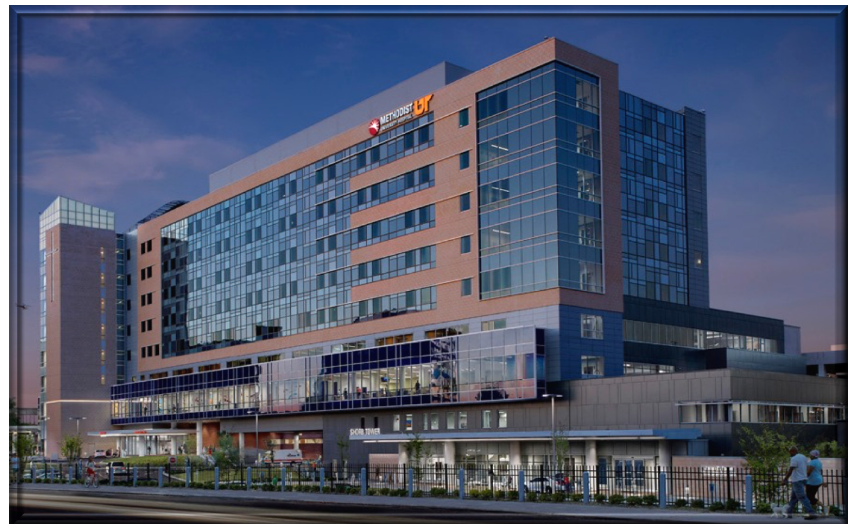
# Methodist Le Bonheur Healthcare

## Pharmacy Residency Program Manual

## Last Updated October 2023



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# WELCOME!

Congratulations on starting your residency training at Methodist Le Bonheur Healthcare (MLH). We are very excited to welcome you as a new member of our highly trained & dedicated pharmacy team. Your training experience will be a very exciting and challenging time in your career. It will provide you with a variety of high-quality learning experiences to further broaden your skills as a leader, researcher, and clinician. We are dedicated to customizing your experience to your specific interests, strengths, and areas for improvement.

Residency training began in 1964 at University Hospital with our first resident, Max D. Ray. Over a decade later, The University of Tennessee sponsored the first pediatric pharmacy resident at Le Bonheur Children's Hospital in 1976. The Methodist Healthcare Family welcomed Le Bonheur into its fold in 1995. With around 20 residents across four sites, including Le Bonheur Children's Hospital, our program typically selects PGY1 residents and is fully accredited in a number of PGY2 specialty residencies including Emergency Medicine, Internal Medicine, Solid Organ Transplant, and Critical Care. All PGY2 residencies are located at Methodist University Hospital, with adult PGY1 residency sites available at University, Germantown, & South hospital locations. Our programs provide residents with the knowledge and skills required to become competent clinical pharmacy practitioners capable of providing pharmaceutical care in a variety of practice settings. In addition, residents are expected to complete a major project relating to pharmacy practice in their area of interest, provide education to patients, pharmacy students and other health professionals in a variety of formal and informal settings, serve on various institutional and departmental committees, and participate in departmental projects.

This year you will experience significant professional growth that is directly related to the amount of commitment, dedication, and self-direction applied. At Methodist, it is our goal to collaborate with you to guide your journey through residency and to promote qualities to further expand your self-motivation and independence. Residents will also actively participate in numerous Department activities. As you begin your experience with us, it is important to understand our Department's Mission and Vision.

| OUR MISSION | OUR VISION |
| --- | --- |
| **To deliver safe medication outcomes through world-class patient care, innovation, research, and education** | **Improving every life through optimal pharmacy care** |

Again, congratulations and welcome to our team! We look forward to a great year working together.

**This manual has been developed for the pharmacy residency programs at Methodist Le Bonheur Healthcare to provide information on the policies, procedures, benefits, and other elements that may directly relate to the completion of our programs. Questions regarding the manual should be directed to tate.cutshall@mlh.org. There may be changes to the policies and procedures at any time when deemed necessary.**

# Diversity, Equity, and Inclusion Statement

Methodist Le Bonheur Healthcare (MLH) Residency Programs are highly innovative environments that challenge residents to reach their full potential through the pursuit of excellence. Our residents are immersed into challenging programs that allow for creativity, refinement of their clinical acumen, and personal growth and development while fostering awareness of the importance of diversity and the impact on patient outcomes as well as inter-professional relationships. At MLH, we are committed to caring for diverse and underprivileged patient populations and understand that having a diverse workforce is representative of the community we serve. Diversity in our workforce allows for an inclusive thought process that helps address disparities in care. MLH is committed to creating and maintaining an environment that embraces, values, and respects the individual differences and unique contributions among our patients and families, associates, physicians, business partners, and the communities we serve. To advance to a more progressive and innovative work environment, discussions and education related to diversity, equity and inclusion are paramount for success.

# Residency Purpose Statements

| Year | Program | Statement |
| --- | --- | --- |
| PGY1 | Adult & Pediatric Hospitals | PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. |
| PGY2 | Critical Care | Each of our PGY2 pharmacy residencies builds on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. These PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings.<br><br>Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available. |
| | Emergency Medicine | |
| | Internal Medicine | |
| | Pediatrics | |

# Residency Program Leadership

**Reporting Structure –** PGY1 and PGY2 residents at MUH report to the Clinical Pharmacy Manager. All residents at Germantown Hospital report to the Director of Pharmacy or their designee. All residents at Le Bonheur Children's Hospital report to the Clinical Pharmacy Manager. The PGY1 resident at South Hospital reports to the Director of Pharmacy.

