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**Northeast Georgia Medical Center  
Postgraduate Year-1 (PGY-1)  
Pharmacy Residency Program Manual**

## **TERMINOLOGY**

RPD – Residency Program Director

RPC – Residency Program Coordinator

RAC – Residency Advisory Committee- consists of the RPD, RPC and selected preceptors

*PharmAcademic* – Online system, supported by ASHP to document and track residency program evaluations, learning experiences, preceptors, residents, and residency program policies.

SME – Subject Matter Expert

## **ASHP PURPOSE STATEMENT FOR PGY-1 RESIDENCY PROGRAMS**

To build upon Doctor of Pharmacy education and outcomes to develop pharmacist practitioners with knowledge, skills and abilities as defined in the educational competency areas, goals and objectives. Residents who successfully complete PGY-1 residency programs will be skilled in diverse patient care, practice management, leadership and education, and be prepared to provide patient care, seek board certification in pharmacotherapy and pursue advanced education and training opportunities including PGY-2 residencies.

## **PROGRAM DESCRIPTION**

Northeast Georgia Medical Center - Gainesville, the primary residency training site, is a large not for profit, 600- bed community, teaching hospital. The Medical Center is part of Northeast Georgia Health System, which includes four additional hospital campuses, Ambulatory Care Services, Georgia Heart Institute and Imaging Centers. Northeast Georgia Medical Center- Braselton is a 134-bed community hospital, located approximately 15 miles from the Gainesville campus. The Health System serves 18 counties and 1 million people in Northeast Georgia. The Gainesville campus is a Level 1 Trauma center, Comprehensive Stroke Center, Surgical Center of Excellence, major Cardiac Center with Invasive and Non-Invasive Procedures, Heart Failure, LVAD, ECMO and Open-Heart Surgery Programs, The Gainesville campus has 80 critical care beds with Medical, Surgical/Trauma, Cardiovascular, Pulmonary and Neuro specialties. The Emergency Department sees over 100,000 patient visits annually. The Health System is a site for Graduate Medical Education Programs in Internal Medicine, Family Medicine, Emergency Medicine, Surgery and Psychiatry, which augment the teaching component of the pharmacy residency program. The residency program's mission mirrors the organization's - to improve the health of our community in all that we do.

Northeast Georgia Medical Center has offered a patient-centered, highly structured, ASHP-accredited pharmacy residency program since 2004. The program is designed to build upon the knowledge and skills gained from the Doctor of Pharmacy degree, offering a wide range of learning experiences and expert level preceptor faculty who support, guide and challenge the resident to continuously improve, practice independently and advance the profession. During the 12 months of training, the resident is actively involved in optimizing medication therapy, serving on multidisciplinary care teams, conducting practice-based research, and building leadership skills. Each resident's plan is customized to their personal goals and those required by ASHP. The program prepares the resident for a Health-System Pharmacist Position, PGY-2 Residency Program and/or Board Certification.

## **DESIGN AND STRUCTURE**

The PGY-1 Residency Program will comply with the current duty hour standards of ASHP. Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Refer to the following link for reference. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>. Each resident will attest to hours worked monthly in *PharmAcademic*. This will be reviewed by the RPD/designee to ensure compliance with the duty hour standard.

The Residency Program is 53 weeks in duration. Residents gain experience and independent practice with a variety of disease states and conditions and a diverse range of patients' medication treatments and health-related needs. Residents gain experience in recurring follow-up of patients assigned, relative to the practice environment. Residents spend 2/3 or more of the program in direct patient care.

Learning experiences will be scheduled using the following classifications:

*Block Learning Experiences* – three to five consecutive weeks in duration

*Longitudinal Learning Experiences* – 52 weeks in duration; select experiences also have dedicated time

### **Required Block Learning Experiences: 36 weeks**

Orientation (5-6 weeks)

Internal Medicine (3 weeks)

Trauma (3 weeks)

Emergency Medicine (4 weeks)

Cardiology (4 weeks)

Antimicrobial Stewardship (4 weeks)

Medical Critical Care (4 weeks)

Medication Safety (4 weeks)

Ambulatory Care- (4 weeks; offsite location up to two days/week; travel reimbursement provided)

### **Required Longitudinal Learning Experiences: 52 weeks (See structure grid below for more details)**

Practice Management/Leadership

Nutrition Support, Pharmacokinetics, Anticoagulation/Weekend Learning Experience

Formal Presentations

Research Project (also includes a two-week block in February)

Research MUE (also includes a two-week block in December)

Staffing (Order Verification/Pharmacy Operations)

**Elective Block Learning Experiences\*: 12 weeks total (3 per resident)**

- Advanced Ambulatory Care (Offsite)
- Advanced Emergency Medicine
- Advanced Internal Medicine
- Advanced Medication Safety

**May only choose one of the following:**

- Braselton-Acute Care (Offsite)
- Cardiovascular Critical Care
- Neurocritical Care
- Surgical Trauma Critical Care

