharmacy consults (newly ordered and pending from previous week)
- Warfarin/enoxaparin teachings
- Medical emergencies as primary responder

Primary clinical pharmacists and residents should "check out" to the appropriate resident who is designated as the clinical pharmacist for the weekend. All documentation of pharmacist progress notes and interventions in Theradoc should be up to date.

Clinical coverage by the resident will not be provided for holidays if this happens to fall on a weekend. If a switch needs to be made, each resident is responsible for arranging coverage with another resident or clinical specialist and for notifying the schedule coordinator of the change. Notification should be made via a switch form. Last-minute schedule changes (except for emergencies) are not acceptable.

**Code Pager Responsibilities (Inpatient PGY1 Pharmacy only)**

A code pager will be assigned on a rotating basis to residents on rotation in various clinical areas (e.g., Medical ICU, Surgical Trauma ICU, Heart Hospital or Adult Medicine/Oncology). Residents are expected to respond to ALL code pages that occur during the time period when they are present on campus for rotation responsibilities. The only exception is when the resident is presenting, e.g. Grand Rounds. When the resident arrives at the code location, the resident will serve as one of the two designated pharmacist responders. Additional pharmacists will return to regular work duties. While attending the code, the resident is expected to assist in medication decision-making and preparation and to work collaboratively with the PGY-2 Critical Care or Cardiology Resident or clinical pharmacist responder. During Clinical Weekend, PGY-1 resident will attend adult medical emergencies as the primary responder. If the resident anticipates absence or inability to participate for any reason during the period he or she is scheduled to respond to the code pager, it is the resident’s responsibility to find another resident to cover the pager for that time.

**Chief Residents**

Job description is outlined in Appendix B.
**Resident Self-assessment**
Residents complete a self-assessment of their practice experience or competency at the beginning of the residency year using the ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation. These evaluations should be completed by July 15th or as assigned by the RPD.

**Customized Residency Training Plan**
The RPD and, when applicable, advisors will customize the training program for the resident based upon an assessment of the resident’s entering knowledge, skills, attitudes, and abilities and the resident’s interests.
- The Customized Resident Plan template is completed in narrative form utilizing the resident self-assessment and additional information gained through discussion to address all areas in the customized plan template.
- There must be at least, but not limited to, three goals included in the resident’s customized plan.
- Goals should be specific and have a plan that includes activities that will be used to accomplish resident goals.
- Both the resident and Residency Program Director (and Advisor, if applicable) will review document
- An electronic copy of the customized residency training plan will be posted and available in PharmAcademic.
- Resident’s progression towards achieving their goals and objectives is reviewed monthly at the Residency Advisory Committee.

**Residency Evaluation Procedures**

**Resident's Evaluation of Preceptor and Rotation Experience and Self-Assessment**
Each resident will complete an evaluation of the preceptor and rotation experience within one week of the end of the rotation. Additionally, during the monthly and/or quarterly evaluation meeting, the preceptor will provide verbal feedback regarding ways to address resident areas of opportunity identified in the resident’s self-evaluation. The resident will provide their assessment via an electronic and verbal evaluation of the preceptor during the final monthly rotation evaluation. For residents spending the entire year with the same preceptor and location (ie: longitudinal rotations), evaluations should be done quarterly.

**Preceptor's Evaluation of Resident's Rotation Performance**
Each preceptor will complete a criteria-based summative evaluation of the resident within one week of the end of the rotation through PharmAcademic. The evaluation is to be discussed with the resident prior to electronic submission.
Program goals and objectives will be evaluated upon the following definitions:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Needs Improvement (NI)</td>
<td>• Deficient in knowledge/skills in this area</td>
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<td></td>
<td>• Often assistance to complete the goal/objective</td>
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<tr>
<td></td>
<td>• Unable to ask appropriate questions to supplement learning</td>
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<tr>
<td>Satisfactory Progress (SP)</td>
<td>• Adequate knowledge/skills in this area</td>
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<tr>
<td></td>
<td>• Sometimes requires assistance to complete the goal/objective</td>
</tr>
<tr>
<td></td>
<td>• Able to ask appropriate questions to supplement learning</td>
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<tr>
<td></td>
<td>• Requires skill development over more than one rotation</td>
</tr>
<tr>
<td>Achieved (ACH)</td>
<td>• Fully accomplished the ability to perform the goal/objective</td>
</tr>
<tr>
<td></td>
<td>• Rarely requires assistance to complete the goal/objective; minimum supervision required</td>
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<td></td>
<td>• No further developmental work needed</td>
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<tr>
<td>Achieved for Residency (ACHR)</td>
<td>• A goal may be achieved for the residency if ≥80% of its objectives are “Achieved” over the course of the year</td>
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</table>

**Longitudinal Evaluation Process**

The evaluations (to include summative, preceptor, and learning experience evaluations) must be completed within **one week** of the end of the quarter to allow adequate time for the Residency Program Director/Advisor to incorporate the comments from the evaluations into the resident's quarterly evaluation.

**Quarterly Evaluations**

The Residency Program Director (RPD) will evaluate the resident quarterly based upon the resident's progress toward achieving the criteria-based residency program goals and objectives, individualized goals established by the resident and director at the beginning of the residency year, and overall resident performance. The RPD is ultimately responsible but may delegate the evaluation process to an Advisor or Program Coordinator.

The resident and RPD will prepare the **Customized Residency Training Plan** with the content specified and self-assess their progress using the criteria-based goals and learning objectives. The RPD will utilize the evaluations completed by preceptors, the resident’s criteria-based self-assessment, the progress report prepared by the resident and other relevant information to (1) complete an assessment of the resident’s progress using the criteria-based goals and objectives and (2) add their assessment of the resident’s progress to the **Customized Residency Training Plan**. Upon completion, the RPD and resident will meet to discuss progress, plans for the next quarter and sign the **Customized Residency Training Plan**.

**Customized Residency Training Plan**

All residents will complete a quarterly customized training plan detailing their residency activities for the designated time period which may include:

1. General Requirements
   A. Project
   B. Medication Utilization Evaluation
   C. Pharmacy and Therapeutics Committee Monograph or QI Project (if applicable)
D. Grand Rounds and Non-Pharmacist Education (if applicable)
E. Case Conference
F. Manuscript for publication
G.Southeastern Residency Conference presentation or other equivalent meeting (if applicable)
H. ASHP midyear/UHC Vizient poster presentation

2. Clinical Service
A. Resident Learning Experiences
B. Operational or clinical services (if applicable)

3. Teaching
A. Didactic Lectures
B. Clinical Teaching Certificate Program (if applicable)
C. Learner precepting

4. Writing Experiences
5. Presentations
6. Miscellaneous Assignments and Projects
7. Longitudinal Experiences
8. Formative Evaluations/Snapshots
9. Regional and National Meeting Attendance
10. Resident Goals
    A. Progress towards resident goals & objectives
11. Resident’s Summary of Overall Progress
12. Major Areas to be addressed in Upcoming Quarters
13. Residency Program Director's Summary of Overall Progress

Compliance with Established Evaluation Policy
Compliance with this evaluation policy as approved by the Residency Advisory Committee and is essential for the professional maturation of the resident and the residency program. Failure to comply with the policy will be addressed by the Residency Program Director and/or Pharmacy Director.

Completion of Program Requirements
Residents are expected to satisfactorily complete all requirements of Prisma Health Richland in general and those specific to the residency program. See Appendix E for full list of residency completion requirements. Only those residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion. Evaluation of the resident’s progress in completing the requirements is done as part of the quarterly review process. The resident Advisor, in conjunction with the Residency Program Director, Coordinator and the Director of Pharmacy, shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, the Prisma Health Residency Corrective Action plan will be followed. (see Appendix M)

Residency Documentation
Residents are required to document all clinical activities / interventions, as appropriate, in Theradoc and / or EHR. Residents are required to maintain a record of residency documents for the duration of the residency. Electronic copies of all documents are maintained on the pharmacy shared drive and are retained by the residency program on a flash drive (“residency notebook”) at the completion of the program.

Resident documents should be updated monthly throughout the residency year. The following documents are required to be included in the resident binder (electronic flash drive) or PharmAcademic:
- Resident Curriculum Vitae
- Resident Self-Assessment
- Resident Customized Residency Training Plan
- Residency Program Director/Advisor Assessment of Learning Objectives
- Formative (Snapshot) Evaluations (if applicable)
- Completed assignments throughout the year (e.g. Grand Rounds, Non-Pharmacist Education, Lectures, Clinical Weekend Experiences, Manuscript, etc.)

**Resident Disciplinary Action/Remediation (see full policies in Appendix M)**
Residents are expected to conduct themselves in a professional manner and to follow all pertinent Prisma Health and Residency Program policies.

Appropriate disciplinary action will be taken if a resident fails to:

- Present him/herself in a professional manner
- Follow policies and procedures of Prisma Health, Department of Pharmacy Services
- Make satisfactory progress on any of the residency goals or objectives [not to be determined by one rotation evaluation, but rather in a global sense as determined by the Residency Program Director and Coordinator (and Advisor, if applicable), or residency requirements’]
- Make satisfactory progress towards the completion of residency requirements as outlined in Appendix E

**Patient Confidentiality**
Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and families' emotional as well as physical well-being. See Appendix I.

**Resident Schedule**
The residents are required to work together to complete the residents’ rotation schedule, including longitudinal clinics. The deadline to complete the residents’ schedule is August 15th. This schedule should be published on the pharmacy shared-drive for all preceptors to access, if needed. If a resident would like to change a rotation on the schedule after August 15th, a formal request must be made to both preceptors involved and the residency program director. The program director will review and approve all schedules to ensure that no more than one third of rotations are in the same clinic area and that the resident has no more than two non-patient care electives. The RPD will also ensure that any rotation with a non-pharmacist preceptor will occur no earlier than February to allow the PGY1 resident sufficient time to develop clinical skills with pharmacist preceptors. See the required / elective rotation grid in appendix K.
GENERAL INFORMATION

Residency Benefits*

a. **Resident Stipends**: $49,900 (PGY1 residency) or $50,950 (PGY2 residency)

b. **Annual Paid Time-Off (PTO)**: Pharmacy residents receive the same vacation/holiday/sick leave benefits as a full time pharmacist. Time is accrued based on hours work every two week and multiplied by a factor per HR policy. For example, 6.77 hours are earned for a full-time 80-hour pay period worked every two weeks.

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Per eligible hour</th>
<th>Pay period maximum</th>
<th>8 hour days per year</th>
<th>Hours accrual per year</th>
<th>40 hour weeks per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to &lt;2</td>
<td>.0846</td>
<td>6.77</td>
<td>22.00</td>
<td>176.02</td>
<td>4.40</td>
</tr>
<tr>
<td>2 to &lt;5</td>
<td>.1000</td>
<td>8.00</td>
<td>26.00</td>
<td>208.00</td>
<td>5.20</td>
</tr>
<tr>
<td>5 to &lt;10</td>
<td>.1078</td>
<td>8.62</td>
<td>28.01</td>
<td>224.14</td>
<td>5.60</td>
</tr>
</tbody>
</table>

PTO is used for holidays (Thanksgiving Day, Christmas Day, New Year’s Day & 4th of July), vacations, preventive medical or dental treatments, unexpected absences, religious observances, personal business (ex. PGY2/ job interviews), bereavement or funerals. Residents are strongly encouraged to utilize PTO during the month of December.

c. **Holidays**: Inpatient residents are expected to work one designated holiday (Christmas Day); assigned shifts may vary.

d. **Professional Leave**: Paid attendance (Outside Education delineation as opposed to PTO) at ASHP Mid-Year Meeting and the Southeastern Residency Conference (SERC) or other equivalent meeting for PGY2 residents. This does NOT include reimbursement for registration, lodging or travel. This stipend has been added to the base salary and can be used at the discretion of the resident for travel, lodging and registration. The number of outside education (OE) days allowed per resident are at the discretion of the RPD.

e. **Health Insurance**: Pharmacy residents are offered the same medical, dental, and vision benefits as any full time pharmacist. Plan details are available upon request. Benefits are active starting on the 1st day of the second pay period. Current medical benefits should be continued until that date. Visit www.benefitsformyworld.com for details.

f. **Parking**: Parking is available on campus at no charge.

g. **Taxes**: Federal and State taxes will automatically be deducted from paychecks.

h. **Food Allowance**: Meals in the PHR cafeteria while on duty ($4.64/max after employee discount)

i. **Membership in Professional Organizations**: none

j. **One monogrammed lab coat**

k. **Business Cards**

*For Infectious Diseases PGY2, please refer to USC benefits policy outlined in ID PGY2 Residency Manual*

Identification Cards/Employee Badges

Prisma Health Security requires all personnel to wear his/her badge at all times when they are on campus. If the badge is misplaced, a temporary badge is available at the Security station, located in 9 Med Park. If the employee badge is lost the resident must report the loss immediately to Security, and render a fee for replacement. A detailed policy regarding employee badges may be found in the dress code policy in Appendix J.
Resident Leave Policies*

Paid Time Off (Appendix F):
Requests for PTO are made using the Pharmacist Leave Form. All applicable sections of the form must be completed. This completed form should be submitted for approval first to the assigned preceptor for that time, six weeks prior to the start of the next schedule. The primary preceptor will then approve leave time requests based upon availability to ensure adequate coverage of pharmacy service responsibilities. The leave request form will then be submitted to the scheduler at least four weeks prior to the next schedule, and Residency Program Director for approval. A copy of the leave request form will be returned to the resident. The resident is allowed to take PTO as described below:

- No more than 24 hours of PTO (sick leave and vacation) may be taken on any single learning experience and must be approved by the learning experience preceptor.
- No more than 25% of the total time present on learning experience may be missed regardless of nature of the absence from learning experience (interviews, conferences, clinic days, sick leave, annual leave, etc).
  - Special exceptions, including missing learning experience for interviews, must be approved by the learning experience preceptor and residency program director.
- If the resident misses more than 25% of the total time present on learning experience (month-long or longitudinal) for any reason, the resident may be required to complete additional time on that learning experience.