**Residency Program Director (RPD) -** The RPD has responsibility for their specific residency program. The RPD's role includes responsibility for ensuring that the overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptor oversight for each training period are provided, and that resident evaluations are conducted routinely and based on the pre-established learning objectives. For the PGY1 program, the RPD is assisted by the residency coordinator(s). Program leadership for the current residency year includes:

| Program Director | Program |
|---|---|
| B. Tate Cutshall, PharmD, BCPS | PGY1 Residency – University |
| Anna Bostick, PharmD, BCPS | PGY1 Residency – Germantown |
| Sarah Krizan, PharmD, BCCCP | PGY1 Residency – South |
| Kelly Bobo, PharmD, BCPS, BCPPS | PGY1 & PGY2 Pediatrics – Le Bonheur Children's |
| Lauren Kimmons, PharmD, BCCCP | PGY2 Critical Care |
| Joanna Hudson, PharmD, BCPS, FASN, FCCP, FNKF | PGY2 Internal Medicine |
| Ana Negrete, PharmD, BCPS | PGY2 Emergency Medicine |

**Residency Program Coordinator –** For specific residency programs, a coordinator may be assigned to assist with the day-to-day management of the program. The coordinator's role includes assisting the RPD with tasks related to the residency and serving as the role of RPD in the event the RPD is temporarily unavailable. Program coordinators for the current residency year include:

| Program Coordinator | Program |
|---|---|
| Drew Wells, PharmD, BCPS | PGY1 Residency – University |
| Alaina Dekerlegand, PharmD, BCIDP | PGY2 Internal Medicine |

**Preceptors -** Each rotation has a preceptor who develops and guides learning experiences to meet the residency program and the individual resident's goals and objectives. The preceptor reviews resident performance on an ongoing basis and conducts a final written evaluation at the conclusion of the learning experience.

**Residency Preceptors Committee –** Each individual program holds a Residency Preceptors Committee meeting on either a monthly or quarterly basis. This committee serves in an advisory capacity to the RPD, and endeavors to maintain the quality and consistency of the residency program. The committee provides a forum for preceptors to discuss common concerns, develop additional learning experiences and promote innovative areas of practice.

**Facilitator / Mentor**– Residents will be paired with a facilitator/mentor to advise them throughout the year. Each facilitator/mentor assists with the resident's development, reviews the resident's progress on a quarterly basis, and makes modifications in the plan for development with the resident. The facilitator/mentor may also guide the resident as they select their research project, identify preceptors to assist them with presentations and guide them in career choices. In order to be eligible to serve as a residency facilitator/mentor, the preceptor must have served as part of the residency program for at least 1 year or must have approval from the RPD and Director of Pharmacy. Residents may not select their specific program director to serve as their facilitator. Please see your respective residency appendix for details regarding eligible preceptors and the selection process.

# Program Oversight

All MLH programs are overseen by the Methodist Healthcare Pharmacy Residency Advisory Committee (RAC), whose purpose is to guide the pharmacy residency program(s) throughout the system with respect to the established ASHP Accreditation Standards. The council shall be the final decision making body with respect to qualifications of the training site, residency program directors and preceptors, residency orientation, candidate recruitment, program evaluations, and certification of graduates. The committee is chaired by Tate Cutshall, the MUH Pharmacy Coordinator of Post-graduate Education and PGY1 RPD. Voting members include the committee chair, the program directors and coordinators (if appointed) for each individual residency program, MUH Clinical Pharmacy Manager, and MUH Director of Pharmacy. In the event that a program director is not present, their vote may be conducted by the appropriate designee. Non-voting members who may attend meetings include the Chief Pharmacy Residents and any members of a site specific preceptor advisory group. The duties of the RAC will be delegated amongst committee members by the committee chair.

**Duties of the RAC include, but are not limited to:**

1. Reviews, maintains, and assures that each residency program is in compliance with current ASHP accreditation standards
2. Maintains, reviews, and approves the annual Residency Program Manual
3. Oversees resident orientation and on-boarding
4. Appoints the chief pharmacy resident(s)
5. Identifies, reviews and updates policies related to residency activities
6. Establishes residency applicants' requirements, applicant procedures, and formal review process for evaluation and selection of the resident
7. Maintains resident recruitment materials
8. Approves and reviews residency preceptors and rotations
9. Serves as the peer review counsel for resident disciplinary actions

## Chief Pharmacy Residents

Each hospital may choose to implement a single or shared Chief Pharmacy Resident position. Selection criteria and process are located in each hospital's specific appendix.

Responsibilities of the Chief Pharmacy Resident(s) include but are not limited to:

1. Schedule and chair resident meetings
2. Serve as a liaison to the residency faculty, college of pharmacy, and pharmacy services for resident related issues by attending the preceptors' meeting and the residency coordinating council meeting, as needed
3. Facilitate communication to other residents regarding departmental and system issues
4. Assist the residency leadership in coordinating recruitment activities for the incoming residency class, including updating the website
5. Provide orientation and guidance for the following year's Chief Resident
6. Responsible for coordinating and executing 2 resident community service events per year (varies by site)

# Evaluations

The purpose of resident summative evaluations is to ensure ongoing professional growth in the residency, to help improve the ability to receive feedback, and to expand self-assessment skills. Residents will receive both verbal and written formative feedback from the preceptor for monthly rotations, longitudinal experiences, and presentations. In order to ensure the resident can effectively implement the feedback in future learning experiences, all feedback should be given in a meaningful and timely manner. Verbal feedback is ongoing during the entire rotation or residency experience. PharmAcademic® will be utilized for documentation of formal summative evaluations. Formative feedback that is provided to the resident in addition to PharmAcademic® will be maintained in the resident portfolio. Narrative comments in the evaluations should be focused on identifying strengths and weaknesses, as well as offering coaching and guidance on how to improve in various objective areas. Documentation of what the resident does on rotation is acceptable, but should not be the only narrative present in the evaluation. Each summative evaluation completed by the preceptor should provide specific recommendations for improvement and achievement of objectives for residents on at least 75% of the evaluated areas. For the resident self-evaluation, the preceptor should send back the form to the resident if they have only listed the activities they completed throughout the month without providing a thorough assessment of their own performance. The preceptor should provide feedback to the resident on the correct types of comments that should be included, as well.

**All formal evaluations completed by both residents and preceptors should be completed <u>on the last day of the experience</u> and include the following:**

1. Summative Evaluation of the Resident by the Preceptor
2. Resident Self-Assessment (if applicable)
3. Resident Evaluation of the Rotation Experience
4. Resident Evaluation of the Preceptor

All evaluations should be completed in PharmAcademic® **<u>by the last day of the scheduled rotation month.</u>** Quarterly evaluations should be completed within seven (7) days of the quarterly preceptor's meeting to allow adequate time for the RPD / Facilitator to incorporate the comments from the evaluations into the resident's quarterly assessment. Residents will submit and sign their self-evaluations in PharmAcademic® for the rotation prior to the completion of the preceptor's evaluation, if applicable, and their face-to-face evaluation meeting. After the preceptor has completed their initial summative evaluation of the resident, they will save it in draft form and finalize the evaluation after they have spoken with the resident verbally and discussed the resident's own self-assessment of their performance.