*\*Other electives may be developed based on resident interest and preceptor availability*

**Program Structure Grid**

<b>June-July Orientation</b>	<b>End of orientation to December</b>	<b>December</b>	<b>January to June</b>
<p><b>5-6 weeks</b> Orientation calendar Epic Training ACLS (pre and full 2 day) Staffing Training Operational Training Clinical Training Research Training</p>	<p><b>19 weeks of core</b>  First 6 weeks is Internal Medicine and Trauma  Subsequent Block experiences determined by resident’s entering interest survey and self-reflection</p>	<p>End of 5<sup>th</sup> block experience  Midyear/PPS  Research- 2 weeks</p>	<p><b>26 weeks of residency</b> Research- 2 weeks (after 6<sup>th</sup> block experience)  Remainder of “Required Block experiences”  Chosen “Elective Block experiences”  Sequence of remaining block experiences based on resident’s development plan</p>
<p>Longitudinal:</p> <ul style="list-style-type: none"> <li>- Nutrition Support, Pharmacokinetics, Anticoagulation/Weekend <i>Every other weekend; Minimum 22 weekends per resident; 8 hours per weekend day</i></li> <li>- Staffing (Order Verification/ Pharmacy Operations) <i>2-hour session during each weekend day worked then a 2-hour weekday evening session every other week; Minimum of 36 staffing sessions during year</i></li> <li>- Research MUE/Research Project <i>Dedicated time - 2 weeks December and 2 weeks February MUE Poster presented at Spring Georgia Society of Health-systems Pharmacists (GSHP) meeting Project presented at as platform at Southeastern Residency Conference (SERC)</i></li> <li>- Formal Presentations <i>Deliverables evaluated as they occur- GME noon conference, GSHP webinar/CE, MUE Poster presentation, Journal Clubs(2), SERC Platform Research presentation</i></li> <li>- Practice Management/Leadership <i>Minimum of 2 sessions each quarter during residency year Sessions are ½ day or full day Minimum 1 monograph presented at P&amp;T or Antimicrobial Stewardship Committee</i></li> </ul>			

For each learning experience, a syllabus is available in *PharmAcademic* that contains the following: Description, Disease States Covered, Role of Preceptor, Resident Expectations, Goals and Objectives taught and evaluated (TE) or taught (T) only, learning activities, expected progression and evaluation schedule. These are reviewed with the resident at the beginning of each experience. The resident will maintain a record of all completed activities during each learning experience.

## **PROGRAM ASSESSMENT STRATEGY**

Four types of assessment will occur:

1. Preceptor evaluation of resident attainment of objectives – Summative
2. Preceptor evaluation of resident attainment of objectives – Formative
3. Resident evaluation of the preceptor
4. Resident evaluation of the learning experience

The summative evaluation will be completed by the preceptor at the end of each learning experience. The summative evaluation is a written and qualitative tool used for documenting resident performance on the objectives assigned to the learning experience. The final document should be reviewed directly with the resident. For longitudinal learning experiences, a summative evaluation is completed at the end of each quarter unless noted otherwise. (*The scale used for summative evaluations is found on page 18*)

During the learning experience, the resident and preceptor should review the syllabus periodically to assure continued progression of learning, and, if necessary, to concentrate on specific objectives. Objectives designated as **TE** must be evaluated, unless marked as achieved for residency. Specific learning activities for **TE** objectives are included on the syllabus.

Formative feedback will be documented in *PharmAcademic* at a minimum of one time during each learning experience. A Resident not progressing as expected or meeting predefined expectations will receive more frequent weekly feedback. Formative feedback is written and qualitative in nature, any adjustments in activities, expectations or patient case load will also be noted. The preceptor may choose to document a Midpoint evaluation using this modality. Formative feedback will be uploaded into *PharmAcademic* routinely when written or verbal feedback is documented on resident's drafts of the following: Abstract, Poster, IRB research protocol, SERC Presentation, Journal Club, Case Presentations, in-services, or webinars.

The third and fourth evaluation tool is the resident's evaluation of the quality of the learning experience and preceptor performance. This is a valuable tool that allows the resident to make suggestions on how to improve experience. This activity facilitates performance improvement of the residency. It also allows the resident to build skills in providing constructive feedback. The resident evaluation of the preceptor is completed at the end of each learning experience (for longitudinal, this applies to the end of the 12-month period). The Resident evaluation of the learning experience occurs at the end of each learning experience (for longitudinal rotations, there is one at Midpoint and at the end of the 12 months).

All evaluations that are assigned to the preceptor and/or resident should be completed no later than 7 days after the due date assigned in *PharmAcademic*. The preceptor will review all evaluations with the resident.

Each resident will have an initial development plan within the first 30 days of the residency, followed by quarterly updates. This will include an assessment of resident's overall performance, self-evaluation, strengths/successes, opportunities for improvement, milestones (on track for residency certificate), career goals and any changes to the resident's schedule or activities based on this review. At the second quarterly meeting (Jan/Feb time frame), an assessment of objectives that can be marked as achieved will occur. If any deficiencies are identified, opportunities during elective time to assess these objectives will be incorporated into the resident plan. The quarterly review will be a formal meeting with the RPD, RPC and mentor, if applicable. The plan will be documented in *PharmAcademic*.