All time taken for interviews (both PGY2 and employment post-residency) require the use of PTO.

Sick Time
If a resident needs to take days of sick leave, the resident must speak directly to the preceptor and the Residency Program Director. Leaving a message on voice mail or through email is not considered adequate contact. Any sick time will be deducted from your PTO account.

Bereavement
Use of bereavement time follows the system Bereavement Policy (See Appendix F). The policy allows 24 hours of bereavement per calendar year. Approved bereavement time for family members not specifically covered in the policy is per RPD discretion. Time used for bereavement does not count towards attendance days for learning experience.

Extended Leave
In the event that a resident must take a leave of absence due to illness, injury or maternity, the resident will be given 30 days of leave (time outside of 120 hours of allotted leave will be unpaid) pending documentation provided by a physician or involved health care provider. If additional time is needed, this will be at the discretion of the residency program director. In order to adjust for time missed, the residency year will be extended to cover the missed training time.

Professional Leave
Professional leave may be used for attendance at an educational/professional meeting only. All travel requests for educational meetings should be turned in to the Residency Director, preceptor, and scheduler at least 6 weeks prior to the start of the schedule that includes travel dates, excluding extenuating circumstances.
Resident Holidays  
Per Prisma Health-recognized holidays, PTO is used for holidays (Thanksgiving Day, New Year’s Day, 4th of July). Residents who staff in the inpatient pharmacy are expected to work Christmas Day, assigned shifts may vary.

* For Infectious Disease PGY2, please refer to USC benefits policy outlined in ID PGY2 Residency Manual

Inclement Weather

It is expected that employees will make every effort to report to work as scheduled during periods of inclement conditions unless the employee’s department has been closed. Department directors must obtain approval by senior management before an office or department is closed. Inclement conditions are defined as snow, ice, hurricanes, earthquakes, tornados, floods, or any other unusual occurrence. PTO time will not be routinely authorized for employees during periods of inclement conditions unless previously scheduled. In extreme situations, a manager may authorize PTO.

Guidance:
1. The supervisor should be notified if the employee is unable to come to work during periods of inclement conditions
   a) Employees are expected to provide their own transportation during inclement conditions. If an employee is willing to work but unable to get to work, the hospital will make every effort to provide emergency transportation services, as available, for essential staff
2. If an employee refuses to come to work, the absence will be unexcused and the employee will not be paid. Disciplinary measures may also be taken.

Resident Parking

Each resident must register their vehicle with Security Services, park in a designated employee parking location, and abide by any regulations that Prisma Health assigns to that location.

Keys

Offices for residents are located in appropriate areas, depending on the program. Your ID badge will serve as a key in most cases. Additional key assignments will be made to residents by the Administrative Coordinator or by the Residency Program Director in specific areas. All keys must be returned prior to termination of employment.

External Employment Policy

The responsibilities of the resident do not coincide with the normal 8:00 AM to 5:00 PM scheduled forty-hour work week. In many instances, odd hours of coverage (e.g. weekends, evenings) are necessary to ensure high quality of pharmacy services to Prisma Health patients. Fluctuations in workload, cross-coverage, change of service, unusual service demands or patient loads, on-call, etc. may all dictate the hours of resident service.

External employment, if sought, should be carefully chosen to accommodate variation in service responsibilities to Prisma Health, the resident’s primary priority. All outside employment must be approved by the Residency Program Director. Additionally, any moonlighting must also be approved by the rotation preceptor before the resident commits. Successful completion of the residency program is a function of successful completion of all the program’s requirements, which dictate the primary schedule of the resident. According to ASHP standards, residents may not exceed 80 hours worked per week, averaged over a four-week period.
Use of Paging System
Designated residents will be provided a pager during orientation. This pager must be carried at all times during working hours.

1. To page using an internal telephone:
   A. Dial 4-1111-5
   B. The recording will ask you to enter the pager ID
   C. The recording will then ask you to enter the extension you are calling from and instruct you to hang up.

2. To page from external number:
   A. Dial 803-434-6624
   B. The recording will ask you to enter the pager ID
   C. The recording will then ask you to enter the extension you are calling from and instruct you to hang up.

Residents will be held financially responsible for their assigned pagers (in case of loss, breakage due to neglect, etc.). Pagers must be turned in at the termination of the residency.
Appendix A

USC College of Pharmacy Clinical Teaching Certificate Program

University of South Carolina Clinical Teaching Certificate

Summary:
The University of South Carolina College of Pharmacy recognizes that regardless of their career path, pharmacists are relied upon to effectively impart their knowledge, skills, and expertise to others. The Clinical Teaching Certificate (CTC) is a structured educational program to enhance teaching and precepting skills, allowing pharmacists to become confident and motivational educators in both academic and clinical pharmacy settings. Each participant benefits from the guidance and supervision of an experienced educator who provides mentorship and facilitates engagement with the College of Pharmacy. Through development workshops, hands-on learning activities, and opportunities to create, implement, and evaluate educational experiences within academic and clinical practice environments, the CTC produces skilled life-long pharmacy educators.

Objectives:
Upon completion of the CTC program, the participant will be able to:
1. Develop, deliver, and assess teaching activities in a variety of instructional settings, including didactic lectures, clinical teaching/precepting, and small or large group facilitation.
2. Employ effective teaching techniques based on the principles of learning.
3. Assess learner performance in an effective, objective, equitable, and constructive manner.
5. Demonstrate the knowledge, skills, and attitudes needed to provide effective learner-centered education as a preceptor, mentor, colleague, or faculty member.

Tracks:
1. Clinical Preceptor
2. Clinical Academician (additional requirements are denoted with *)
Clinical Teaching Certificate Requirements

I. Seminar requirements (10 for clinical preceptor track/13 for clinical academician track)

Residents in the clinical preceptor track must attend 8 of 10 seminars below to successfully complete the CTC program. Residents in the clinical academician track must attend 11 of 13 seminars below and cannot miss more than 1 of the additional required academic intensive seminars. In case of resident absence during the live delivery, special requests may be made to view the recorded portion and document viewing of the material. These requests should first be made to the resident mentor and then to the CTC program director.

Seminars 1-5 included on Orientation Day

<table>
<thead>
<tr>
<th>Orientation Day Topics</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CTC Program Overview</td>
<td></td>
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<tr>
<td>2. Introduction to Academia</td>
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<td>3. Engaging Learners through Active Learning</td>
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<tr>
<td>4. ACPE accreditation and its role in Continuing Education</td>
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<tr>
<td>5. Primer for Precepting</td>
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The following seminars will be broadcast live with interactive features throughout the residency calendar year. Residents are requested to gather in groups at your institution to participate in the seminars via streaming if you are unable to attend live. Please refer to the full schedule for dates and times and locations (if applicable). You are strongly encouraged to collaborate with your local information technology staff to ensure you are able to access the materials.

<table>
<thead>
<tr>
<th>Seminar Topics</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>6. Assessment for the Preceptor (Part A): Clinical and Academic Performance</td>
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<td>7. Assessment for the Preceptor (Part B): Professionalism and Mental Health</td>
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<td>8. Adaptable Teaching Techniques</td>
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<td>9. Didactic Assessment: Constructing Exams and Item Writing</td>
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<td>10. *Promotion and Tenure Process and Criteria and Balancing Service, Teaching and Scholarship</td>
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<td>11. *Course Coordination and Syllabus Development</td>
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<td>12. *Other Issues in Academic Life: Academic Integrity, Life/Work Balance, Committee Work</td>
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<td>13. †Optional: Financial Guidance After Residency</td>
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<td>14. Transitioning Out of Residency</td>
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*Denotes academic intensive seminars for those in clinical academician track
†Optional seminar does not count towards overall seminar requirements
II. Teaching requirements

Residents must complete all portions under didactic instruction, facilitation/recitation, evaluation and clinical precepting to successfully complete the CTC program requirements. Teaching opportunities will be provided in a Google doc spreadsheet and should be discussed directly with your mentors for assistance in scheduling. Those participants in the clinical academician track have additional requirements as outlined below and marked with an *. Documentation of completion of each of these should be placed in your CTC portfolio and uploaded into Blackboard. These documents should be discussed with your CTC mentor. Please keep in mind these are the minimum requirements, thus a resident may certainly opt to participate in more teaching opportunities.

A. Didactic Instruction
   a. 2 hrs of didactic instruction (Note: 1 hr must be to pharmacy student audience)
      i. *Must complete 2 hrs of didactic instruction to a pharmacy student audience
   b. 30 min of instruction to non-pharmacist or pharmacy student audience (e.g. nursing, PA, physicians, medical students, NP, lay public)

B. Facilitation, Recitation or Small Group Discussion
   a. Facilitate 2 independent sessions of content to small or large group audience
      i. Examples may include but not limited to: clinical applications, facilitating hospital, community or compounding lab, small group on advanced pharmacy practice experiences, portions of clinical assessment

C. Evaluation
   a. Evaluate 1 session in clinical assessment lab
      i. *Evaluate 2 sessions in clinical assessment lab
   b. Evaluate 5 pharmacy student presentations (at least 15-20 minutes in length)
      i. Examples may include but not limited to: formal student presentations (with slides or handout) on advanced pharmacy practice experiences, 4th professional year clinical seminars (PHMY 999)
   c. Assess 1 pharmacy core or elective curriculum assignment provided in a course
      i. Examples may include but not limited to: grade clinical applications case work, laboratory modules, or other curricular assignments
      ii. *Complete 2 graded assignments

D. Clinical Precepting
   a. Co-precept at least 2 professional pharmacy students on two independent APPEs or IPPEs

III. Additional CTC Program Requirements

A. Complete a CE-Accredited Presentation of at least 30 minutes in length
   a. This should be done in collaboration with the University of South Carolina College of Pharmacy Continuing Education program or other designee (documentation required)

B. Complete a teaching philosophy
   a. “Elevator pitch” of your teaching style – should be no longer than a few sentences.

C. *Attend University of South Carolina College of Pharmacy faculty meeting
   a. In lieu of a full faculty meeting, the resident may opt to attend a Clinical Pharmacy & Outcomes Sciences department meeting or faculty/departmental retreat
IV. Suggested/Optional Experiences

A. Academic learning experience
   
a. If offered by your residency program, CTC participants may opt to participate in an elective academic learning experience.

b. *This would be highly recommended for those in the clinical academician track given the unique opportunities that present themselves during a full dedicated month in academia.