The resident will provide their assessment via an electronic and verbal evaluation of the preceptor during the final monthly rotation evaluation, as well. **Any evaluation not containing at least 1 area of improvement for the preceptor and 1 area for the learning experience will be sent back for edit.** In addition, custom evaluations related to self-assessment of presentations, as well as duty hours will be assessed.

## Evaluation Criteria

| Rating | Criteria |
|---|---|
| Needs Improvement (NI) | • Deficient in knowledge/skills related to rotation area of practice<br>• Requires assistance to complete evaluated goal/objective in >30% of instances<br>• Unable to appropriately identify & retrieve medical literature & self-direct learning during experience<br>• Spends <15% of the rotation month in phase 3 of the resident learning progression phases as outlined in the learning experience description |
| Satisfactory Progress (SP) | • Adequate knowledge/skills related to rotation area of practice<br>• Requires assistance to complete the goal/objective in 10-30% of instances<br>• Able to appropriately identify & retrieve medical literature to self-direct learning during experience, but continues to rely on preceptor for primary education & learning<br>• Spends 15% - 40% of the rotation month in phase 3 of the resident learning progression phases as outlined in the learning experience description |
| Achieved (ACH) | • Exemplary knowledge/skills related to rotation area of practice<br>• Requires assistance to complete the goal/objective in <10% of instances; minimum supervision required<br>• Able to appropriately identify & retrieve medical literature to self-direct learning during experience, & demonstrates this on a regular basis<br>• Spends > 40% of the rotation month in phase 3 of the resident learning progression phases as outlined in the learning experience description |
| Achieved for Residency (ACHR) *to be completed only by the RPD* | • Indicates that the resident can perform associated tasks independently across scope of pharmacy practice<br>• Objectives evaluated on ≥2 occasions may be ACHR after they have been marked achieved on an individual evaluation at least 2 times<br>• Objectives evaluated on <2 occasions may be ACHR after they have been marked achieved on an individual evaluation at least 1 time<br>• On a quarterly basis, the RPD may mark objectives ACHR at their discretion based upon additional feedback received from preceptors related to the evaluated objectives; these will be documented in the quarterly evaluation |

## Development Plans

At the beginning of the year, the resident will construct an Initial Development Plan for the year with the help of the RPD/RPC and facilitator/mentor. Within each development plan, programs may also include specific additional goals, such as a self-care or personal goals. This will customize the training program for the resident based upon the resident's entering knowledge, skills, attitudes, abilities and interests. Residents will be evaluated on their progress monthly by their assigned preceptors, with their Development Plan revisited every 3 months during a quarterly evaluation with the RPD. Quarterly Developments Plans are completed using a standard template that was created in conjunction with residency program leadership and the ASHP residency accreditation standards. This includes tracking of the requirements to complete the program (discussed in each program specific section of the residency manual), as well as revisiting the residents' strengths, areas of improvement, wellness, and personal goals and how the program may change to better address these. Both the original plan and any updates will be shared with all preceptors within the program during the quarterly preceptors meeting where resident evaluation occurs (typically August – initial plan, October, January, April, and June). The final development plan completed will serve to document that the resident has completed the requirements necessary to receive their certificate of completion from the individual program.

# Resident Expectations

**Attendance / Rotation Contact Days -** Residents are expected to attend all functions required by normal pharmacy staff. The residents are solely responsible for meeting the obligations of their assigned service commitments. Each preceptor will delineate specific hours of attendance based upon the individual rotation. When PTO or professional leave is taken, it must be limited so that the resident has a minimum of 15 contact days during each learning experience unless approved by the Residency Program Director. Rotations that are scheduled as 10 hours shifts for 4 days per week must have a minimum of 12 contact days during the learning experience. The resident should personally inform their preceptor for the month and the program director of their absence via the process outlined at their respective institution.

**Professional Conduct** - It is the responsibility and expectation of all residents to maintain the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

**Social Media -** the internet has created the ability for healthcare professionals to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar opportunities can support residents' personal expression, enable individual residents to have a professional presence online, foster collegiality and camaraderie within the profession, provide opportunities to widely disseminate public health messages and other health communication. Pharmacy residents should weigh a number of considerations when maintaining a presence online:

1. Be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online
2. When using social media for educational purposes or to exchange information professionally with other professionals, follow ethics guidance regarding confidentiality, privacy and informed consent
3. When using the internet for social networking, pharmacy residents should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the internet, content is likely there permanently. Thus, residents should routinely monitor their own internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
4. When residents see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the resident should report the matter to appropriate authorities
5. Pharmacy residents must recognize that actions online and content posted may negatively affect their reputations, may have consequences for their medical careers and can undermine public trust in the pharmacy profession.

**Patient Confidentiality -** All residents will strictly maintain patient confidentiality. Time for completion of HIPAA training will be scheduled during pharmacy practice training. It is the expectation that residents will not discuss patient-specific information with other patients, family members or other people not directly involved in the care of the patient. Similarly, residents will not discuss patients in front of other patients or in areas where people may overhear. Residents will not leave confidential documents (profiles, charts, prescriptions, etc.) in public places or access the medical records of patients not directly under their care. Additionally, cellular communication of patient specific information should only be done through the approved software (Ex: TelMedIQ).

**Employee Badges** – MLH requires all personnel (including residents) to wear their badge at all times when they are within the medical center. Badges will be obtained from the MLH Security office during Orientation. If the employee badge is lost the resident must report the loss immediately to Security, and render a fee for replacement.

**BLS Certification and options for advanced certifications** – All residents are required to maintain basic life support certification throughout the residency year. All residents at adult hospitals have the option to complete the full ACLS certification through MLH. Residents at LBCH are required to obtain PALS certification in the first half of the residency year. BLS, ACLS, and PALS are offered free of charge through MLH. Class availability is found on Cornerstone.

**CITI Training** – As a requirement of the University of Tennessee institutional review board, completion of the Collaborative Institutional Training Initiative (CITI) Program is required of all residents by the end of the orientation month (citiprogram.org).