## **RESIDENCY POLICIES AND GUIDELINES**

The following policies are provided at the end of the document. They are provided to the resident for review at multiple times: offer to interview, during interview and during orientation.

1. Pharmacy Resident Program Duty Hours and Moonlighting Policy (*See page 12*)
2. Pharmacy Residency Program PTO/Absences Policy (*See page 13*)
3. Pharmacy Residency Program Disciplinary/Remediation/Withdrawal Policy (*See pages 14-15*)
4. NGHS External Presentation Policy (*See pages 16-17*)

## **RESIDENCY MENTORSHIP PROGRAM**

Each resident will be required to choose a mentor (i.e., advisor) for the course of the residency program. The advisor is a preceptor who can be a sounding board for the resident, encourage and guide the resident throughout the year. The resident must choose a mentor by September 1<sup>st</sup> of the program. The mentor will provide input into the resident's customized residency plan.

The goals of the program are as follows:

- For the resident and his/her advisor to touch base at regular intervals (i.e. monthly for 30 minutes at a minimum)
- Discuss both personal and professional issues in the meeting (anything that impacts residency training)
- For the advisor to aid the resident with organizing and meeting deadlines
- For the advisor to address issues with the resident that are discussed during the clinical meeting (i.e. help the resident to understand any issues and improve)

Selection Process:

- During the first 1-2 months of the residency, the resident will meet the preceptors through Orientation or Scheduled appointments.
- The resident will choose a mentor by September 1

## RESIDENCY CERTIFICATE PROVISION

An ASHP accredited residency certificate will be awarded upon the successful completion of the following requirements:

- 85% of objectives marked as *achieved for the residency (AchR)*
- All assigned evaluations completed in *PharmAcademic*
- Major residency research project completed with final manuscript approved by project preceptor(s)
- Presentation of residency research project at *Southeastern Residency Conference* or another professional forum
- Poster presentation of MUE at regional or national meeting (i.e. *ASHP or GSHP*)
- Formal presentation of pharmacist CE (i.e. *GSHP* webinar)
- Other required formal presentations (eg. GME noon conference, Journal Clubs(2))
- Formal Medication Monograph presented at P&T or Antimicrobial Stewardship Meeting
- Weekend (22) and Staffing (36) assignments are fulfilled
- Practice Management/Leadership sessions are attended (8)
- Completed precepting experiences (3)
- Deliverables (presentations, posters, journal clubs, etc.) are uploaded to *Pharmacademic*
- Exit Survey and all Pharmacademic evaluations are completed

Evaluation of the resident's progress in completing the requirements is reviewed in the quarterly development plan meeting. The resident may request an extension in writing to the RPD and Executive Director of Pharmacy if the above requirements are not expected to be completed by June 30. The RAC will review the request for extension. If the resident is not achieving satisfactory progress on learning experience evaluations, the current Pharmacy Residency Program Disciplinary Policy will be followed. If the resident misses **37 or more days** of the residency program, including sick days, holidays, vacation, interview/ personal days or conference attendance, the residency program must be extended past June 30<sup>th</sup> for the resident to successfully meet the requirements for residency certification. \*Refer to the *Pharmacy Residency Program PTO/Absences Policy* for further information.

## RESILIENCY AND WELL-BEING ASSESSMENT

The following components of the program support resident resiliency and well-being:

- Resiliency and well-being will be discussed and monitored through bi-monthly resident meetings and quarterly residency plans.
- The organization offers an Employee Assistance Program (EAP)
- The resident is trained and coached to work efficiently on weekends to support work-life balance
- There is no “on call” component to the residency program
- On Day 12, the resident will be required to leave by 1200. If the resident worked a high number of hours in the previous 11 days, the preceptor may allow the resident to take the full day off
- The resident’s weekend schedule will allow for 4 periods during the residency where the resident is off multiple weekends in a row (compared to normal every other weekend longitudinal schedule). These dates are chosen based on high pressure times of the residency.
- The residents’ evening staffing is capped at 2 hours every other week.

- Two weeks in February are designated as a concentrated research block to allow residents and preceptors time for the residency interview process.

## **OVERSIGHT AND PERFORMANCE IMPROVEMENT METHODS**

The PGY-1 Residency is fully accredited by the American Society of Health-System Pharmacists. The complete ASHP PGY-1 Residency Standard is available at [www.ashp.org](http://www.ashp.org).

The RAC meets monthly to discuss the residents' progress. This meeting provides a forum for direct, consistent communication between the preceptors. The attendee list and minutes of the meeting are documented on the Residency Program Teams page. Specific discussion points include resident progression clinically, achievement of objectives, strengths, opportunities, status of milestones for longitudinal learning experiences, and any preceptor concerns.