B. Participate in scholarship of teaching and learning opportunity, if available

<table>
<thead>
<tr>
<th>Activity</th>
<th>Clinical Preceptor Track</th>
<th>*Clinical Academician Track</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend Seminar</td>
<td>Attend 8 of 10 required (1-9, 14)</td>
<td>Attend 11 of 13 required (1-12, 14)</td>
<td>5 included on orientation day</td>
</tr>
<tr>
<td>Didactic Instruction - Pharmacy Audience</td>
<td>2 hours total</td>
<td>2 hours total</td>
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<tr>
<td>Didactic Instruction - Non-Pharmacy Audience</td>
<td>1 hr to pharmacy student audience</td>
<td>2 hrs to pharmacy student audience</td>
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<tr>
<td>Facilitation, Recitation or Small Group Discussion</td>
<td>30 min total</td>
<td>30 min total</td>
<td>Nursing, PA, physicians, medical students, NPs, or lay public audiences</td>
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<tr>
<td>Evaluation</td>
<td>Evaluate 1 session in clinical assessment lab</td>
<td>Evaluate 2 sessions in clinical assessment lab</td>
<td>Clinical applications, facilitating hospital, community or compounding lab, small group on APPE, portions of clinical assessment</td>
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<td></td>
<td>Evaluate 5 pharmacy student presentations</td>
<td>Evaluate 5 pharmacy student presentation</td>
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<td>Grade 1 assignment</td>
<td>Grade 2 assignments</td>
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<tr>
<td>Clinical Precepting</td>
<td>Co-precept at least 2 professional pharmacy students on 2 independent APPEs or IPPES</td>
<td>Co-precept at least 2 professional pharmacy students on 2 independent APPEs or IPPES</td>
<td>Formal presentations (w/slides or handouts) on APPEs, 4th year clinical seminars Clinical applications case, lab modules, other curricular assignments</td>
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<tr>
<td>CE Accredited Presentation</td>
<td>30 min in length</td>
<td>30 min in length</td>
<td>To be completed in collaboration with UofSC CoP CE Program or other designee (documentation required)</td>
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<tr>
<td>Teaching Philosophy</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Attend College of Pharmacy Meeting</td>
<td>Not required</td>
<td>Yes</td>
<td>CPOS department meeting, College faculty meeting or department retreat may be substituted</td>
</tr>
<tr>
<td>Academic Learning Experience (Elective)</td>
<td>Not required</td>
<td>Highly recommended</td>
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Appendix B

JOB DESCRIPTION
Job Code/Title: Chief Resident, Pharmacy

JOB PURPOSE & OVERVIEW

The chief pharmacy resident is a 12-month leadership position offered to post-graduate year 2 (PGY2) pharmacy residents. General responsibilities include organizing, managing, and coordinating activities related to all concurrent PGY1 and PGY2 pharmacy residents. The chief resident is mentored by the PGY1 Residency Program Director and members of the residency leadership team. He or she will serve as an intermediary between the Residency Advisory Committee and the pharmacy residents. The chief resident will learn valuable skills in leadership, management, effective delegation and empowerment, and general responsibilities of serving in the role of residency director or coordinator. While these job functions listed below are the responsibility of the chief resident, effective delegation to other co-residents and peers is expected.

JOB FUNCTIONS

1. Attend monthly residency leadership meetings and represent residents during these meetings.
2. Lead at least 1 (one) residency leadership meeting, preferably in the second half of the resident year.
3. Lead monthly resident meetings among PGY1 residents, PGY1 RPD and PGY1 residency coordinator.
4. Disseminate information of interest to all residents.
5. Provide leadership and motivation to all residents as a colleague in clinical practice.
6. Advise/coach residents on feedback received and stress the importance of adherence to resident timelines for projects and other essential tasks throughout the year.
7. Coordinate resident participation in the recruitment process at the ASHP Midyear Clinical Meeting (Dec) and South Carolina Society of Health-System Pharmacists (SCSHP) Fall Meeting (Oct)
8. Coordinate resident involvement in the Southeastern Residency Conference (SERC) (April)
9. Coordinate and facilitate ideas for the residency retreat by obtaining feedback regarding the residency program. The results should be submitted as topic ideas to the Residency Directors before the residency retreat. (April/May)
10. Chair the Preceptor of the Year Award Committee.
11. Lead an annual/bi-annual community service project as discussed with residency leadership team.
12. Organize a residency program site visit for residency class.
13. Organize resident socials for residency class.
14. Take and distribute minutes of the Residency Leadership Committee meetings

MINIMUM JOB REQUIREMENTS

Currently completing a PGY2 residency

KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED

- Ability to communicate effectively, both oral and written
- Skill in organizing participation in meetings
- Skill in examining and implementing new strategies and procedures
- Ability to exercise leadership skills within the pharmacy department and among peers
APPLICATION REQUIREMENTS

- Current Curriculum vitae
- Cover letter highlighting the following:
  - Why you are interested in the chief resident position?
  - How your skill set matches the job duties and functions of the chief resident?
  - Acknowledging the time and effort required of the chief resident
- Signed statement from your residency program director indicating support of and acknowledging the commitment required of the chief resident position (Note: This is not a letter of recommendation)

APPLICATION PROCESS

Announcements for the Chief Resident position will be distributed on start day. Interested applicants should submit the above requested materials electronically to the residency program director by July 15th.

The residency leadership team will evaluate all applicants. A 30-minute interview with the residency leadership team will be scheduled with select applicant(s) and a decision will be rendered by majority vote of the committee within 1 week of the above deadline.
Appendix C

JOB DESCRIPTION

JOB TITLES: Residency Program Director & Residency Program Coordinator

JOB PURPOSE

The program director is responsible for general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, advancement of residents, evaluation and development of preceptors, and the maintenance of records related to program accreditation. The residency program director (RPD) and preceptors are critical to the residency program’s success and effectiveness. Their qualifications and skills are crucial. Therefore, the RPD and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

PGY 1 PROGRAM DIRECTOR REQUIREMENTS

4.1.a. Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
4.1.b. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
4.1.c. The RPD may delegate, with oversight, to one or more individuals [(e.g., residency program coordinator(s)] administrative duties/activities for the conduct of the residency program.
4.1.d. For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:
4.1.e.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.
4.1.e.(2) The agreement must include definition of: 4.1.e.(2)(a) responsibilities of the RPD; and,
4.1.e.(2)(b) RPD’s accountability to the organizations and/or practice site(s).
4.2 Residency Program Directors’ Eligibility

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

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

4.3 Residency Program Directors’ Qualifications

RPDs serve as role models for pharmacy practice, as evidenced by:
4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
4.3.b. demonstrating ongoing professionalism and contribution to the profession;
4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization; and,
4.4 Residency Program Leadership Responsibilities

RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:
4.4.a. organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;
4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;
4.4.c. implementing use of criteria for appointment and reappointment of preceptors;
4.4.d. evaluation, skills assessment, and development of preceptors in the program;
4.4.e. creating and implementing a preceptor development plan for the residency program;
4.4.f. continuous residency program improvement in conjunction with the residency advisory committee; and,
4.4.g. working with pharmacy administration.

PGY 2 PROGRAM DIRECTOR REQUIREMENTS

4.1 Program Leadership Requirements
4.1.a. Each residency program must have a single RPD who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
4.1.b. The RPD may delegate, with oversight, the administrative duties/activities for the conduct of the residency program to one or more individuals (e.g., residency program coordinator).
4.1.c. For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:
   4.1.c.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.
   4.1.c.(2) The agreement must include definition of the following: 4.1.c.(2)(a) responsibilities of the RPD; and, 4.1.c.(2)(b) RPD’s accountability to the organizations and/or practice site(s).

4.2 Residency Program Directors’ Eligibility

RPDs must be licensed pharmacists (or equivalent designation for the country conducting the residency, e.g., registered) with demonstrated expertise in the chosen area of advanced practice, as substantiated by all of the following: (a.) an ASHP-accredited PGY2 residency in the advanced practice area, followed by a minimum of three years of practice experience or equivalent in the advanced practice area (i.e., five years of practice experience in the advanced area with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency); (b.) board certification in the specialty when certification is offered in that specific advanced area of practice; and, (c.) maintenance of an active practice in the respective advanced practice area.

4.3 Residency Program Directors’ Qualifications

RPDs serve as role models for pharmacy practice, as evidenced by the following:
4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
4.3.b. demonstrating ongoing professionalism and contribution to the profession; and
4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization.

4.4 Residency Program Leadership Responsibilities
RPDs serve as organizationally authorized leaders of residency programs and have responsibility for the following:
4.4.a. activities of a RAC that provides guidance for residency program conduct and related issues;
4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;
4.4.c. implementing use of criteria for appointment and reappointment of preceptors;
4.4.d. evaluation, skills assessment, and development of preceptors in the program;
4.4.e. creating and implementing a preceptor development plan for the residency program;
4.4.f. continuous residency program improvement in conjunction with the RAC; and,
4.4.g. working with pharmacy administration to ensure ongoing support of the program.

EVALUATION

Assessment by Residents
Residents will provide an assessment of their RPDs performance twice annually through the Residency Program Director Evaluation. The key aspects of performance assessed include:

- Evaluations and Feedback
- Program Director Availability
- Motivation
- Interaction
- Instruction
- Support for goal achievement
- Participation in resident activities
- Assistance with professional growth
- Supervision of preceptors
- Understanding of pharmacy practice
- Self-direction
- Organizational ability
- Leadership
- Expected skills

Assessment by Supervisor

Job Task: Residency Program Director

Success Criteria
- Acts as a mentor and pharmacy role model for all residents
- Meets with resident(s) on a monthly basis (minimum) and as needed to review resident goals and discuss their progress with the program
- Completes all quarterly assessments by the designated date
- Regularly attends resident presentations
- Contributes to the list of resident project ideas at the beginning of the residency calendar year
- Contributes to the MUE program
- Serves as an advisor to either a residency project(s) or a MUE (if applicable)
- Preceptors a minimum of four rotations per year
Job Task: Residency Program Coordinator (RPC)

Job purpose:
The Residency Program Coordinators (RPC) serve in a leadership and overall supportive role within each residency program. They will assist the Residency Program Directors (RPD) with duties/activities that will ultimately contribute to the success of the resident and to the program.

Success Criteria
- Attends Pharmacy Residency Leadership Team meetings.
- Ensures compliance with residency accreditation standards.
- Assist with site visit preparation and readiness.
- Attends and assists with quarterly evaluations and updates to Development Plans for selected resident(s). This includes assisting with reviewing preceptor evaluations to monitor resident progress and achievement of goals and objectives.
- Participates in recruitment activities (i.e. local/national residency showcases, recruitment material updates, website updates).
- Assists with coordinating residency program candidate interviews.
- Assists with the coordination of PharmAcademic™ for their selected resident (i.e. constructing rotation schedules and preceptor coordination).
- Coordinates resident’s activities which can include: new resident orientation and assisting with resident rotation/presentation schedules prior to the start of the residency year.
- Assists with program quality improvements and continuous program evaluations (provided by resident feedback and preceptor feedback).
- Assists in developing a list of resident project ideas prior to the residency calendar year.
Appendix D

JOB DESCRIPTION

JOB TITLES: Residency Program Preceptor, Advisor, Preceptor in Training

JOB PURPOSE

The residency preceptor is responsible for general administration of their learning experience, including evaluating the resident at midpoint and final, and maintaining their learning experience description in PharmAcademic. The preceptor also is to be involved in recruitment for the residency program, serving on a residency committee, serving on subcommittees of the residency committee, and submitting research project ideas at the beginning of each residency year.

PGY 1 PROGRAM PRECEPTOR REQUIREMENTS

4.5 Appointment or Selection of Residency Program Preceptors
4.5.a. Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.
4.5.b. RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

4.6 Pharmacist Preceptors’ Eligibility
Pharmacist preceptors must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:
- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

4.7 Preceptors’ Responsibilities
Preceptors serve as role models for learning experiences. They must:
4.7.a. contribute to the success of residents and the program;
4.7.b. provide learning experiences in accordance with Standard 3;
4.7.c. participate actively in the residency program’s continuous quality improvement processes;
4.7.d. demonstrate practice expertise, preceptor skills, and strive to continuously improve;
4.7.e. adhere to residency program and department policies pertaining to residents and services; and,
4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

4.8 Preceptors’ Qualifications
Preceptors must demonstrate the ability to precept residents’ learning experiences by meeting one or more qualifying characteristics in all of the following six areas:
4.8.a. demonstrating the ability to precept residents’ learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
4.8.b. the ability to assess residents’ performance;
4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;
4.8.d. an established, active practice in the area for which they serve as preceptor;
4.8.e. maintenance of continuity of practice during the time of residents’ learning experiences; and,
4.8.f. ongoing professionalism, including a personal commitment to advancing the profession.
4.9 Preceptors-in-Training
4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must:

4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor; and,
4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

4.10 Non-pharmacist preceptors
When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:
4.10.a. the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,
4.10.b. a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

PGY 2 PROGRAM PRECEPTOR REQUIREMENTS

4.5 Appointment or Selection of Residency Program Preceptors
4.5.a. Organizations shall allow RPDs to appoint and develop pharmacists to become preceptors for the program.
4.5.b. RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

4.6 Pharmacist Preceptors’ Eligibility
Pharmacist preceptors must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:
4.6.a. have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area; or,
4.6.b. without completion of an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area.