**Use of Technology** - Residents will be provided a laptop that will serve as the computer for their office space and will be available for use while performing patient care activities. Use of smartphones, tablets, or other devices is allowed in accordance to the policies and procedures from MLH.

**Electronic Storage of Residency Documents** - All residents should store all necessary documents required during the residency year in PharmAcademic®. These documents may be uploaded as "files" under each individual resident's profile or via the Portfolio function in PharmAcademic®. Please note that file size is limited to 25MB per file. Accepted file formats are Microsoft Word (.doc/.docx), Excel (.xls/.xlsx) and Powerpoint (.ppt/.pptx), Zip files (.zip), and Adobe Acrobat (.pdf) files. See your hospital specific appendix for further guidance regarding document storage.

# Timeline for Residents

**(Dates are subject to change based on resident goals/assigned tasks; list may not be inclusive)**

| Month | Task |
|---|---|
| **July** | Receive schedules for required longitudinal activities |
| | Complete Initial Development Plan |
| | Submit rankings for and finalize selection of major research project |
| | Determine Residency facilitator/mentor |
| | Complete CITI Training |
| | Determine participation in UT Teaching & Learning Program |
| | Receive MUE assignments/patient lists and potentially start collecting data |
| **August** | Complete request for travel and register for ASHP Midyear Clinical Meeting |
| | Conduct literature review for major research project |
| | Begin initial major research project protocol development |
| | Establish deadlines for longitudinal projects |
| | Collect data for MUE and begin analyzing data |
| **September** | Submit major research project to IRB |
| | If using REDCap for research, request access and begin building data collection tool |
| **October** | Finalize first quarter evaluation |
| | Continue work on longitudinal projects |
| | Register for PPS (if needed) |
| | Submit abstract for Midyear if presenting |
| **November** | Update CV for ASHP Midyear Clinical Meeting |
| | Discuss recruiting & interview opportunities for ASHP Midyear Clinical Meeting |
| | If interested, express interest in early committing to a PGY2 program. |
| | Complete and print poster for Midyear if presenting |
| **December** | Attend ASHP Midyear Clinical Meeting |
| | Utilize project month to collect patients on major research project |
| **January** | Coordinate recruitment activities of residency candidates with RPD |
| | Finalize second quarterly evaluation |
| **February** | Participate in residency interviews |
| | Complete data collection for major research project |
| **March** | Submit final abstract to professional conference(s) |
| | Analyze data for research project |
| | Begin preparing PowerPoint® presentation for professional conference(s) |
| | Complete practice sessions for professional conference(s) |
| | Begin preparing and designing MUE |
| **April** | Complete practice sessions for professional conference(s) (possibly in March as well) |
| | Determine need to present major research project results to hospital committees |
| **May** | Attend professional conference(s) (possibly late April) |
| **June** | Finalize quarter 4 and end of year evaluation with RPD |
| | Finalize manuscript for submission to RPD |
| | Finalize MUE write up |
| | Attend end of the year program graduation event |

# Early Commitment Process

Early commitment is a process whereby Methodist Le Bonheur Healthcare allows its current PGY1 residents to commit to one of the organization's PGY2 residency positions for the following year in advance of the match. Residents at any of the Methodist Healthcare residency sites may express interest in early commitment to a PGY2 program within the system.

The Methodist Le Bonheur Healthcare early commitment process will be shared and discussed with PGY1 residents during orientation. A follow up meeting may be held in November of each year where the residents will have the opportunity to ask questions about the process and will be encouraged to set up an individual meeting with the RPD for the specific program with which they are interested. The resident must formally communicate their interest in a PGY2 program by electronically submitting a traditional letter of intent to the PGY2 RPD by the dates designated in the residency manual. Residents are not required to apply for early commitment through the PhORCAS® system. All candidates seeking early commitment or participating in the match will be required to participate in an abbreviated interview with preceptors from the specific program with which they are applying.

Following receipt of a formal letter of intent, all residents interested in early commitment will be discussed by a group appointed by the individual program RPD. All decisions regarding early commitment should be discussed between the RPD and the appropriate residency program management at the institution prior to an offer being made. Offers of early commitment may be made prior to or following the ASHP Midyear Clinical Meeting.

Offers of early commitment must be formally accepted or declined in writing within 48 hours of receipt. Candidates not choosing to early commit or those who are not offered early commitment may still apply to the PGY2 program through the PhORCAS® system and participate in the match process.

**Deadlines for the 2025 – 2026 early committee process will be communicated to residents in October 2024.**

# *MLH System Residency Policies*

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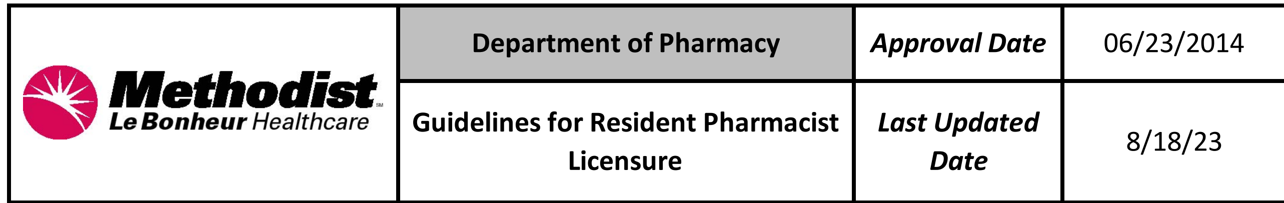
| *Licensure* |
| --- |
| *Extended Leave & Family Medical Leave* |
| *Duty Hours and Moonlighting* |
| *Remediation, Disciplinary Action, & Dismissal* |
| *Quality Improvement* |
| *Resident Well-Being* |



| Methodist Le Bonheur Healthcare | **Department of Pharmacy** | ***Approval Date*** | 06/23/2014 |
|---|---|---|---|
| | **Guidelines for Resident Pharmacist Licensure** | ***Last Updated Date*** | 8/18/23 |

All residents associated with MLH, including those whose employment is through the University of Tennessee Health Science Center, are subject to the terms of this policy. Residents are required to become a registered pharmacist in the state of Tennessee within 90 days of the first day of the residency year. Residents are **highly encouraged** to complete all licensure examinations prior to the start of the residency to ensure their training is optimized during the orientation month. Evidence of registration must be verifiable on the TN License Verification web site.