Annually (Spring), all preceptors will participate in an off-site retreat to promote continuous program improvement. An annual review of the residency program, including structure, design, and evaluation strategies will be conducted including resident feedback. This feedback as well as the preceptors' feedback is used to make changes for the following residency class. Any changes made in the previous class is also reviewed. Other agenda items include planning for the next residency class and an opportunity for preceptor development. The attendees and minutes of the meeting are documented Pharmacy Residency Program Teams page..

## **CRITERIA FOR PRECEPTOR STATUS**

The RPD is responsible for the initial appointment of preceptors and reappointment every 4 years. Each preceptor is required to update their ASHP Academic and Professional Record (APR) annually. The RPD utilizes this document to determine appointment and re-appointment. If a preceptor does not meet the criteria as outlined in the APR, a development plan will be created and documented by the RPD. Refer to number 3 below for details.

Minimum Requirements for preceptorship (Must meet ALL):

- Licensed Pharmacist in the state of Georgia
- Completion of one or more ASHP- accredited residency programs or equivalent experience
- SME in the area precepted
- Six months of experience in the organization prior to appointment
- Completed Academic and Professional Record
- Preceptor for IPPE and/or APPE pharmacy students
- Orientation by PRD or RPC on residency program, *PharmAcademic*, and evaluation strategies to include development of learning experience.

Preceptor Responsibilities:

- The preceptor must be willing and able to serve as a role model for the residents.
- Actively participate in the residency program (attend resident presentations, RAC meetings, residency retreat and development activities)
- Update learning experience annually
- Assist in training of new residents during the orientation learning experience.

- Assist in review and/or interviewing resident candidates.
- Precept or co-precept one component of the residency program annually (core learning experience, elective learning experience, longitudinal learning experience, presentation, research, MUE, formulary review, poster presentation, weekend training) OR, serve as a resident mentor

If a pharmacist does not meet preceptor criteria as defined in the APR, a development plan will be created. The development plan must be signed by the pharmacist and the RPD. The development plan is preceptor specific and may include one or more of the examples below:

- Plan for obtaining Board Certification or other applicable certification.
- Appointment to a Medication Policy Committee
- Participation in a medication use evaluation, research project and/or drug monograph
- Formal presentation to pharmacy, nursing, or medical staff
- Appointment as a preceptor for IPPE and/or APPE pharmacy students
- Serve as a co-preceptor for a current resident learning experience where primary preceptor serves as a mentor.
- Any other examples deemed appropriate and applicable by RPD and RPC

## **PRECEPTOR DEVELOPMENT PROGRAM**

Any new preceptors to the program will be required to receive an orientation of the residency program and *PharmAcademic* by the RPD and/or RPC, develop a learning experience description approved by the RPD and/or RPC and apply for student preceptor status for IPPE and/or APPE pharmacy students. Attending preceptor development activities are required.

### Annually

- At the residency retreat, a preceptor development pearl will be presented and discussed. Any trend in resident feedback will be discussed.
- A survey of preceptors' needs will be assessed by the RPD with a schedule of preceptor development activities published.
- Each preceptor is required to document personal goal(s) for either improving their preceptor skills or their learning experience.

### Quarterly

- Live (with virtual option) preceptor development sessions offered.
- Independent reading or webinar assigned to each preceptor.

### Monthly

- During the RAC meetings, preceptors will share any positive or challenging teaching moments or solicit feedback on resident/preceptor interactions.



**RESIDENT RESEARCH INFORMATION****MUE (Medication Use Evaluation):**

Majority of the MUE will be conducted during the 1st half of the residency program. This is intended to be a smaller, more focused, performance improvement experience on a specific medication, therapeutic class, disease state or medication-use process. (Examples: This can be a topic recommended by the P&T committee after formulary implementation to assess provider adherence to criteria; review of any side effects/safety issues after formulary implementation; assessment of a component of antimicrobial stewardship or opioid stewardship; assessment of a high-cost medication to determine cost effectiveness; assessment of a drug shortage alternative; assessment of one component to a pharmacy consult service)

- A. Topic chosen by August 1
- B. MUE Plan documented by September 1
- C. Data collected Sept- November (after WIRB submission for longitudinal project)
- D. GSHP Spring Poster Session abstract due by mid-February (allow preceptors 2 weeks to review/edit prior to submission date)
- E. Poster created and approved by preceptor(s) by end of February-early March (allow preceptors 2 weeks to review/edit before print)
- F. Present poster at GSHP Spring Meeting (~Late March)
- G. MUE presented at P&T in April-June in poster format

**Research Project:**

Project will be conducted longitudinally throughout the residency year. This is intended to be a larger project (quality improvement/assessment, pre/post intervention, more involved retrospective chart review, prospective chart review, assessment of a new pharmacy service line, or surveys) with minimal to no risk to the patient and with all of the following: one primary and one secondary objective, multiple outcome measures, larger number of patients, IRB submission, statistical analysis and formal written manuscript for publication in a medical journal.