4.7 Preceptors’ Responsibilities
Preceptors serve as role models for learning experiences. They must
4.7.a. contribute to the success of residents and the program;
4.7.b. provide learning experiences in accordance with Standard 3;
4.7.c. participate actively in the residency program’s continuous quality improvement processes;
4.7.d. demonstrate practice expertise and preceptor skills and strive to continuously improve;
4.7.e. adhere to residency program and department policies pertaining to residents and services; and,
4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

4.8 Preceptors’ Qualifications
Preceptors must demonstrate the ability to precept residents’ learning experiences by meeting one or more qualifying characteristics in all of the following five areas:
4.8.a. ability to precept residents’ learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
4.8.b. ability to assess residents’ performance;
4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;
4.8.d. an established, active practice in the area for which they serve as preceptor;
4.8.e. maintenance of continuity of practice during the time of residents’ learning experiences; and,
4.8.f. ongoing professionalism, including a personal commitment to advancing the profession

EVALUATION

Assessment by Residents
Residents will provide an assessment of their preceptors’ performance monthly through the Preceptor and Rotation Evaluation in PharmAcademic. The key aspects of performance assessed include:

- Evaluations and Feedback
- Preceptor Availability
- Motivation
- Interaction
- Instruction
- Support for goal achievement
- Participation in resident activities
- Assistance with professional growth
- Understanding of pharmacy practice
- Self-direction
- Organizational ability
- Leadership
- Expected skills

Assessment by Supervisor
The residency program director (RPD) will review every written evaluation of preceptors completed by the resident in PharmAcademic. In addition, the resident and RPD will discuss in their monthly meeting specific feedback for the preceptor, both positive and negative. The RPD will review this feedback in bi-monthly one on one rounding sessions with the preceptors. In addition, a summary of preceptor evaluations from PharmAcademic will be reviewed with each preceptor at the end of each residency year.

Job Task: Residency Program Preceptor

Success Criteria
- Acts as a mentor and pharmacy role model for all residents
- Meets with resident(s) to review resident goals and discuss their progress with the learning experience
- Completes monthly assessment by the designated date
- Regularly attends resident presentations
- Regularly attends all Residency Preceptor Committee meetings
- Contributes to the list of resident project ideas at the beginning of the residency calendar year
- Contributes to the MUE program
- Serves as an advisor to either a residency project(s) or a MUE (if applicable)

Job purpose: Residency Program Advisor
The residency advisor is responsible for the general wellbeing of the resident. They will act as an intermediary between the resident and Residency Preceptor Committee (change to Residency Advisory Council (RAC)) to help the resident accomplish their set goals and objectives for the residency program.

Success Criteria
- Acts as a mentor and pharmacy role model
Meets with the resident on a monthly basis to review goals and discuss progress of the program
- At the request of the resident, preceptor, program director, or program coordinator, meets with learning experience preceptor and resident to review learning experience evaluation
- Updates Residency Advisory Council on a monthly basis on the resident’s monthly progress with learning experiences, projects, clinical weekend responsibilities, and resident’s well being
- Updates the full Residency Preceptor group twice yearly on resident’s progress on assigned goals and objectives
- Maintains records of resident’s goals and objectives and acts as an intermediary between residents and preceptors to accomplish these goals
- Documents face-to-face meetings that are reviewed by the RPD and included in the residents’ Customized Residency Training Plan

**Job Purpose:** Preceptor In Training

The purpose of the Preceptor in Training (PIT) Program at Prisma Health Richland (PHR) is to provide the tools necessary to foster the growth and development of pharmacy residency preceptors while empowering them with the skills necessary to excel in the role of being a preceptor. The American Society of Health-System Pharmacists (ASHP) Accreditation Standards for Pharmacy Residency Programs states: “Preceptors must demonstrate a desire and an aptitude for teaching that includes mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating). Further, preceptors must demonstrate abilities to provide criteria-based feedback and evaluation of resident performance. Preceptors must continue to pursue refinement of their teaching skills.” In order to ensure that preceptors are adequately prepared to serve independently as a preceptor, the Residency Advisory Council (RAC) may require pharmacists who meet the ASHP preceptor eligibility, but have not yet served as primary preceptors for students or residents, to complete the PIT program.

**Overview:**

The PIT Program at PHR is a year-long training course that aligns with ASHP’s Accreditation Standards for Pharmacy Practice Residency Programs. As a part of the program, all preceptor trainees will be assigned a mentor. Mentors will be assigned by the RAC based on the 3 areas of qualification as defined by ASHP (recognition in the area of pharmacy practice for which they serve as a preceptor; an established, active practice for which they serve as preceptor; ongoing professionalism, including personal commitment to advancing the profession). With the assistance of their mentor, preceptor trainees will establish their goals for the year and design an action plan using the ASHP Preceptor Academic and Professional Record as a guide. Mentors and preceptor trainees will meet on at least a quarterly basis to discuss progress towards and achievement of their goals. Throughout the year preceptor training will be provided through: preceptor development topics at monthly preceptor meetings; the research seminar series for development of and progression through a resident research project; school of pharmacy preceptor conferences. All preceptor trainees will keep a portfolio to document their progress through the program during the year. Included in the portfolio will be a record of each preceptor interaction that the preceptor trainee has with a resident. Significant preceptor interactions can include: mentorship on research project, grand rounds, technician talk, or medication use evaluation; direct precepting on a rotation; evaluation of grand rounds, technician talk, or case presentation; precepting while staffing or during clinical weekend coverage. Each portfolio will be reviewed by the RAC in May to evaluate successful completion of the program.

**PHR Recommendations and Requirements for Program Completion:**

2. **Required:** Establish goals and design an action plan for the year
3. **Required:** Meet with mentor on a quarterly basis
4. **Required:** Attend four (4) preceptor development topics
5. **Required:** Record all precepting interactions with residents throughout the year for a minimum of four (4) 
significant interactions

6. **Required:** Maintain portfolio of PIT year for review by RAC

7. **Strongly Recommended:** Attendance at a pharmacy school preceptor conference

8. **Recommended:** Attendance at research seminar series discussions

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**ASHP Accreditation Standards for PGY1 Pharmacy Practice Residency Programs established in Principle 5.0:**

3.1 Preceptors are licensed pharmacists, have completed an ASHP-accredited residency, and have a minimum of one 
year of pharmacy experience. Alternatively, preceptors who are licensed pharmacists but have not completed an 
ASHP-accredited PGY1 residency are able to demonstrate mastery of knowledge, skills, attitudes, and abilities 
expected of one who has completed a PGY1 residency and have a minimum of three years of pharmacy practice 
experience.

3.2 Preceptors have training and experience in the area of pharmacy practice for which they serve as preceptors, 
maintain continuity-of-practice in that area, and practice in that area at a time residents are being trained.

3.3 Each preceptor has a record of contribution and commitment to pharmacy practice characterized by a 
minimum of four of the following:

   3.3.1 Record of improvements in and contribution to the respective area of advanced pharmacy 
   practice.
   3.3.2 Appointments to appropriate drug policy and other committees of the 
   department/organization.
   3.3.3 Formal recognition by peers as a model.
   3.3.4 A sustained record of contributing to the total body of knowledge in pharmacy practice through 
   publications in professional journals and/or presentations at professional settings.
   3.3.5 Serves regularly as a reviewer of contributed papers or manuscripts submitted for publication.
   3.3.6 Demonstrated leadership in advancing professional organizations at the local, state, and national 
   levels.
   3.3.7 Demonstrated effectiveness in teaching.

3.4 Preceptor demonstrate desire and aptitude for teaching that includes all of the following:

   3.4.1 Mastery of the four preceptor roles fulfilled when teaching clinical problem solving (direct instruction, 
   modeling, coaching, facilitating).
   3.4.2 The ability to provide criteria-based feedback and evaluations of resident performance
   3.4.3 Pursuit of continued refinement of their teaching skills
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date Completed</th>
<th>Resident’s Initials</th>
<th>Preceptor’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orientation and Licensure</strong></td>
<td></td>
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<tr>
<td>Obtain SC pharmacist license by August 1st   **</td>
<td></td>
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<tr>
<td>Complete corporate / hospital orientation</td>
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<td>Complete department orientation</td>
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<tr>
<td>Complete training in SMP pharmacy</td>
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<tr>
<td>Decide on rotation schedule by August 15th</td>
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<tr>
<td><strong>Objectives</strong></td>
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<tr>
<td>“Achieve” 100% R1 (patient care) objectives</td>
<td></td>
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<tr>
<td>“Achieve” 100% other required objectives</td>
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<tr>
<td>“Achieve” 80% elective objectives</td>
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<tr>
<td><strong>Continuing Education Presentations</strong></td>
<td></td>
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<tr>
<td>Present Grand Rounds</td>
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<tr>
<td>Present Non-Pharmacist lecture/training/CE</td>
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<tr>
<td><strong>Formulary Management</strong></td>
<td></td>
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<tr>
<td>Complete Medication Use Evaluation^</td>
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<tr>
<td>Present poster at ASHP Midyear – Vizient Poster Session</td>
<td></td>
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<tr>
<td><strong>Research</strong></td>
<td></td>
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<tr>
<td>Complete major project^ (including manuscript)</td>
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<tr>
<td>Present major project at SERC</td>
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<tr>
<td>Present major project at Discover USC (if does not coincide with SERC schedule)</td>
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<tr>
<td><strong>Recruitment</strong></td>
<td></td>
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<tr>
<td>Participate in Residency Showcase at Midyear</td>
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<tr>
<td>Participate in On-Site Interviews</td>
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<tr>
<td><strong>Other Requirements</strong></td>
<td></td>
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<tr>
<td>Complete required shifts as the distribution pharmacist</td>
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<tr>
<td>Complete required shifts as the clinical weekend pharmacist</td>
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<tr>
<td>Present two Case Conferences</td>
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<tr>
<td>Cover Code Blue Service for two months – demonstrate competency in at least 5 Code Blues</td>
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<tr>
<td>Present for at least 75% of scheduled days on each learning experience+</td>
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</tbody>
</table>

**Failure to do so may result in suspension or termination of Residency Program (see details on page 18)**

^As defined by assigned preceptor(s) and RPD

+Any exception must be approved by preceptor, RPD and scheduler
## PGY1 Ambulatory Care Requirements for Completion of Residency Form

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date Completed</th>
<th>Resident's Initials</th>
<th>Preceptor's Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orientation and Licensure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain SC pharmacist license by August 1&lt;sup&gt;1&lt;/sup&gt;</td>
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<tr>
<td>Complete hosp/corporate orientation</td>
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<tr>
<td>Complete training in 14MP</td>
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<td></td>
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<tr>
<td>Finalize rotation schedule</td>
<td></td>
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<tr>
<td><strong>Goals &amp; Objectives</strong></td>
<td></td>
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<tr>
<td>Achieve 100% on patient care objectives (R1)</td>
<td></td>
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<tr>
<td>&quot;Achieve&quot; 80% other required objectives (with satisfactory progress on others)</td>
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<tr>
<td>Complete at least 32 staffing shifts</td>
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<tr>
<td>Present for at least 75% of scheduled days on each learning experience</td>
<td></td>
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<tr>
<td><strong>Continuing Education Presentations</strong></td>
<td></td>
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<tr>
<td>Present ACPE-approved Grand Rounds</td>
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<tr>
<td>Present Non-Pharmacist Education</td>
<td></td>
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<tr>
<td><strong>Clinical Teaching Certificate Program (CTC)</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Participate in CTC (optional)</td>
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<tr>
<td><strong>Formulary Management</strong></td>
<td></td>
<td></td>
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<tr>
<td>Complete Medication Use Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present MUE poster</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Research</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete major project&lt;sup&gt;2&lt;/sup&gt; (including manuscript)</td>
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<tr>
<td>Present major project at SERC</td>
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<tr>
<td><strong>Recruitment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in Residency Showcase &amp; Midyear</td>
<td></td>
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<tr>
<td>Participate in On-Site Interviews</td>
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<tr>
<td><strong>Other</strong></td>
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<td></td>
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<tr>
<td>Present 2 case conferences</td>
<td></td>
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<tr>
<td>Complete Pharmacy Leadership &amp; Practice Management Series (Monday Meetings)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<sup>1</sup>Failure to do so may result in suspension or termination of Residency Program.<sup>2</sup>As defined by assigned preceptor(s) and RPD. Any exception must be approved by preceptor, RPD and scheduler.
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date Completed</th>
<th>Resident’s Initials</th>
<th>Preceptor’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orientation and Licensure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain SC pharmacist license by August 1st**</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Complete corporate / hospital orientation</td>
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<td></td>
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<tr>
<td>Complete department orientation</td>
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<tr>
<td>Complete training in CH pharmacy</td>
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<tr>
<td>PALS (Pediatric Advance Life Support) Certification</td>
<td></td>
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<tr>
<td>Decide on rotation schedule</td>
<td></td>
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<tr>
<td><strong>Checklists</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>&quot;Achieve&quot; 90% required objectives (with satisfactory progress on others - required and elective)</td>
<td></td>
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<tr>
<td>Sign off 90% of disease states (100% of critical care or infectious disease states depending on focus)</td>
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<tr>
<td><strong>Presentations</strong></td>
<td></td>
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</tr>
<tr>
<td>Present Grand Rounds (x1)</td>
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<tr>
<td>Present two case conferences</td>
<td></td>
<td></td>
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<tr>
<td><strong>Newsletter</strong></td>
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<tr>
<td>Publish Pharmstat Jr (Spring)</td>
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<tr>
<td><strong>Clinical Teaching Certificate (CTC) Program</strong></td>
<td></td>
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<tr>
<td>Complete CTC (elective)</td>
<td></td>
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<tr>
<td><strong>Research</strong></td>
<td></td>
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<tr>
<td>Complete major project (including manuscript submission)</td>
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<tr>
<td>Present MUE poster at ASHP Midyear (or an equivalent platform)</td>
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<tr>
<td>Present major project at PPAG (or other appropriate national meeting)</td>
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<tr>
<td><strong>Failure to do so may result in suspension or termination of Residency Program.</strong></td>
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</table>
## Requirements for completion of PGY2 Critical Care Residency Program