Failure to acquire licensure within 90 days of the first day of residency may result in suspension from the program until licensure is obtained, as determined by the residency program director (RPD) and the Director of Pharmacy.

Residents not obtaining licensure within 90 days of the first day of residency may request a 30 day extension (thus extending the licensure date to 120 day from the start of residency).

1. Extensions will be approved or denied on a case-by-case basis at the discretion of the RPD and Director of Pharmacy. Extenuating circumstances, such as delayed authorization to test, family emergencies, medical issues, etc., will be taken into consideration.
2. If approved, the extension will be noted in each hospital's respective advisory committee meeting minutes.
3. The extension will be paid, though note that the suspended rate of pay will be the current pay rate of a hospital pharmacy intern and the resident will be expected to fill in intern/pharmacy technician shifts in the pharmacy until pharmacist licensure is obtained. The resident will be exempt from longitudinal projects (including but not limited to CE development, project design, and residency conferences) to ensure distractions are at a minimum and the resident has time and attention to devote to studying for exams
4. If the extension is not approved then the resident will be dismissed from the program.

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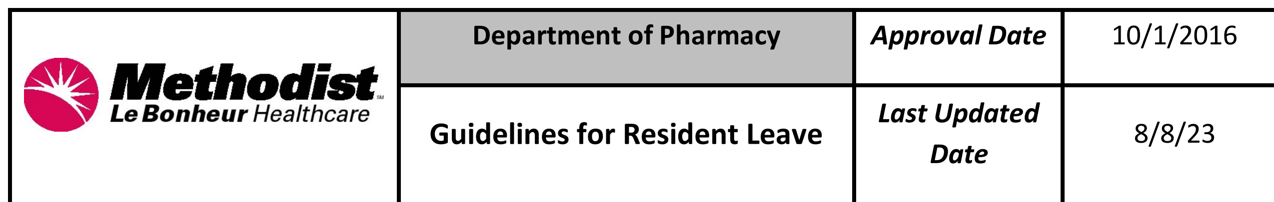


| Department of Pharmacy | *Approval Date* | 10/1/2016 |
| --- | --- | --- |
| **Guidelines for Resident Leave** | ***Last Updated Date*** | 8/8/23 |

All residents associated with MLH, including those whose employment is through the University of Tennessee Health Sciences Center, must complete a minimum of 52 weeks of training with two-thirds completed as a licensed pharmacist. Any extension of the residency period will be considered on an individual basis in collaboration with the resident, Residency Program Director (RPD), and appropriate University or Department leadership, and representatives from human resources (HR) at the sponsoring facility. Determinations of salary and benefits will be made on a case-by-case basis in accordance with department leadership and human resources. There are no guarantees for continuation of salary and benefits in the extended period.

**Extended Leave/Medical Leave**

Residents may not extend the program by more than 90 days. Extended leave will be addressed on a case-by-case basis with the program director, director of pharmacy, and HR as appropriate. Any resident requiring a leave of absence longer than 90 days will be dismissed from the program. Please refer to the HR policies of Methodist Le Bonheur Healthcare and/or the University of Tennessee Health Sciences Center. Copies of these policies will be provided to all applicants to any MLH program during the interview process and again during orientation.

**Bereavement**

Up to 3 working days are allowed for paid leave. Please refer to the HR policies of Methodist Le Bonheur Healthcare and/or the University of Tennessee Health Sciences Center. Copies of these policies will be provided to all applicants to any MLH program during the interview process and again during orientation.

**Jury Duty**

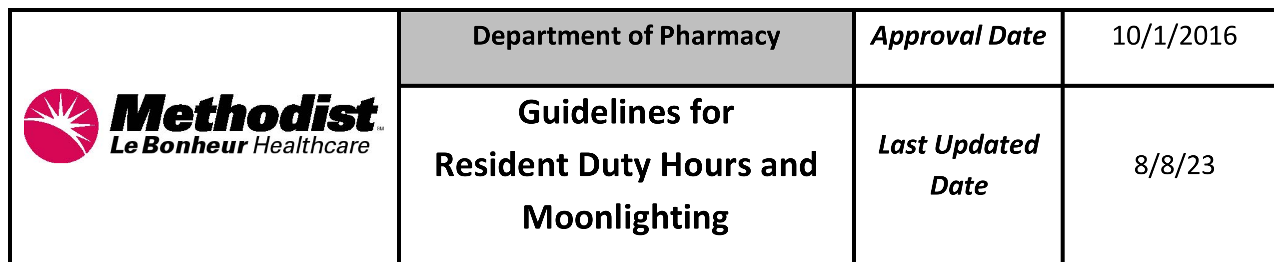
Please refer to the HR policies of Methodist Le Bonheur Healthcare and/or the University of Tennessee Health Sciences Center. Copies of these policies will be provided to all applicants to any MLH program during the interview process and again during orientation.

**Professional/Business Leave**

Residents receive up to 5 paid days of business leave for attendance to interviews. Paid time off will be utilized for any additional professional days required.

**Total Days Away From Program**

The total time away from the residency program shall not exceed a combined total of the greater of 37 days per 52-week training period.



| Methodist Le Bonheur Healthcare | Department of Pharmacy | *Approval Date* | 10/1/2016 |
|---|---|---|---|
| | **Guidelines for Resident Duty Hours and Moonlighting** | ***Last Updated Date*** | 8/8/23 |

All residents associated with MLH, including those whose employment is through the University of Tennessee Health Sciences Center, are subject to the terms of this policy. This policy was constructed in coordination with the ASHP Duty Hour Requirements for Pharmacy Residents (https://www.ashp.org/Search#q=duty%20hours&t=ASHP-AllResults – pathway to document is ASHP home page → Professional Development → Residency Information → Residency Program Resources → Duty Hours pdf.