- A. Topic chosen by August 1
- B. CITI training (completed by September 1)
- C. Protocol drafted by Sept 15
- D. Create power-point slide set of the following: title, disclosures, objectives, rationale, study design, methodology, data to be collected, outcome measures using SERC slide set template. Present to all preceptors end of September
- E. Submission to WIRB (web-based IRB) after protocol drafted and approved by preceptor(s) no later than mid- October
- F. Data collected November – March
- G. Request to statistician in March
- H. Registration and SERC Abstract due March 1 (allow preceptors 2 weeks to review/edit)
- I. Practice SERC presentation (10-12 minute in duration) to all preceptors early April. Add the results and any conclusions to the slide set referred to in “D” above.
- J. SERC presentation end of April in Athens, GA
- K. Final manuscript ready for submission to a medical journal due end of June before end of residency program

**Guidelines for Presentations:**

- NGHS requires use of an NGHS template for all Power Point Presentations and Posters. These can be found on the Public Relations & Marketing Sharepoint (Connect) site.
- NGHS requires notification of any external presentation or poster presentation (provided outside of the organization, such as to GSHP, ASHP or other forums). The notification should be done at least 3 weeks prior to the presentation using Service Now. Search for “External Presentation Request” and complete the questions marked with an asterisk. Attach the presentation to the ticket. The purpose of this is for the organization to have visibility around any external presentations being provided.



<b>Title</b>	Pharmacy Resident Program Duty Hours and Moonlighting Policy
<b>Primary Reviewer</b>	Residency Program Director (RPD)
<b>Reviewer(s)</b>	Residency Program Coordinator, Clinical Manager, Executive Director of Pharmacy

### **I. Purpose**

To meet ASHP (American Society of Health Systems Pharmacy) PGY-1 (Post Graduate Year 1) Residency Standards for ensuring the Pharmacy Resident does not exceed allowable duty hours.

### **II. Definitions**

Duty hours are defined as all scheduled clinical and operational activities required in the pharmacy residency program. This includes any hours the resident is assigned to work from home (ie. virtual hours). It excludes reading, studying, academic preparation, travel time and hours that are not scheduled by the RPD or preceptor.

Moonlighting is defined as any voluntary, compensated internal or external employment that the resident commits to while enrolled in the residency program.

### **III. Policy**

Residency training is a full-time experience. The primary responsibility of the resident is to achieve maximum performance in their educational endeavor and provide optimal patient care. It is the responsibility of the residency program to ensure the resident is fit to provide pharmacy services.

External employment, if sought, should be carefully chosen to accommodate variation in rotation responsibilities. Any external employment must be approved by the RPD in advance of starting the residency program. If moonlighting is desired, residents are strongly encouraged to seek employment internally with the Department of Pharmacy as a PRN pharmacist. These shifts may not interfere with any of the resident's learning experience requirements. The RPD and Director of Pharmacy must approve any requests for PRN work. Additionally, the resident's primary preceptor at the time should be notified as soon as possible once the shifts are scheduled. The maximum allowable hours of moonlighting per pay period (i.e. every 2 weeks) is 8 hours.

The PGY-1 Residency Program will comply with the current duty hour standards of ASHP. Duty hours will not exceed 80 hours per week, averaged over a four-week period, inclusive of residency rotation time and any moonlighting hours. Additionally, eight hours of free time occurs between duty periods, one free day for every 7 workdays is provided (averaged over 4 weeks) and continuous duty periods do not exceed 16 hours. Any moonlighting hours the resident works will be included in the duty hours calculation and attestation. Compliance will be assessed by monthly resident documentation of the duty hour attestation in the online residency evaluation tool. If non-compliance is identified, the resident will be coached and a corrective action plan documented.

The resident's primary responsibility is to the Northeast Georgia Medical Center PGY-1 Pharmacy Residency Program and moonlighting should not interfere with this responsibility. Should the RPD deem that moonlighting interferes with the resident's responsibilities and progress towards receiving a residency certificate, he/she may be prohibited from working further shifts.

**IV. References:** <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>



<b>Title</b>	Pharmacy Residency Program PTO/Absences Policy
<b>Primary Reviewer</b>	Residency Program Director (RPD)
<b>Reviewer(s)</b>	Residency Program Coordinator, Clinical Manager, Executive Director of Pharmacy

### **I. Purpose**

To meet ASHP (American Society of Health Systems Pharmacy) PGY-1 (Post Graduate Year 1) Residency Standards for outlining the procedure for Pharmacy Resident absences

### **II. Definitions**

PTO is paid time off

### **III. Policy**

#### **PTO (Paid Time Off)**

PGY-1 Pharmacy Residents accrue 24 days of PTO during the 52- week residency program. In order to ensure successful completion of the program, the residents can use a maximum of 15 PTO days (8 hours each PTO day) during the 52-week program. The balance will be paid out at the end of the residency program or rolled over if the resident takes a part-time or full-time position at NGHS. Requests for PTO during resident orientation will only be approved under extenuating circumstances. Use of PTO should be limited to 2 days for any 4-week learning experience. PTO can be used for sickness/illness, vacation, holidays, personal days or job interviews. Requests for PTO should be submitted in advance for approval first to the assigned preceptor for the affected learning experience at least two weeks prior to the requested absence. The PTO request is then submitted to the RPD for final approval. If a resident needs to use PTO for a sick day, the procedure is to notify the primary preceptor for the current learning experience, the pharmacy supervisor for scheduled staffing or the back-up Clinical Specialist for weekend coverage. A sick note from the physician office may be required.