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date Completed</th>
<th>Resident’s Initials</th>
<th>Preceptor’s Initials</th>
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</thead>
<tbody>
<tr>
<td><strong>Orientation and Licensure</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Obtain SC pharmacist license by August 1st**</td>
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<td></td>
</tr>
<tr>
<td>Complete corporate / hospital orientation</td>
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<tr>
<td>Complete department orientation</td>
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<tr>
<td>Complete training in SMP pharmacy</td>
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<tr>
<td>Determine rotation schedule by August 15th</td>
<td></td>
<td></td>
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<tr>
<td><strong>Objectives</strong></td>
<td></td>
<td></td>
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<tr>
<td>&quot;Achieve&quot; 100% Patient Care objectives and 85% Required objectives (with satisfactory progress on all others: Required and Electives)</td>
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<tr>
<td>Sign off on 85% disease states (70/82)</td>
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<tr>
<td><strong>Continuing Education Presentations</strong></td>
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<tr>
<td>Present Grand Rounds</td>
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<tr>
<td>Present Tech Talk</td>
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<tr>
<td><strong>Academic Preparation Program (APP)</strong></td>
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<tr>
<td>Participate in CTC (optional if completed during PGY1)</td>
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<tr>
<td><strong>Formulary Management</strong></td>
<td></td>
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<tr>
<td>Participate in Critical Care Drug Specialty Team (DST)</td>
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<tr>
<td><strong>Research</strong></td>
<td></td>
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<tr>
<td>Complete major project^ (including manuscript)</td>
<td></td>
<td></td>
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<tr>
<td>Present poster at ASHP Midyear – Vizient Meeting</td>
<td></td>
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<tr>
<td>Present major project at SERC</td>
<td></td>
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<tr>
<td>Present poster at Discover USC (if does not coincide with SERC schedule)</td>
<td></td>
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<tr>
<td><strong>Recruitment</strong></td>
<td></td>
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<tr>
<td>Participate in PPS and recruitment efforts at Midyear</td>
<td></td>
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<tr>
<td>Participate in On-Site Interviews</td>
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<tr>
<td><strong>Other Requirements</strong></td>
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<tr>
<td>Complete six in-services (pharmacy, nursing, providers)</td>
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<tr>
<td>Present two Case Conferences</td>
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<tr>
<td>Complete four Journal Club discussions</td>
<td></td>
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<tr>
<td>Respond to Code Blue Service when on SMP Learning Experiences – Demonstrate competency in at least 5 Code Blues</td>
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<tr>
<td>Present for at least 85% of scheduled days on each learning experience+</td>
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</tbody>
</table>

**Failure to do so may result in suspension or termination of Residency Program.**

^As defined by assigned preceptor(s) and RPD

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<tr>
<td>Complete department orientation</td>
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<td></td>
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<tr>
<td>Complete training in 5MP pharmacy</td>
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<tr>
<td>Determine rotation schedule by August 15th</td>
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<tr>
<td><strong>Objectives</strong></td>
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<tr>
<td>Sign off on 100% of required patient experiences (34/34)</td>
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<tr>
<td>Sign off on 100% of required topics not included above (17/17) [topic</td>
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<tr>
<td>discussion/cased base approach acceptable]</td>
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<tr>
<td>Sign off on at least 50% of elective patient care experiences (12/24)</td>
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<tr>
<td>[topic discussion/cased base approach acceptable]</td>
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<tr>
<td><strong>Continuing Education Presentations</strong></td>
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<tr>
<td>Present Grand Rounds</td>
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<tr>
<td><strong>Academic Preparation Program (APP)</strong></td>
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<tr>
<td>Participate in CTC (possibly optional if completed during PGY1)</td>
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<tr>
<td><strong>Formulary Management</strong></td>
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<tr>
<td>Participate in Critical Care or Internal Medicine Drug Specialty Team (DST)</td>
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<tr>
<td><strong>Research</strong></td>
<td></td>
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<tr>
<td>Complete major project^ (including manuscript)</td>
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<tr>
<td>Complete and submit a manuscript for publication</td>
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<tr>
<td>Present poster at ASHP Midyear – Vizient Meeting (or applicable meeting)</td>
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<tr>
<td>Present major project at SERC (or applicable meeting)</td>
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<tr>
<td>Present poster at Discover USC (if does not coincide with SERC schedule)</td>
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<tr>
<td><strong>Recruitment</strong></td>
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<tr>
<td>Participate in PPS and recruitment efforts at Midyear</td>
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<tr>
<td>Participate in On-Site Interviews</td>
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<tr>
<td><strong>Other Requirements</strong></td>
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<tr>
<td>Complete six in-services (pharmacy, nursing, providers)</td>
<td></td>
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<tr>
<td>Present two Case Conferences</td>
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</tbody>
</table>

**Failure to do so may result in suspension or termination of Residency Program.**

^As defined by assigned preceptor(s) and RPD

+Any exception must be approved by preceptor, RPD and scheduler
Appendix F

Paid Time Off
Requests for PTO are made using the Pharmacist Leave Form. All applicable sections of the form must be completed. This completed form should be submitted for approval first to the assigned preceptor for that time, six weeks prior to the start of the next schedule. The primary preceptor will then approve leave time requests based upon availability to ensure adequate coverage of pharmacy service responsibilities. The leave request form will then be submitted to the scheduler at least four weeks prior to the next schedule, and Residency Program Director for approval. A copy of the leave request form will be returned to the resident. The resident is allowed to take PTO as described below:

- No more than 24 hours of PTO (sick leave and vacation) may be taken on any single learning experience and must be approved by the learning experience preceptor.
- No more than 25% of the total time present on learning experience may be missed regardless of nature of the absence from learning experience (interviews, conferences, clinic days, sick leave, annual leave, etc).
  - Special exceptions, including missing learning experience for interviews, must be approved by the learning experience preceptor and residency program director.
- If the resident misses more than 25% of the total time present on learning experience for any reason, the resident may be required to complete additional time on that learning experience.
Human Resources Attendance PGR

Effective: 12/14/2016
Reviewed: 12/14/2018

Name of Associated Policy: Human Resources Employment Policy

DEFINITIONS:

Tardiness - Clocking in or reporting after the required reporting time as defined by the department.

Planned Absence - Pre-arranged and/or authorized time away from work for purposes of vacation or personal days off.

Unplanned Absence - Absent from work during scheduled hours without approval.

No call, no show - An unplanned absence in which an team member does not report to work as expected, and fails to notify his/her supervisor of the absence.

PROCEDURE STEPS, GUIDELINES, OR REFERENCE

1. **TIME CLOCKS**

1.1. Each non-exempt team member must record his daily work hours with his ID badge at the designated time clock for the department he is assigned to for that shift. In instances when a designated time clock is not provided, the timekeeper (Keyer) assigned to the department should enter punches manually into the time and attendance system.

1.2. Team members may not clock in or out for other team members.
9. **REGULAR ATTENDANCE:**

9.1. Regular attendance during all scheduled work hours, reporting for work on time, and continuing to work to the end of shift is required of each team member.

9.2. Attendance shall be tracked for each team member by the payroll time and attendance system.

9.3. Each team member’s attendance records should be reviewed periodically by his/her supervisor. The supervisor should review Prisma Health’s policy on Family and Medical Leave to determine if any of the absences were due to an FMLA-qualifying serious health condition.

9.4. In the absence of specific department procedures, each team member shall be responsible for his/her own attendance and for reporting his/her absence or tardiness as follows:

9.4.1. If a team member is unable to report to work as scheduled, he/she should notify the supervisor or department head. Notification is to be made personally by the team member unless he/she is hospitalized or otherwise incapacitated.

9.4.2. Once the team member arrives at work, the supervisor or department head is to be contacted and informed about the tardiness.

3. **TARDINESS:**

3.5 Tardiness will be considered excessive and may result in corrective action when there are:

3.5.1 Six or more incidents of tardiness in a 3 month period.

3.5.2 Two incidents in a month of significant tardiness (e.g. fifteen minutes late).

3.5.3 Sixteen or more incidents of tardiness in a rolling 12 months.

3.6 Once corrective action is given, only new tardies are counted when considering possible additional corrective action. In other words, tardies that were counted when corrective action was given are not counted again when further tardies are being reviewed.

4. **ABSENCES:**

4.1. The following absences will **not** result in corrective action:
4.1.1. **Planned absence:** A pre-arranged and/or authorized time away from work for purposes of vacation or personal days off.

4.1.2. **Death of family member(s):** Absences due to the death of an immediate family member. Note: team members are expected to provide timely notification of their need for an absence due to a family member’s death, per paragraph 1.4.1 above. The duration of a bereavement absence is situation-dependent and must be approved by the manager.

4.1.3. **FMLA absence:** Any time away from work, planned or unplanned, that has been approved by FMLASource as covered and protected by the Family Medical Leave Act.

5. **UNPLANNED ABSENCES**

5.1. The following types of absences, if deemed excessive, could result in corrective action.

5.1.1 Three or more unplanned absences within a rolling six month period.

5.1.2 Six or more unplanned absences in a rolling twelve month period.

5.2 An absence of one or more consecutive scheduled days for the same reason is recorded as one occurrence.

5.3 Failure to work a full scheduled shift can be considered an absence.

5.4 Once corrective action is given, only new absences are counted when considering possible additional corrective action. In other words, absences that were counted when corrective action was given are not counted again when further absences are being reviewed.

5.5 Absences due to the death of an immediate family member will not result in corrective action. Refer to the Bereavement PGR.

5.6 **No Call, No Show:**

5.6.1 A No-call, No-show may result in a Level 2 corrective action. Another occurrence within a rolling twelve-month time frame may result in additional corrective action, up to and including termination.

5.6.2 Two consecutive days of “No call, no show” may be considered voluntary job abandonment, in which case the team member may be automatically separated from employment.

6. **PTO USAGE FOR ABSENCES:**

6.1. Planned Absences- PTO usage is required, if PTO hours are available. Time off without pay can be authorized only if no PTO hours are available.
6.2. Unplanned Absences - Team members will be required to use PTO for unplanned absences if approved by management. However, management retains the right to deny the use of PTO for unplanned absences when deemed appropriate.

6.2.1. A manager is expected to carefully consider all mitigating circumstances before denying PTO payment for unplanned absences.

6.2.2. Examples of PTO denial for unplanned absences might include failure to return from vacation on the day expected, an unplanned absence the day before a holiday, failure to report to work following a paid holiday, etc.

6.2.3. In those instances where PTO payment is denied, the unplanned absence would be time off without pay.

---

Human Resources Bereavement PGR

Effective Date: 01/03/2017
Review Date: 01/01/2018

Name of Associated Policy: Human Resources Employment Policy

RESPONSIBLE POSITIONS (TITLE):
All Palmetto Health Team Members

PROCEDURE STEPS, GUIDELINES or RECOMMENDATIONS:
1. All full and part time team members (see Employment Status PGR), regardless of length of employment, are eligible to receive up to 3 working days/shifts of paid Bereavement Leave for the following family member(s)/dependents:
   • Spouse: a husband, a wife or a verified domestic partner
   • Parent: a biological, adoptive, or step parent, or legal guardian
   • Child: a son or daughter is:
     • a biological child
- a step child
- a child of a verified domestic parent or
- a legal dependent

- Sibling: a biological, adoptive or step sister or brother
- Grand-relationships: biological, adoptive, step grandparents, grandchildren
- In-law relationships: parent, son, or daughter-in-law defined as a relative by marriage or verified domestic partnership.

2. Team members must notify their manager within seven (7) calendar days of the loss of the family member to qualify for leave.

3. A team member requesting time off due to the death of someone not specified in this policy may be granted Paid Time Off (PTO). If a team member does not have available PTO, unpaid time off may be granted by their leader.

4. Evidence to authenticate the death and relationship of the deceased may be required.

5. The manager will record the paid bereavement hours under the “Bereavement” earnings code on the team member’s time record.