**Duty Hours**

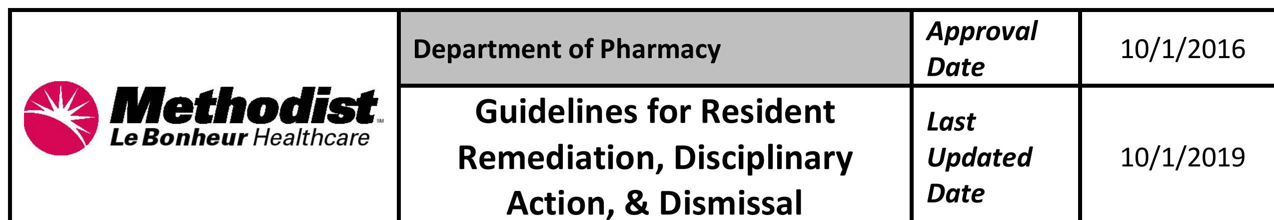
Actual work hours may vary depending on rotational experience, as commitments frequently require that additional time be spent at the hospital. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of in-house call and moonlighting. In addition, residents will have a minimum of one in seven days free of duty when averaged over a 4-week period. Residents should have 10 hours free of duty between scheduled duties, and must have at a minimum 8 hours between scheduled duty periods. Residents will complete a duty hour assessment at the end of each rotation month in PharmAcademic®. Any noted concerns regarding duty hours will be addressed with the RPD.

**Moonlighting**

Due to the time commitment of the residency, there is limited time for additional service coverage or moonlighting, either internal or external. Residents are allowed extra shifts with approval from their residency program director (RPD) as long as 80 weekly duty hours (averaged over 4-weeks) are not exceeded. The recommended number of additional shifts is not more than 16 hours per 4 weeks, but others may be approved after discussion with the RPD as long as work hour rules are adhered to appropriately. While moonlighting outside of the MLH system is allowed, it is heavily discouraged and must be approved by the RPD prior to occurring. If a resident fails to meet deadlines, is unprepared for conferences, is using sick or annual leave excessively, and/or prioritizes moonlighting over residency activities, they will be presented the option of resigning from the residency or from the secondary employment. All moonlighting hours must be documented in PharmAcademic® at the end of each rotation experience and cosigned by the preceptor for that month. Any noted concerns regarding moonlighting hours will be addressed with the RPD.

**On-Call**

All MLH programs with on-call experiences do not require 24 hour in-house presence. The on-call program is composed of clinical and administrative services. See individual programs for specifics regarding the on-call responsibilities. Residents may be called into the hospital from at-home, if needed. All residents must document this time in PharmAcademic® at the end of each rotation experience and cosigned by the preceptor for that month. Any noted concerns regarding on-call hours spent in the hospital outside of the normal work day will be addressed with the RPD.



| Methodist Le Bonheur Healthcare | Department of Pharmacy | *Approval Date* | 10/1/2016 |
|---|---|---|---|
| | **Guidelines for Resident Remediation, Disciplinary Action, & Dismissal** | *Last Updated Date* | 10/1/2019 |

All residents associated with MLH, including those whose employment is through the University of Tennessee Health Sciences Center, are subject to the terms of this policy. Residents are expected to conduct themselves in a professional manner and to follow all pertinent university, hospital, and residency program policies. Action(s) related to dismissal, disciplinary action, and/or remediation will be taken if a resident fails to:

- Present him- or her-self in a professional manner.
- Follow policies and procedures of the Methodist LeBonheur Healthcare (MLH) and/or the University of Tennessee.
- Demonstrate satisfactory progress related to resident performance

**Remediation**

An appropriate remediation action plan will be devised if a resident fails to:

- Make satisfactory progress on at least **≥75%** of the residency goals or objectives for an individual rotation
- Make satisfactory progress on any of the residency competency areas (not to be determined by one rotation evaluation, but rather in a global sense as determined by the RPD).
- Make satisfactory progress towards the completion of a residency requirement (as outlined in the residency manual completion requirements section).

If a preceptor identifies early in the experience that there is a potential need for remediation, they will document the perceived issues as formative feedback in PharmAcademic®

**Disciplinary Action**

Residents are expected to conduct themselves in a professional and exemplary manner at all times. Examples of unacceptable behavior or poor performance include, but are not limited to, failing to make adequate progress towards the completion of residency requirements, disregarding MLH policies and procedures, violating HIPAA rules and regulations, being dishonest (i.e. lying, failing to disclose moonlighting hours to the program, etc), unprofessional social media postings, and violating laws of pharmacy practice.

It is not expected that any disciplinary actions will be needed during the residency. In the event there is a need for disciplinary action of a resident, the resident will first meet with the Director of Pharmacy, Residency Program Director (RPD) and involved preceptor, if applicable, to discuss the identified issue. No formal, written documentation will occur. In conjunction with the resident, the RPD and preceptor will develop an appropriate solution to rectify the situation. For repeated or more severe incidents, the RPD will develop a formal, written correction action plan that will be documented in PharmAcademic®. Failure to comply with the action plan can lead to the dismissal from the program, at the discretion of the Director of Pharmacy and RPD.

**Dismissal**

There are circumstances where it may be necessary to dismiss a resident from the program. The resident should understand that, in additional to general MLH personnel guidelines, any of the following criteria are grounds for dismissal:

1. Failure to become licensed as a pharmacist within the time period designed in the licensing policy
2. Involvement with or participation in the use of illicit drugs
3. Plagiarism of scientific work
4. Continued unsatisfactory performance after completing necessary remediation
5. Requirement for extended absence for longer than 90 days (unless otherwise approved by the Director of Pharmacy and Residency Program Director)

**Steps in the Disciplinary, Remediation, Dismissal Process**

Residents employed by MLH will be subject to the Methodist Human Resource Corrective Action Policy. Residents employed by the University of Tennessee will be subject to the policy set forth by the University of Tennessee for disciplinary action.

**Step 1**

When the need for disciplinary action or remediation arises, the appropriate preceptor, RPD, and department of pharmacy leader will:

a) Discuss the issue with the resident.
b) In conjunction with the resident, determine an appropriate solution to rectify the behavior, deficiency or action. A follow-up plan and specific goals for monitoring progress must be determined and outlined.
c) Document information as discussed in Step 2 and place in resident's file.