#### **Professional Leave**

Professional leave is used for attendance at pharmacy conferences such as the ASHP Midyear Meeting, the Southeastern Residency Conference (SERC) or GSHP Meetings. Days out of the accrued PTO balance is not used for conferences. Professional leave is paid days to attend and/or present at assigned conferences. The resident will be allowed a maximum of 10 days of professional leave. Presenting at the SERC conference is a required as part of the residency program. Attendance at ASHP or GSHP may be required as part of the residency program.

#### **Other Leave**

Residents are eligible for bereavement, jury duty and military leave

#### **Extended Leave**

If a resident needs a leave of absence, a formal request must be communicated directly to the RPD as soon as possible. The resident must complete all required paperwork from the NGHS Human Resource leave vendor. The approved leave time will not exceed 60 days. Any available PTO will be used to cover an approved leave. Once the PTO balance is exhausted, there is no further compensation while on leave. The resident's benefits will be continued while on leave provided the monthly premiums are paid.

If a resident misses more than 37 days of residency, including PTO, professional leave or other leave, according to the ASHP accreditation standards, an extension of training is required to successfully complete the program and receive a residency certificate. The resident must request an extension in writing to the RPD and Clinical Manager. The time period of the extension will not exceed 60 days and must be completed by September 1. The request will be reviewed, and a decision communicated to the resident. The Residency Advisory Committee will document an updated training plan for the resident that will equal competencies and time missed. If a resident does not complete the requirements by the approved time period, a residency certificate will not be awarded. The resident will receive compensation and benefits for the extended time if employed by NGHS.

### **IV. Reference:**

Paid Time Off (PTO) policy <https://nghs.ellucid.com/documents/view/4523>

[Bereavement Leave Policy https://nghs.ellucid.com/documents/view/4469](https://nghs.ellucid.com/documents/view/4469)

[Civic Duty \(Jury Duty\) Policy https://nghs.ellucid.com/documents/view/17787](https://nghs.ellucid.com/documents/view/17787)



<b>Title</b>	Pharmacy Residency Program Disciplinary/Remediation/Withdrawal Policy
<b>Primary Reviewer</b>	Residency Program Director (RPD)
<b>Reviewer(s)</b>	Residency Program Coordinator; Clinical Manager; Executive Director of Pharmacy

### **I. Purpose**

To meet ASHP (American Society of Health Systems Pharmacy) PGY-1 (Post Graduate Year 1) Residency Standards for outlining a procedure in the event a Pharmacy Resident requires disciplinary or remediation action.

### **II. Policy**

The following items will trigger dismissal from the program:

1. Any actions deemed a reason for termination of employment according to the NGHS *Employee Termination or Disruptive Behavior/Sexual Harassment Policies*
2. Evidence of unethical or unprofessional behavior not covered in the above policies. Examples include negligence or plagiarism.
3. Failure to become a licensed Pharmacist by examination or by reciprocity in the state of Georgia by September 1<sup>st</sup> of the residency year.
4. Failure of the resident to demonstrate improvement during remediation while in the NGHS probationary period (within 6 months of hire date).

Any resident issues should be documented in the residency online evaluation tool by the preceptor(s) and immediately escalated to the RPD, Clinical Manager and Executive Director of Pharmacy.

The following items will trigger the remediation process:

1. More than one unsatisfactory performance documented (objective rated in online residency evaluation tool as “needs improvement” under summative or formative evaluation)
2. Removal of “achieved for residency” status on any objective per the Residency Advisory Committee (RAC).
3. More than 2 unscheduled absences in a 30- day period

If remediation is required within the first 6 months of hire, the resident is officially placed on probationary status and will receive coaching, and a documented warning and corrective action plan. The resident must demonstrate improvement by the 6-month of hire mark, or the resident will be dismissed from the program. If improvements are seen, the probation status will be lifted.

*Improvement is defined as no subsequent “needs improvement” score documented in the online residency evaluation tool and the percentage of objectives marked as “achieved for residency” increasing.*

If remediation is initiated after 6 months of hire, the resident will receive coaching, and a documented warning and a corrective action plan. The resident must demonstrate improvement and complete all residency required deliverables at a satisfactory or higher performance level to receive a residency certificate at the 52- week mark. If the resident is not demonstrating improvement after 2 consecutive evaluations, a final written warning will be documented. The resident will be given 30 days to make improvements before being dismissed from the program. If demonstrating improvement but in jeopardy of not completing all deliverables on time, the resident can apply for an extension of the program. The time period of the extension will not exceed 60 days and must be completed by September 1. The request will be reviewed, and a decision communicated to the resident. If a resident does not complete the requirements by the approved time period, a residency certificate will not be awarded. The resident will receive compensation and benefits for the extended time if employed by NGHS.