6. Bereavement Leave will not be counted as hours worked for the purpose of computing overtime.
Appendix G

Pharmacy Attendance Guidelines

Date: July 1988 (initial date of policy)
Revised: 09/92, 11/93, 07/96, 01/96, 02/97, 10/98, 6/04, 1/10, 12/15, 8/17

Definitions:

Clocking In: Employees are allowed to clock in no more than 15 minutes early.

No Call, No Show: An unplanned absence in which an employee does not report to work as expected, and fails to notify Administrator on Call or his/her supervisor of the absence.

Occurrence: An unplanned absence.

Rolling Time Period: Begins with the date of most recent occurrence and extends back the time period being reviewed.

Tardy: Clocking in or reporting after the scheduled time or clocking out or leaving without permission prior to the end of the scheduled shift. Clocking in 7 minutes late is considered tardy. (example: scheduled to work at 8am. The employee clocks in or arrives at 8:07am; the employee is tardy).

Prisma Health Human Resources Policy Attendance states: TARDINESS:
9.5. Tardiness will be considered excessive and may result in corrective action when there are:
9.5.1. Six or more incidents of tardiness in a 3 month period.
9.5.2. Two incidents in a month of significant tardiness (e.g. fifteen minutes late).
9.5.3. Sixteen or more incidents of tardiness in a rolling 12 months.

*Excessive tardiness may result in a first step Level 1 corrective action. (pharmacy department guideline)

NO CALL, NO SHOW:
3.6.1 A No-call, No-show may result in a Level 2 corrective action. Another occurrence within a rolling twelve-month time frame may result in additional corrective action, up to and including termination.
3.6.2 Two consecutive days of “No call, no show” may be considered voluntary job abandonment, in which case the team member may be automatically separated from employment.
For purposes of consistency and for timely notification for each employee of attendance concerns, Pharmacy Administration will enforce this Policy through observation of the following guidelines for

**Full time employees:**

<table>
<thead>
<tr>
<th>Action</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 occurrences in 3 months or Coaching</td>
<td>3 tardies in a month</td>
</tr>
<tr>
<td>2 new occurrences in 3 months Level 1: Written warning</td>
<td>3 new tardies a month</td>
</tr>
<tr>
<td>(with recorded coaching in last 12 months)</td>
<td></td>
</tr>
<tr>
<td>2 new occurrences in 3 months Level 2: Written warning (PIP)</td>
<td>3 new tardies a month</td>
</tr>
<tr>
<td>(with recorded level 1 in last 12 months)</td>
<td></td>
</tr>
<tr>
<td>2 new occurrences in 3 months Level 3: Suspension</td>
<td>3 new tardies a month</td>
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<tr>
<td>(with recorded level 2 in last 12 months)</td>
<td></td>
</tr>
<tr>
<td>2 new occurrences in 3 months Level 4: Termination</td>
<td>3 new tardies a month</td>
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<tr>
<td>(with recorded suspension in last 12 months)</td>
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</tbody>
</table>

**Part time/Roster/PRN employees:**

<table>
<thead>
<tr>
<th>Action</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 occurrences in 3 months or Coaching</td>
<td>2 tardies in a month</td>
</tr>
<tr>
<td>2 new occurrences in 3 months Level 1: Written warning</td>
<td>2 new tardies a month</td>
</tr>
<tr>
<td>(with recorded coaching in last 12 months)</td>
<td></td>
</tr>
<tr>
<td>2 new occurrences in 3 months Level 2: Written warning (PIP)</td>
<td>2 new tardies a month</td>
</tr>
<tr>
<td>(with recorded level 1 in last 12 months)</td>
<td></td>
</tr>
<tr>
<td>2 new occurrences in 3 months Level 3: Suspension</td>
<td>2 new tardies a month</td>
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<tr>
<td>(with recorded level 2 in last 12 months)</td>
<td></td>
</tr>
<tr>
<td>2 new occurrences in 3 months Level 4: Termination</td>
<td>2 new tardies a month</td>
</tr>
<tr>
<td>(with recorded suspension in last 12 months)</td>
<td></td>
</tr>
</tbody>
</table>

**General Comments:**

Each employee is expected to be at their workstation ready to work at the assigned scheduled time unless otherwise instructed by a superior.

These are only guidelines. The circumstances surrounding each occurrence/tardy in question must be assessed and the employees’ work record reviewed including length of service, types of absences, duration of absences, etc before any final decision is made regarding disciplinary action. It is the Administrators decision as to whether the action will be more or less severe than the guidelines.

**APPROVED:**

Jennifer Bair, Director
Pharmaceutical Services
Lewis Blackman Patient Safety Act PGR

Effective: 03/08/2017
Reviewed: 12/01/2017

Name of Associated Policy: Corporate Compliance Program Policy

DEFINITIONS: N/A

RESPONSIBLE POSITIONS:
Workforce Members

EQUIPMENT NEEDED: N/A

PROCEDURE STEPS, GUIDELINES, OR REFERENCE:

In compliance with the Lewis Blackman Hospital Patient Safety Act, Prisma Health has adopted the following policies.

1. Name Badges. All clinical staff, clinical trainees, medical students, interns, and resident physicians will wear badges clearly stating their names, using at a minimum either first or last names with appropriate initials, their departments, and their job or trainee titles. Clinical trainees, medical students, interns, and resident physicians will be clearly identified as such in terms or abbreviations reasonably understandable to the average person.

2. Written Information Provided to Inpatients and Outpatient Surgery Patients. Prior to or upon admission, the hospital admission staff will provide each patient with written information identifying the role of the attending physician and explaining that clinical trainees may participate in their care. The written information will be provided to all persons admitted to the hospital, registered in outpatient surgery and the emergency department. In all cases, the information will be provided in a document that is separate from the general consent for treatment. The acknowledgement of the receipt of the Lewis Blackman Hospital Patient Safety Act Letter will be included as part of the General Consent for Treatment form. The patient or their designee (Power of Attorney or Representative) will be asked to initial the Lewis Blackman Hospital Patient Safety Act portion of the General Consent form. During admission assessment, nursing will include the written information regarding the Lewis Blackman Hospital Patient Safety Act as part of orientation.

2.1. The written information must:

2.1.1. Explain that the patient’s attending physician is the person primarily responsible for the patient’s care;

2.1.2. Explain that the patient’s attending physician may change during hospitalization as their condition changes;

2.1.3. Explain that the patient’s nurse will help the patient contact the attending physician if the patient
requests assistance;

2.1.4. Explain that the hospital has established a patient assistance system to help resolve any concerns that may not require the attention of the attending physician; and

2.1.5. Instruct the patient how to access the patient assistance system.

2.2 When the hospital employs clinical trainees, the language below will apply. The written information will also include:

2.2.1 An explanation of the roles of clinical trainees, medical students, interns, and resident physicians in patient care; and

2.2.2 Notification that medical students, interns, or resident physicians may be participating in the patient’s care (by making treatment decisions or by assisting or performing surgery on the patient).

3. Contacting the Patient’s Attending Physician. If at any time a patient requests that a nurse call his or her attending physician regarding the patient’s personal medical care, the nurse will place a call to the attending physician or his or her “physician-on-call” to inform him or her of the patient’s concern. If the patient is able to communicate with and desires to call his or her attending physician or “physician-on-call”, upon the patient’s request, the nurse must provide the patient with the telephone number and assist the patient in placing the call. The “physician-on-call” does not include a resident. A nurse or other clinical staff to whom such a request is made or who receives multiple requests may notify his or her immediate supervisor for assistance.

3.1. If assistance is needed to get the attending physician or physician-on-call to respond timely, workforce members should escalate the issue following the campus-specific Chain of Command policy/procedure.

4. Patient Assistance System. Prisma Health will maintain a patient assistance system designed to help patients resolve their personal medical care concerns in a prompt manner. A mechanism (telephone number, beeper number, etc.) will be established that allows the patient to independently access the patient assistance system, and this mechanism may not require the patient to request assistance in order to access the system. However, a clinical staff member or clinical trainee must promptly access the system on behalf of a patient if the patient requests assistance. A representative of the hospital’s administrative or supervisory clinical staff must be available at all times to respond to patient concerns. Once the patient assistance system has been contacted, the administrative or supervisory clinical staff representative shall promptly assess (or cause to be assessed) the patient’s concern and provide appropriate follow up.

5. Documentation. Prisma Health will document when a patient receives the written information and when a patient requests to speak to the attending physician.
Appendix I

NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL EMPLOYEES ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE EMPLOYEE HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PALMETTO HEALTH RETAINS THE SAME RIGHT. EXCEPTIONS TO THE POLICY THAT ALL EMPLOYEES ARE EMPLOYED "AT WILL," MAY BE MADE ONLY BY WRITTEN AGREEMENT SIGNED BY THE PRESIDENT AND CEO OF PALMETTO HEALTH.

Corporate Compliance Patient Confidentiality

Name of Associated Policy: Corporate Compliance Code of Conduct Policy
DEFINITIONS: N/A
RESPONSIBLE POSITIONS:
Workforce Members
EQUIPMENT NEEDED: N/A
PROCEDURE STEPS, GUIDELINES, OR REFERENCE:
1. Patient confidentiality will be protected in accordance with Prisma Health’s Confidentiality Policy.
2. All media requests for information will be referred to Prisma Health’s Public Relations department for response or designation of hospital personnel to speak on behalf of the organization. (See Prisma Health’s Media/Public Requests for Patient Information policy)
3. Workforce members should not discuss patients in an external or internal environment (such as an elevator or the cafeteria) where such information could be overheard by unauthorized individuals.
4. Workforce members may not have or obtain access to records (written, electronic and other patient data) unless they are involved in the patient’s care, require access to perform job duties or to fulfill legal requirements.
5. Prisma Health workforce members will not disclose any Protected Health Information (PHI) unless first obtaining the written authorization of the patient or his/her legal representative.
   5.1 The following uses and disclosures of PHI do not require authorization:
      5.1.2 uses and disclosures made by or to Prisma Health workforce and/or business associates when performing job duties related to patient care (treatment, payment and/or health care operations activities as defined by HIPAA);
      5.1.3 disclosures appropriately made for directory purposes;
      5.1.4 disclosures made to the patient, his/her legal representative and/or those identified by either of these parties to be involved in the patient’s care; and
      5.1.5 disclosures identified in the Corporate Compliance Authorization for Uses and Disclosures of PHI PGR.
5.2 Due to more stringent confidentiality laws governing treatment records of substance abuse, psychiatric, sexual treatment and counseling patients, medical information may be disclosed only when legal requirements have been satisfied.
5.3 All uses and disclosures of PHI must be in accordance with Prisma Health’s HIPAA Privacy policies and procedures.
6. Requests for written medical information about patients or requests for copies of patient records are to be referred to the appropriate Health Information Management (HIM) department, the appropriate ancillary department or the Administrator-on-Duty after hours.
7. Employees will promptly deliver to their supervisors or his/her designee any subpoena
received requesting copies of patient records. The supervisor will be responsible for responding appropriately.

8. If a government agency requests a copy of a patient record under a search warrant, the employee will follow Prisma Health’s Compliance Program PGR entitled Government Investigations.

9. If you suspect that any workforce member has breached this policy, please report your concerns to the Privacy Officer, Information Security Officer, System Compliance Officer, Chief Compliance Officer or the Compliance Hotline.
Pharmacy Dress Code and Personal Appearance PGR

Effective Date: 6/3/19

Name of Associated Policy: HR Dress Code and Personal Appearance PGR

Name of Associated PGR: Pharmacy: Sterile Compounding Preparation Service PGR

RESPONSIBLE POSITIONS (TITLE):

— Pharmacist
— Pharmacy Technician
— Pharmacy Intern
— Pharmacy Student

DEFINITIONS:
Patient Care Area – Acute care hospital setting, including nursing units and pharmacy operations areas.
Other Pharmacy Work Areas – Office setting and ambulatory physician practice settings

BACKGROUND:
Professionalism in dress reinforces Prisma Health’s quality reputation. Our appearance communicates how we feel about our organization and the work we do. Team members are expected to maintain an appearance that is neat, clean, and professional as determined by the requirements of the area in which the employee works and the nature of the work being performed. This policy is for team members of the Pharmacy Department and supplements the Human Resources Dress Code Policy.

DRESS CODE

1. Pharmacists in direct patient care / clinical areas, pharmacists in retail pharmacies, and interns working on the medication history service will wear professional dress and a white lab coat (except in areas where white lab coats are not allowed, including but not limited to NICU, Richland Springs, and Palmetto SeniorCare).

2. Pharmacists in operational areas of the pharmacy may wear professional dress or scrubs (in current standard colors). If entering a patient care area, the pharmacist must wear a white lab coat, except as outlined above.
3. Pharmacy technicians and pharmacy interns in the acute care hospital setting will wear scrubs (in current standard colors).