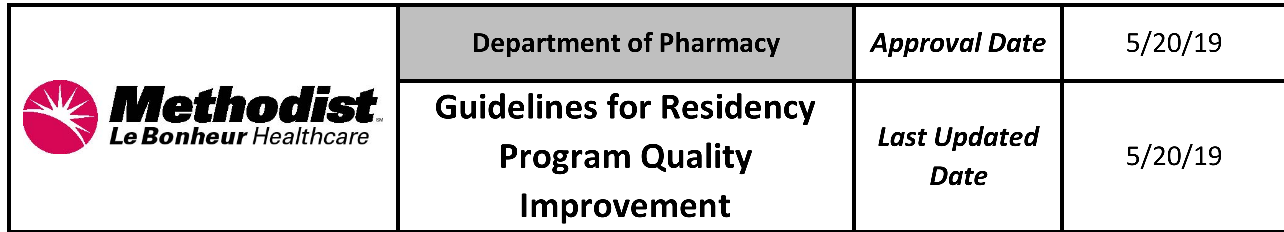
**Step 2**

If the follow-up plan does not yield satisfactory results as described and agreed upon, or another deficiency, behavior or action warrants attention, the involved preceptor(s) plus the RPD will determine a plan and course of action. Step 1 (a-c) as outlined above must be followed. The Residency Coordinating Council will be notified of the deficiency, behavior or action under scrutiny, and the follow-up plan and specific goals for improvement.

**Step 3**

If the resident fails to progress satisfactorily as outlined in Step 2, or if additional shortcomings are identified, the RPD, department of pharmacy leader, and Human Resources representative will determine a plan and course of action, up to and including dismissal from the program. Step 1 (a-c) as outlined above must be followed.

- Based on the number, severity, or seriousness of the deficiency, behavior or action, the Residency Coordinating Council can be convened at any time to consider a recommendation put forth by a RPD up to and including dismissal from the specific residency program.
- Any decision at any step in the disciplinary process may be appealed to the, Chair of the Department of Clinical Pharmacy who may elect to seek input from the Dean of the College of Pharmacy for residents employed by the University of Tennessee. Residents employed by MLH may refer to the Human Resources Corrective Action Guide for further information.



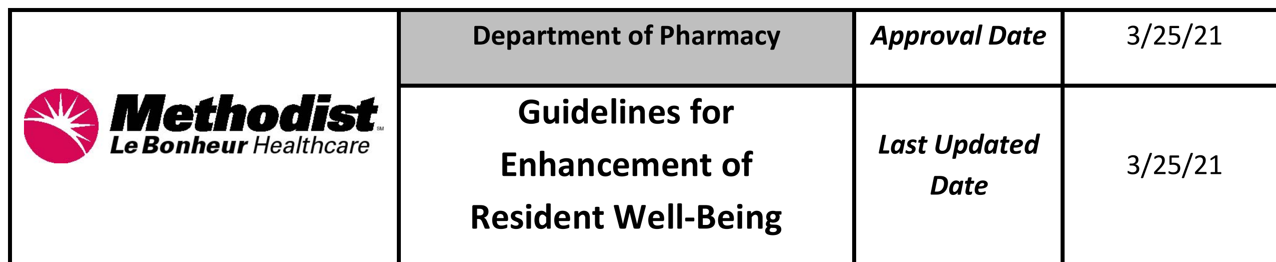
| Methodist Le Bonheur Healthcare | Department of Pharmacy | *Approval Date* | 5/20/19 |
|---|---|---|---|
| | **Guidelines for Residency Program Quality Improvement** | ***Last Updated Date*** | 5/20/19 |

Quality improvement is an important part of residency program growth. Our plan includes components for assessing feedback from our current residents and preceptors, graduates of the program, and on-site interviewees to identify both strengths and opportunities for improvement.

In addition to quarterly feedback with residents, current residents will meet with program leadership on an annual basis to discuss opportunities and successes of the residency year. This will typically occur in late May to early June. A separate meeting for the preceptors will also occur in a similar time frame. This feedback will be used to adjust the program and/or develop new training initiatives that will be piloted in the upcoming residency year.

Every 3-5 years, interview candidates from the preceding year(s), will be sent an online survey to evaluate the recruitment process, activities of the interview day, and competiveness of the residency program. The number of candidates surveyed is at the discretion of the program's RPD.

Every 5 years, (years ending in "zero (0)" and "five (5)") the previous 5 years of residency program graduates will be sent an online survey to determine if residency training prepared them for their first and/or current positions. Responses will be used to evaluate opportunities to adjust the program to meet current market demands while staying true to the strengths of the current workforce.



| Methodist Le Bonheur Healthcare | Department of Pharmacy | *Approval Date* | 3/25/21 |
|---|---|---|---|
| | **Guidelines for Enhancement of Resident Well-Being** | ***Last Updated Date*** | 3/25/21 |

There is paucity of information in pharmacy literature about depression, stress, and the general well-being of pharmacy residents. In order to monitor and address concerns related to resident well-being, the following steps will be taken:

1. Residents will be assigned a personal mentor/facilitator who will be tasked with discussing well-being with the resident on at least a monthly basis.
2. Residents will be asked to create a "wellness goal" as part of their development plan at the beginning of the year.
3. Resident wellness will be discussed as part of the quarterly evaluation and wellness goals will be tracked as part of their quarterly evaluation spreadsheet.
4. Residents whose mental health or wellness is of concerned will be referred to the Employee Assistance Program for counseling.

Resources Available

The Accreditation Council for Graduate Medical Education and American Psychiatric Association have identified some tools and resources for trainee and faculty well-being:

https://acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources

https://edhub.ama-assn.org/steps-forward/module/2702511

https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout

Resources available through ASHP:

https://wellbeing.ashp.org/?loginreturnUrl=SSOCheckOnly&ct=439724035b2664e60b2f3920d12c03935b1da926c5d4e147b32dc5e0dc5103537c9aa93a1a082528d48bfe71998d6b6876416bebb55256f1a9d5624731db0d4b

Resources are also available directly through Methodist Le Bonheur Healthcare:

https://mlh.gomolli.org/rd-about-mlh/newsroom/newsletters/eap-well-informed/index.dot

For residents whose health insurance is through Methodist Le Bonheur Healthcare, mental health benefits are covered at 100% with $0 copay. Please visit the Cigna webpage for more information.