### **Withdrawal from the Residency Program:**

It is the intent of the program to provide a good learning environment for all residents, taking into consideration individual needs and personalities. The RPD and RAC will make all attempts to resolve a problem should any arise during the year. If, however, a resident decides to withdraw from the program, there must be a minimum of a 4-week notice of resignation provided to the RPD. The 4-week notice will not apply in the event that Employee Relations recommends immediate termination.

**IV. References:**

Employee Termination: <https://nghs.ellucid.com/documents/view/4493>

Disruptive Behavior/Sexual Harassment: <https://nghs.ellucid.com/documents/view/4476>



<b>Title</b>	External Presentation Policy
<b>Primary Reviewer</b>	Director, Public Relations
<b>Reviewer(s)</b>	Administrative Chief of Staff

1. Applicability- Select all <b>Entities that the document applies by placing an 'x' to the left of the entity.</b> For a <b>Dept only document</b> , identify specific dept in the appropriate box under (list dept).							
X	NGMC Gainesville-Braselton	X	NGMC Barrow	X	The Heart Center of NGMC (THC)	NGMC Gainesville/Braselton Medical Staff	NGHS Board
	NGMC Gainesville Campus Only		NGMC Barrow Dept: (list department)	X	Northeast Georgia Physicians Group	NGMC Barrow Medical Staff	NGMC Board – Gainesville & Braselton
	NGMC Braselton Campus Only	X	NGMC Lumpkin	X	Northeast Georgia Health Partners	NGMC Lumpkin Medical Staff	NGMC Board -- Barrow
	NGMC Gainesville-Braselton Dept: (list department)		NGMC Lumpkin Dept: (list department)	X	Medical Center Foundation		NGMC Board -- Lumpkin
	NGMC Gainesville Dept: (list dept)			X	NGMC Auxiliary		THC Board
	NGMC Braselton Dept: (list dept)		Other: (specify)	X	NGMC Barrow Auxiliary		NGPG Board
X	New Horizons -- LTC			X	NGMC Lumpkin Auxiliary		Health Partners Board
X	Hospice of NGMC			X	HealthConnection		Medical Center Foundation Board

**I. Purpose**

To promote the highest standard of NGHS’ reputation and brand by delivering organizational information consistently, protecting both patient and strategic information.

**II. Definitions**

n/a

**III. Policy**

From time to time, NGHS employees may be requested or desire to present NGHS organization experience and outcomes at local, regional or national speaking engagements. To ensure proprietary organizational information is appropriately shared and protected, according to NGHS standards, the following procedures and process guidelines should be followed:

**PROCEDURE & GUIDELINES**

1. NGHS employees\* must complete an External NGHS Presentation Request Form, stored in the forms repository on Connect, NGHS’ Intranet, and submit to their Division Chief or VP for authorization prior to accepting any speaking/ presentation engagements. The Request Form must be submitted at least three weeks prior to the expected presentation date.

2. If approved, the responsible Chief/VP should notify the office of the Administrative Chief of Staff of the speaker activity. A composite listing of all approved engagements will be maintained by the Special Project Administrator.

3. All presentations must use an NGHS appropriate presentation template for consistency and abide by the NGHS style guidelines. Potential presenters can find the templates and guidelines on Connect, in the Public Relations & Marketing Department site.
4. Upon approval to accept speaking engagements, a potential speaker/presenter must have their presentation reviewed by their Divisional Chief/VP. Each presenter must attach the presentation/speaking summary to the approved External Presentation Request Form and send to their Chief/VP at least two weeks prior to the expected presentation date.
5. NGHS employees are expected to utilize appropriate judgment in selecting presentation content. Content will be reviewed for sensitive information, based on the intended audience. This review will specifically account for strategic intelligence, private health information, sensitive financial data, legal implications, etc.
6. Employees are not permitted to endorse products while representing themselves as NGHS employees without specific approval by their Chief/VP and review by the Director of Public Relations and Marketing.
7. Employees should not receive direct compensation for external presentation activity. Indirect benefit such as waived program fees, accommodations, etc., should be discussed with the employee's respective Chief/VP for appropriateness.

**Senior Management will consider the following in determining authorization and review of content:**

- Employee's desire/interest to present and share information
- Speaker availability and related departmental resource needs
- Target audience and relationship to NGHS (vendor, competitor, potential alliance, other)
- Restricted information in requested presentation
- Appropriateness of content for intended audience
- Strategic intent of presentation
- NGHS employee's expertise for presentation subject and related target audience
- System resources required to support presentation effort
- Media present at the event

\*For NGPG physicians and advanced practitioners: all requests for approval, as outlined above, should be submitted to the NGPG Chief Physician Executive. For THC physicians and advanced practitioners: all requests for approval, as outlined above, should be submitted to the VP of Heart & Vascular Services.