4. Pharmacy technicians and pharmacy interns in the retail pharmacy setting may wear professional dress or scrubs (in current standard colors).

5. Pharmacy students on rotations should follow the dress code of their preceptor.

6. Dietitians, dietetic technicians, and dietetic interns may wear professional dress or scrubs (in current standard colors). If entering a patient care area, they must wear a white lab coat, except as outlined above.

7. Team members are expected to abide by the dress code and personal appearance policy in transit to and from work, even if having to change in to hospital scrubs upon arrival to work. Hospital issued scrubs are property of Prisma Health and are prohibited from being worn to and from the hospital.

8. Professional dress is considered to be:
   a. Dress pants and a collared shirt for males
   b. Shirt and dress pants, skirt, or dress for females
      i. Dress and skirt hemlines should conform to professional standards and should be no higher than two inches above the top of the knee.
      ii. Pants hemlines should conform to professional standards and should be at the mid-calf level or below.
      iii. Leggings are only allowed if worn under an appropriate-length dress or skirt.
   c. Open toe shoes are only allowed in “Other Pharmacy Work Areas” and may not be worn in any areas defined as patient care areas.
   d. Inappropriate apparel includes, but is not limited to: shorts, denim materials, warm-up / wind suits, sweat pants / gym pants, sleeveless shirts, tank tops, and t-shirts.
   e. T-shirts are only allowed as part of a hospital or departmental activity or campaign (such as the United Way or Miracle Team) as approved by the director of pharmacy.

9. It is recognized that there are many different perceptions of what constitutes professionalism and acceptable styles. Questions regarding a specific item of attire which may not be addressed in this policy must be referred to your supervisor or the Director for a final decision regarding dress policy for the pharmacy department before the item is worn.

10. Standard Scrub Colors
    a. Medium Grey / Pewter top and pants or
        Medium Grey / Pewter pants and Hot Pink top
    b. A scrub skirt or dress is acceptable but must be made of scrub material. Hemlines should conform to professional standards (see above).
    c. An undershirt may be worn under scrub top and should be as close to one of the standard scrub colors as possible.
d. A scrub jacket made of the same scrub material and in the standard scrub colors or a fleece jacket in the standard scrub colors may be worn outside of the pharmacy.

e. Surgical caps may be worn in any pharmacy operations area, but must be covered per USP 797 PGR when in the clean room sterile preparation areas.

11. See USP 797 PGR for more information about scrub requirements for clean room sterile preparation areas.

12. Embroidery

a. If embroidery is desired, it may be added to lab coats per the following guidelines:

i. Veranda Bold font, 24 point script in Madeira Polyester 1689 gray thread for name, credentials, and specialty on the left chest of the coat.

ii. Text line 1: Name, credentials

iii. Text line 2: “Pharmacy” or “Clinical Nutrition”

iv. Prisma Health Logo (in full color) may be added as part of the embroidery. This should be added to the right chest of the coat. The preferred embroidery wordmark size is 3.5” wide.

v. No other insignia should appear on the coat.

OTHER GENERAL GUIDELINES:

1. FRAGRANCES: Fragrances of any type are prohibited as they may cause potentially harmful allergic reactions to patients or co-workers. Fragrances include perfumes, soaps, colognes, after-shaves, scented hand and body lotion, etc.

2. JEWELRY / ACCESSORIES: Jewelry should be worn conservatively and appropriately. Any visible piercing is limited to ears only, except for religious reasons. Tongue and dental jewelry are not allowed. Earbuds are not allowed in any patient care or visitor areas (including hallways and elevators).

3. HAIR: The length, cleanliness and styling of team member’s hair, including facial hair, shall conform to generally accepted business and professional standards. Hair must be normally occurring colors in nature; no streaking with unnatural colors.

4. MAKE-UP: Make-up should be worn conservatively and appropriately. See USP 797 PGR for guidelines regarding make up in our clean room sterile preparation areas.

5. TATTOOS: Tattoos which may reasonably be perceived as offensive are not permitted to be visible. If a manager determines a team member’s tattoo could reasonably be perceived as offensive, the manager may counsel the team member directly or consult with their Human Resources Manager. If the team member disagrees with the manager’s concern, he or she may consult with the Human Resources Manager. In the event the manager and team member cannot agree on whether the tattoo should be concealed, the Director of Employee Services shall make the determination as to whether the tattoo may reasonably be perceived as offensive, and thus subject to the concealment rules stated above. Team members must conceal any offensive content with clothing or make-up in a manner that is compliant with Infection Control policy. A team member may use a bandage to conceal a tattoo as a last resort, in a manner
that is compliant with the Infection Control policy. Team members may not wear more than two visible bandages for such purposes.

6. EMPLOYEE ID BADGE: The ID Badge is part of each team member’s official attire and must be worn at all times. The ID Badge should be clearly visible and worn above the waist, preferably on the lapel area of the team member’s uniform or around the neck.
### Appendix K

#### Prisma Health PGY1 Pharmacy Residency Learning Experience Structure

<table>
<thead>
<tr>
<th>Required Rotations</th>
<th>Required Options*</th>
<th>Elective Options (in practice area)**</th>
</tr>
</thead>
</table>
| Critical Care      | Medical Intensive Care  
Coronary Care Unit | Surgical / Trauma Intensive Care  
Cardiovascular Intensive Care  
Pediatric Intensive Care  
Neonatal Intensive Care  
Emergency Medicine  
Neurosurgical ICU |
| Pediatrics         | General Pediatrics  
Pediatric Intensive Care  
Pediatric Hematology/Oncology  
Pediatric Antimicrobial Stewardship | Neonatal Intensive Care |
| Adult general acute care | SIBR – Geriatrics  
SIBR – Family Medicine  
SIBR – Internal Medicine | |
| Adult specialized acute care | SIBR – Cardiology (HF or CV Surgery)  
Oncology  
Any Critical Care Required or Elective option already not completed | SIBR – Neurology |
| Infectious Diseases | Pediatric Antimicrobial Stewardship  
Adult Antimicrobial Stewardship  
Adult Infectious Diseases Consults | |
| Ambulatory Care    | Internal Medicine Outpatient Clinic  
ACCES / Celia Saxon Clinic / PCMH  
Heart Failure/LVAD Clinic  
Physician Practices  
Family Medicine Center  
Infectious Disease Clinic | Prisma SeniorCare  
Outpatient Pharmacy |

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**Elective Non-Patient Care Rotations**

- Academia  
- Administration  
- Drug Information/Informatics

**Longitudinal Ambulatory Care Rotations**

*month long Ambulatory Care rotation prerequisite

- Internal Medicine Outpatient Clinic  
- ACCES / Celia Saxon Clinic / PCMH  
- Heart Failure / LVAD Clinic  
- Family Medicine Center  
- Pediatric Special Care Clinic
### Required Rotations (Block)*
- Internal Medicine Outpatient Clinic
- ACCES/Celia Saxon
- Physician Practices
- Cardiology SIBR
- Adult Medicine SIBR
- Family Medicine
- Heart Failure/LVAD Clinic

### Required Rotations (Longitudinal)
- **Physician Consults**
- Medication Use Evaluation
- Major Research Project
- Leadership and Practice Management

### Elective Patient Care Rotations**
- Cardiology (inpatient/outpatient)
- Pediatric Hematology/Oncology Clinic
- Prisma Senior Care
- Infectious Diseases Clinic
- Emergency Medicine
- Global Health
- HOT Clinic/CDU

### Elective Non-Patient Care Rotations**
- Administration
- Academia (50% patient care)
- Drug Information/Informatics

*Required rotations options may also serve as electives, if the requirement was already satisfied by another rotation. Final approval of electives is based on RPD discretion.

**According to ASHP Pharmacy Practice Accreditation Standards, “No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient population (e.g., critical care, oncology, cardiology). Residents must spend two thirds or more of the program in direct patient care activities.” RPD will monitor each resident’s schedule to ensure adequate diversity is maintained.

^Rotation must be completed August – January.
Appendix L

Prisma Health Residency programs follow ASHP’s Duty Hour Requirements.

DEPARTMENT OF PHARMACY SERVICES
Record of Resident Duty Hours

Name: 

Schedule Starting Date: 
Schedule Ending Date: 

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Date</th>
<th>Hours Worked</th>
<th>PTO Hours</th>
<th>Daily Total</th>
</tr>
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<tbody>
<tr>
<td>Sunday</td>
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<table>
<thead>
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<td>Sunday</td>
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PROCEDURE STEPS, GUIDELINES, OR RECOMMENDATIONS

GUIDANCE:

1. Leaders should promptly counsel team members for unsatisfactory performance and acts that are not in keeping with the standards, rules, and regulations of Prisma Health in accordance with Standards of Behavior policy.

2. An effective corrective action is not punitive. Instead, the corrective action should emphasize correcting the problem while maintaining the team member’s dignity and respect. Depending on the severity of the infraction, and whenever appropriate, we will work with a team member through a corrective action continuum process that provides for increasingly serious steps of corrective action if the problem is not resolved.

   The goal of the corrective action continuum method is to formally communicate opportunities to team member in a direct and timely manner so that they can improve their performance. The Corrective Action Continuum method also encourages appropriate documentation of the leader’s efforts in the event of termination of employment.

3. All corrective actions must be documented on the Corrective Action form. Leaders must include on the form specific information regarding the event and the specific level of corrective action taken. It should be discussed with and signed by the team member to indicate that the team member has read and received a copy of the action. (Signing the form does not necessarily mean the team member agrees with the action.) If the team member desires to write a rebuttal, they will be permitted to do so and it will be attached to the corrective action form for inclusion in their team member Human Resources file. Corrective action forms will be retained in the team member's Human Resources file.

4. The Corrective Action Continuum consists of the following levels:

   - Level 1 – For minor offenses
   - Level 2 – For repeated minor offenses, or the first occurrence of a more serious infraction. At this level a Performance Improvement Plan must be initiated and submitted with the corrective action to be filed in the team member’s HR file. (Improvement plan for attendance is optional).
   - Level 3 – Suspension – One (1) day
   - Level 4 – Termination of Employment
Pharmacy Residency Corrective Action

Effective Date: July 1, 2018
Review Date: June , 2018

Name of Associated Policy: Dismissal of Residents, Grievance and Due Process, Remediation, PH Policy on Standards of Behavior

RESPONSIBLE POSITIONS (TITLE):

— Pharmacy Resident
— Residency Program Director
— Residency Leadership Committee
— Director of Pharmacy

Statement:

All Prisma Health (PH) team members are expected to observe basic rules of good conduct and perform their roles in an efficient and productive manner. Specific rules for the acceptable conduct and performance are necessary for the operation of Prisma Health and protection of the rights and safety of all residents and patients. Corrective action will be taken for the purpose of developing or maintaining acceptable behavior among residents. In general, with the exception of intolerable behavior, leaders should coach residents prior to starting corrective action. It is expected that willful or inexcusable breaches of rules or regulations by residents will be dealt with firmly by Pharmacy Department leaders.

PROCEDURE STEPS, GUIDELINES or RECOMMENDATIONS:

1. Program Directors should promptly counsel residents for unsatisfactory performance and acts that are not in keeping with the standards, rules, and regulations of Prisma Health in accordance with the Standards of Behavior (please refer to the appropriate PH policy for these Standards)

2. An effective corrective action is not punitive. Instead, the corrective action should emphasize correcting the problem while maintaining the resident’s dignity and respect. Depending on the severity of the infraction, and whenever appropriate, the program and/or Prisma Health’s Human Resource Department will work with a resident through a corrective action continuum process that provides for increasingly serious steps of corrective action if the problem is not resolved.

2.1. The goal of the corrective action continuum method is to formally communicate opportunities to residents in a direct and timely manner so they can improve their performance. The Corrective Action Continuum method also encourages appropriate documentation of the program director’s efforts in the event of remediation, probation, suspension, non-renewal, non—promotion, probation, or dismissal of a resident.

3. All corrective action must be documented on the Resident Corrective Action form. The Program Director must include on the form specific information regarding the event and the specific level of corrective action taken. It should be discussed with and signed by the resident to indicate that he/she has read and received a copy of the action. (Signing the form does not necessarily mean the resident agrees with the action.) If he/she desires to write a rebuttal, he/she will be permitted to do so and it will be attached to the corrective action form for inclusion in his/her Human Resources file.

4. The Corrective Action Continuum consists of the following levels: (see policy on Remediation)

4.1. Level 1 Constructive Advice – For minor offenses

4.2. Level 2 Performance Improvement Plan – For repeated minor offenses, or the first occurrence of a more serious infraction. At this level a Performance Improvement Plan for Academic or Professional Development must be initiated and submitted with the corrective action to be filed in resident’s HR file. (Improvement plan for attendance is optional).

4.3. Level 3 Formal Probation – Deficiencies or offenses that have not been corrected. A Level 3 offense will be placed in the resident’s permanent and HR file. This Level is eligible for resident grievance under the Policy on Grievance and Due Process. A Pharmacy Department Leader must seek professional consult from the PH Human Resource Department.
4.4. Level 4 Dismissal – Resident dismissal from his/her program. A Level 4 offense will be placed in the resident’s permanent and HR file. This Level is eligible for resident grievance under the Policy on Grievance and Due Process. A Pharmacy Department Leader must seek professional consult from the PH Human Resource Department.

Pharmacy Residency Remediation

Effective Date: July 1, 2018
Review Date: June 1, 2018

Name of Associated Policy: Dismissal of Residents, Grievance and Due Process, Corrective Action, PH Policy on Standards of Behavior

RESPONSIBLE POSITIONS (TITLE):

— Pharmacy Resident
— Residency Program Director
— Residency Leadership Committee
— Director of Pharmacy

Policy Statement: Each residency program is responsible for assessing and monitoring each resident's academic and professional progress including specific knowledge, skills, attitudes, and educational experiences required for residents to achieve competence in patient care, pharmacy knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems based practice, as well as adherence to departmental policies concerning resident education and Prisma Health's policies. Failure to demonstrate adequate fund of knowledge or professional decorum adequately in any of these areas may result in remediation or more stringent disciplinary and corrective action if deemed appropriate.

PROCEDURE STEPS, GUIDELINES or RECOMMENDATIONS:

This policy has been developed in accordance with ASHP guidelines to provide fair and formative remedy – with due process – for residents failing to meet expectation in the core competencies. The objective of this policy is to provide constructive feedback and encouragement to overcome deficiencies. In the event that a deficiency is persistent and inconsistent with the practice of pharmacy, this policy also provides guidance for the due process leading to adverse actions such as extension of training, probation, or dismissal from the program. Apart from this policy, if a resident commits an egregious act, he or she may be dismissed from direct patient care or from the program in accordance to Prisma Health's Behavior Expectations. This policy also reflects PrismaHealth’s Corrective Action Policy such that corrective action is not punitive. Instead it emphasizes correcting the problem while maintaining the resident’s dignity and respect. Depending on the severity of the offense or deficiency, appropriate steps will be taken to work with the resident through a process that provides for increasingly serious steps if not resolved. A Program Director may seek confidential counsel of the Residency Leadership Committee or Pharmacy Director at this point or as he/she considers any graduated serious action or subsequent levels. In addition, a Program Director may initiate an offense or deficiency at his/her discretion at any Level, as defined below.

1. Level I – Constructive Advice:
   1.1 If a resident is identified as failing to meet the minimum requirements for progression in the program in any core competency, preceptors or residents will notify the Program Director and
disclose the details of the concern. A Program Director may take any of the following action and does not have to move through these actions in a consecutive manner.

1.1.1 Meeting and Basic Documentation: The Program Director will meet with the resident to discuss the deficiency or offense. If the Program Director determines that no further action is warranted, no documentation will be placed in the resident’s file. If the Program Director determines that the concern is sufficient to warrant documentation, the concern and an action plan for remedy will be placed in the resident’s file. If remediation is successful, documentation will be removed from the resident’s file upon graduation. If remediation is not successful, further action will be taken. In any case, the documentation produced at this level is NOT reportable.

1.1.2 Follow Up: If any action, as defined in a Level 1 deficiency or offense occurs, at least one follow up meeting is required between the resident and Program Director to assess progress.

2. Level 2 — Performance Improvement Plan:

2.1 If a resident has previously met with the Program Director and he/she has provided basic documentation and a similar concern is again raised or if a more serious infraction occurs, the Program Director will document the (additional) details of the deficiency or offense using Prisma Health’s approved Performance Improvement Plan. The plan (may also be termed a Remediation Plan) should include the Director’s recommendations and conclusions prescribed to the resident, along with any accompanying corrective action plan or possible remediation plan.

2.2 The Program Director should inform the Residency Leadership Committee of any corrective action or remediation plans as soon as possible. The Program Director will then meet with the resident to discuss the action plan. The resident will be required to sign the formal action plan and is able to write a rebuttal to the plan.

2.3 A copy of the plan and any accompanying rebuttal letter will be forwarded to the department Manager for review and additional recommendations, if any.

2.4 Once the pharmacy manager has reviewed all the documents, they will be placed in the resident’s file.

2.4.1 The status of the resident in correcting the deficiency will be reevaluated at a time commensurate with the severity of the deficiency, usually between four weeks and three months.

2.4.2 Any decisions to implement an improvement plan should be based on timely evaluation of the resident by the Program Director and must be supported by appropriate documentation.

2.4.3 The resident should have received warning of deficiency(ies) prior to the problem(s) reaching a Level 2 improvement plan unless the infraction is of a more serious nature.

2.5 A program director may seek confidential counsel of the Residency Leadership Committee as he/she considers any graduated serious action or subsequent levels. If progress through the improvement plan is successful, all documentation will be removed from the resident’s file upon graduation.

3. Level 3 — Formal Probation

3.1 If, during evaluation, it is found that a deficiency or offense has not been corrected satisfactorily, the resident will be placed on formal probation, (hereinafter “probation”). Moonlighting privileges, if previously granted, will be suspended.

3.2 The Program Director must inform the Residency Leadership Committee and Director of Pharmacy of formal probation plans as soon as possible and present his or her recommendation for probation to the Residency Leadership Committee for formal action prior to implementation.

3.3 The recommendation for probation, along with the prescribed corrective action, will be documented in an addendum to the original letter of counseling (if started at Level I). Documentation
will include a statement that formal probation is reportable on all future state licensing and credentialing forms in most states and signature blocks for the Program Director, the resident and the Director of Pharmacy. Specifically, the statement should include:

3.3.1 The nature of the offense or deficiency;
3.3.2 A summary of due process and remediation opportunities during a probationary period (i.e., constructive advice, improvement plan, etc.);
3.3.3 Statement of failure to successfully remediate the offense or deficiency during the probationary period;
3.3.4 Final recommendations for corrective action that must be met within the probation in order to avoid prolongation of training, dismissal from the program or other adverse action;
3.3.5 A statement that failure to meet recommendations for corrective action in three months will result in permanent dismissal from the program if this is intended; and
3.3.6 Signature blocks for the Program Director, the resident and the Pharmacy Director. The resident’s signature box will be placed below a checkbox stating, “I accept the terms of probation as outlined in this letter”.

4. Final recommendations for corrective action must be met within the probationary period in order to avoid prolongation of training, dismissal from the program or other adverse action.

5. A prescribed date of reevaluation for final disposition commensurate with the severity of the deficiency, usually between four weeks and three months. At this time, the status of the resident’s correction of the deficiency will be reevaluated. Comments may be solicited from involved individuals and compiled – along with other evidence of successful movement while on probation – into a reevaluation addendum to the letter of counseling.

6. Once the resident has successfully demonstrated adequate correction of the documented deficiency (-ies), this reevaluation letter will state that probation was successful and will be maintained in the resident’s file.
Pharmacy Residency Grievance and Due Process

Effective Date: July 1, 2018
Review Date: June 2018

Name of Associated Policy: Remediation, Corrective Action, Dismissal of Residents

RESPONSIBLE POSITIONS (TITLE):

— Pharmacy Resident
— Residency Program Director
— Residency Leadership Committee
— Director of Pharmacy

Statement:
Residents are provided a process for resolving academic and job-related complaints. This includes grievances related to probation, suspension, or dismissal.

PROCEDURE STEPS, GUIDELINES or RECOMMENDATIONS:

7. A resident who has a dispute or grievance must discuss this with his/her Program Director who will make every effort to resolve the matter within seven (7) calendar days from the date the discussion was held.

8. If the response is unsatisfactory to the resident, the resident must request a meeting with the Residency Leadership Committee within seven (7) calendar days of the Program Director’s response.

9. The meeting with the Residency Leadership Committee will be conducted no more than ten (10) calendar days from the date of the request.

10. The Committee will investigate and review the resident’s grievance and will respond with a decision in writing to the resident within ten (10) calendar days from the date the meeting was held.

11. Copies of the Residency Leadership’s response will be furnished to the HR Business Partner and the Program Director.

12. If the Residency Leadership Committee’s response is unsatisfactory to the resident, the resident may make a final appeal through Prisma Health’s Human Resources Office by submitting a written statement to the assigned HR representative within ten (10) calendar days from the decision. The statement should recap the facts of the situation or event and must include a suggested remedy for the situation.

13. The HR representative will provide the Corporate Director of Human Resources Operations or his/her designee with the resident’s statement and documents pertinent to the dispute or grievance.

14. The final appeal is a paper review of all documents related to the dispute or grievance. The Corporate Director of Human Resources Operations is not obligated to meet with any parties. The Corporate Director of Human Resources Operations will respond within ten (10) calendar days in writing to the resident, Pharmacy Director, and Program Director. The decision will be final.

15. Should a recommendation for Level 4 Dismissal be overturned after a successful appeal, the resident will be responsible for completing any training time lost during the appeal process.

16. Failure to meet timelines or receive approval for extension of timelines will result in forfeiture of grievance rights.

17. Requests to extend any deadlines in this process will only be considered based on extenuating circumstances:
   17.1 Extensions will be considered only when requested in advance of deadlines.
   17.2 The decision to extend a deadline will be made by the Corporate Director of Human Resources (or his/her designee).
   17.3 Approvals for a delay will be communicated to the parties involved.
Pharmacy Residency Dismissal

Effective Date: July 1, 2018
Review Date: June 2018

Name of Associated Policy: Corrective Action, Grievance and Due Process, Remediation

RESPONSIBLE POSITIONS (TITLE):

— Pharmacy Resident
— Residency Program Director
— Residency Leadership Committee
— Director of Pharmacy

Statement A resident may be dismissed "for just cause". In all cases, however, the resident has the right to appeal the decision in accordance with the resident Grievance and Due Process Policy.

PROCEDURE STEPS, GUIDELINES or RECOMMENDATIONS:

1. A resident may be dismissed "for just cause." Causes for dismissal include, but are not limited to, the following:
   1.1 Incapacitating illness, which in the judgment of the resident's Program Director precludes the resident from participation in the Pharmacy Residency Program and patient care activities.
   1.2 Failure by the resident to abide by policies of Prisma Health, ASHP policies, or pharmacydepartmental policies.
   1.3 Failure by the resident to demonstrate, meet, or maintain satisfactory levels of academic, professional, and/or clinical performance required by the residency program (See Remediation Policy)
   1.4 Failure by the resident to comply with licensure, registration or certification requirements as required by the South Carolina Board of Pharmacy, LLR.
   1.5 Actions which directly violate any of the terms of the resident agreement of appointment.
   1.6 Willful or inexcusable breaches of Prisma Health’s rules or regulations (see Corrective Action policy).
   1.7 Unprofessional conduct or behavior by the resident which in the opinion of the Program Director and Prisma Health, interferes with the performance of the activities provided for under the resident agreement of appointment and/or which are determined by the Program Director and the Pharmacy Department Leadership to be unsatisfactory.

2. The Program Director will present the recommendation for dismissal to the Residency Leadership Committee and Pharmacy Director.

3. The Program Director and Pharmacy Director will officially act on the recommendation.

4. The Residency Leadership Committe may impose temporary action (e.g., administrative leave) until the above parties meet. (See Remediation Policy)

5. The Program Director will notify the resident of dismissal decision and will collect identification badges, keys, and any other facility and records access items as soon as possible.

6. The Program Director will close out the resident in Pharmacademic as accordance with ASHP regulations.

7. In the event of dismissal, the resident has the right to appeal the decision in accordance with the Resident Grievance and Due Process Policy.
Appendix N
Residency Advisory Council

The Residency Advisory Council is composed of the PGY1 residency leadership team, including, resident advisors and the upcoming month’s preceptors. Advisors will be appointed by the residency leadership committee from the PGY1 residency preceptor pool.

Advisors will represent the group at each residency preceptor advisory meeting and be responsible for reporting back relevant information to their respective preceptor group. They will also be responsible for bringing concerns and discussion points to the meeting. Prior to each meeting, the advisor will be tasked with receiving any pertinent feedback from the current month preceptor as well as ensuring this feedback was already discussed with the resident.

In specific cases, individual preceptors may be invited to discuss proposals, resident concerns or other specific issues. This will be issued by the PGY1 Program Directors and included in the agenda.

An alternative to the current model of preceptor meetings is to hold quarterly full preceptor group meetings for brief standard updates (not open discussion of residents) with the focus shifting primarily to preceptor development. This would give an opportunity to integrate interactive, engaging and comprehensive preceptor development.