## SUMMATIVE LEARNING EXPERIENCE EVALUATION SCALE

Rating	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> <li>• Resident unable to perform activity.</li> <li>• Requires extensive preceptor supervision and coaching.</li> <li>• Unable to complete tasks/assignments without complete guidance.</li> <li>• Gathers only basic information to answer patient care or other DI questions.</li> <li>• Other unprofessional activities or behavior.</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ Recommendations are incomplete, poorly researched, lack references.</li> <li>○ Consistently requires preceptor prompting and assistance to communicate or implement recommendations to the team or follow-up on patient care issues</li> </ul>
Satisfactory Progress (SP)	<ul style="list-style-type: none"> <li>○ At expected state for time of residency year</li> <li>○ Performs <i>most</i> skills independently.</li> <li>○ Requires some direction by preceptor to complete tasks.</li> <li>○ Improvement/progression seen, but not mastery of the objective.</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ Able to make recommendations to team without preceptor prompting or assistance.</li> <li>○ Recommendations are straightforward and well-received.</li> <li>○ At times, struggles with more complex recommendations or difficult interactions.</li> <li>○ Consistently able to answer questions of the team and provide complete response with minimal preceptor prompting or assistance.</li> <li>○ May need improvement in identifying supporting evidence to assist with difficult recommendations.</li> </ul>
Achieved (Ach)	<ul style="list-style-type: none"> <li>• Able to practice independently with limited preceptor supervision or assistance.</li> <li>• Preceptor mainly functions in “facilitation” role.</li> <li>• Able to perform skill and self-monitor quality.</li> <li>• Mastered the objective and consistently performed task/ expectation with minimal guidance.</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>○ Recommendations are always complete with appropriate data and evidence; requires no preceptor prompting.</li> <li>○ Consistently makes effort to teach team members the rationale for therapy recommendations and follows up on patient care issues without prompting.</li> </ul>
<i>Achieved for Residency (ACHR status)</i>	<p>Opportunities to mark an objective as <i>achieved for residency</i> is assessed quarterly.</p> <ul style="list-style-type: none"> <li>○ Any objectives evaluated as “achieved” on 2 separate learning experiences are automatically marked as ACHR by the RPD.</li> <li>○ Any objectives evaluated as “satisfactory” or “achieved” are assessed for ACHR status once all opportunities for evaluation are completed. This includes any objectives that are evaluated once during the residency year. Decision for ACHR status will require RAC majority vote.</li> <li>○ Any objectives marked as ACHR are recorded in the RAC minutes and resident development plan.</li> <li>○ Once marked as ACHR, the objective will not require formal evaluation in subsequent learning experience evaluations.</li> <li>○ Removal of ACHR status occurs only by RAC majority vote with a subsequent resident corrective action plan documented in PharmAcademic.</li> </ul> <p>Any objective evaluated as “needs improvement” on 2 separate learning experiences will result in a RAC meeting and the formation of a corrective action plan documented in PharmAcademic.</p>

**PHARMACY RESIDENT PROGRAM COMPLETION TRACKER**

<b>Completion Requirements Tracker Deliverables (number required)</b>	<b>End of Quarter 1</b>	<b>End of Quarter 2</b>	<b>End of Quarter 3</b>	<b>End of Quarter 4</b>	<b>Status</b>
Medication Use Evaluation (1)					
Poster presentation of MUE (1)					
Research Project presented at SERC (1)					
GME Noon Conference (1)					
Journal Club (2)					
CME/GSHP webinar (1)					
Drug monograph presentation at P&T/ASC (1)					
Admin sessions (2 per quarter)					
Student precepting opportunities (3)					
Weekends (22)					
Staffing assignments (36)					
Research Manuscript complete (1)					
All Evaluations complete in <i>PharmAcademic</i>					
All Deliverables uploaded into <i>PharmAcademic</i>					
Exit survey complete					
ACHR % of required objectives (Target >= 85% by end of 4 <sup>th</sup> Quarter)					
R1 Patient Care					
R1.1.1					
R1.1.2					
R1.1.3					
R1.1.4					
R1.1.5					
R1.1.6					
R1.2.1					
R1.2.2					
R1.2.3					
R1.3.1					
R1.3.2					
R1.3.3					
R1.4.1					
R1.4.2					
R2 Practice Advancement					
R2.1.1					
R2.1.2					
R2.1.3					
R2.1.4					
R2.1.5					
R2.1.6					
R3 Leadership					
R3.1.1					
R3.1.2					
R3.2.1					
R3.2.2					
R3.2.3					
R3.2.4					
R4 Teaching/Education					
R4.1.1					
R4.1.2					
R4.1.3					
R4.1.4					
R4.2.1					