# Site Specific Information

METHODIST
UNIVERSITY HOSPITAL

# University Hospital Overview

Methodist University Hospital (MUH) is the largest, most comprehensive hospital in the MLH system. Located in the heart of the Memphis Medical Center, MUH receives an estimated 75,000 emergency room admissions every year & performs 16,400 inpatient & 18,500 outpatient surgeries. The 617-bed hospital includes a neuroscience institute that provides cutting-edge services such as minimally invasive spine surgery, image guided surgery, & neurocritical care. MUH is designated as a Comprehensive Stroke Center & is one of the busiest in the country, operating a mobile stroke unit & administering thrombolytic therapy to hundreds of patients each year. MUH also features a transplant institute known for its success with kidney, liver & pancreas transplants. The Transplant Institute ranks as one of the busiest centers in the country. MUH also offers primary care services, as well as highly specialized programs in bone marrow transplant, orthopedics, cardiology, nephrology & gastroenterology.

The Department of Pharmacy at Methodist University Hospital consists of nearly 100 full-time associates: 21 Clinical Specialists, 15 Pharmacy Generalists, 7 Pharmacy Managers/Coordinators, 11 Pharmacy Residents, 36 Pharmacy Technicians, 10 pharmacy interns & pharmacy program coordinator & executive assistant. The pharmacy practice model at University Hospital is fully integrated, with all pharmacists participating in the order review & verification process. Clinical specialists may also round with the medical team, provide pharmaceutical care for a designated patient care unit, perform specialized clinical duties, precept students & residents, & create medication use policies. Clinical generalists provide many general clinical services on the unit-based level, working with private physicians to ensure proper medication use. Each pharmacist is also part of one of the following smaller teams: Internal Medicine, Emergency Medicine, Critical Care, Oncology, Transplant, & Central Operations. The department also provides student training for the University of Tennessee, Union University, & the University of Mississippi. In the third quarter of 2020, our department opened a new, state-of-the-art central operations facility located on the third floor of Sherard Tower that services the entire University Hospital campus.

The information outlined in this section of our residency manual is meant to be specific to the programs conducted at MUH. Information is presented initially that is specific to all post-graduate training conducted at MUH, with program specific information provided in subsequent sections.

# Chief Pharmacy Residents for MUH

An overview of the Chief Pharmacy Resident position can be found in the system portion of the residency manual. The Chief Pharmacy Resident(s) will be a PGY2 resident(s) selected each year by the members of the Residency Advisory Council. The RAC may select a PGY1 resident who is continuing training as a PGY2 within MUH or they can be selected from new PGY2 residents. The positions will be appointed no later than September 1 of each year, but will ideally be selected by May 15 of each year.

Residents who are interested in fulfilling the role will be required to submit a letter of intent detailing their interest and qualifications for the position at a date to be announced each residency year. If necessary, candidates may participate in a short interview, as well.

# Benefits

| Area | Residents Employed as Full-Time Associates of MLH (MUH PGY1, MUH Critical Care, MUH Emergency Medicine) |
|---|---|
| **Paid Time Off (PTO)** | Residents accumulate a total of 23 days of PTO during their residency, which combines time off for vacation, holidays & short-term illness into one bank. PTO must be taken for all official hospital holidays unless scheduled to work or approved by the department director. If a resident stays at MUH for a PGY2, PTO is limited to 23 total days during the second year regardless of PTO rolled over from the PGY1 [NOTE: Residents are required by the primary site to work one major (typically 2 days) and at least (but possibly more than) one minor holiday]. PTO requests should be made based upon the standard operating procedure of the Department of Pharmacy. **All PTO requests must be submitted to the Residency Program Director after the rotation preceptor has approved them but before submission to department leadership for final approval.** The resident should personally inform their preceptor for the month & the program director of their absence. PTO may only be used to end the residency early due to extenuating circumstances (i.e. moving for job/PGY2). All PTO time is paid based on your current hourly rate of pay (including differentials). As long as an Associate has more than three (3) months of service, all remaining PTO in their bank will be paid on the final paycheck upon termination (typically within 2 weeks of final date). |
| **Bereavement Time** | Bereavement pay is provided so that full time Associates will not suffer financially by having to take time off work to attend to the funeral & personal matters surrounding the death of the following family members: Spouse, child, step-child, mother, father, step-parent, spouse's parent, sibling (including step), Brothers-in-law, sisters-in-law, grandparent, grandchild, step-grandparent, and step-grandchild. You will be paid for up to three days of scheduled work hours missed to attend to the funeral & personal matters surrounding the death. You must obtain approval from your supervisor to take the needed time off, which would normally occur between the day of the death & the day of the funeral. You will need to provide confirmation of the date, time & location of the funeral (such as the funeral program or obituary) in order for your supervisor to authorize bereavement pay. **This paid time will not be deducted from your PTO account.** Associates who require additional time off may request PTO. |
| **Professional/ Business Leave** | PTO is not utilized for attendance of professional meetings or interviews; however, the resident must request leave from the program director & personally inform their preceptor for the month of their absence. Residents will be granted Business Leave to attend the ASHP Midyear Clinical Meeting, the Mid-South Pharmacy Residency Conference, & other professional meetings at the discretion of their program director & the Director of Pharmacy. **Residents receive up to 5 days of business leave for attendance to interviews.** For residents not interviewing for jobs or PGY2 residencies, this time is not applicable**. Additional absences needed for interviews will be deducted from PTO**. Residents are typically provided support to attend professional meetings per budgetary restraints. Residents must ensure that the requirement for 15 contact days is still met each month, with exceptions granted on a case-by-case basis by the RPD and rotation preceptor which may include making up contact days on weekends or partial work days. |
| **Insurance** | Residents will have the option to purchase group health, prescription, vision, dental, and pet insurance at the same rate as all Methodist Healthcare associates. Retirement benefits & tuition assistance are offered, as well. |
| **Office Space** | Office space is provided for all residents at the primary site. Each resident has his/her own desk, computer, & access to office equipment. |
| **Parking** | Free parking is available at the primary practice site |
| **Taxes** | Federal & FICA taxes are withdrawn from paychecks. Tennessee does not have state income tax. |
| **Posters** | Residents are able to have posters printed & paid for by the department at the Methodist print shop. |
| **Travel reimbursement** | Residents will travel to various professional meetings throughout the year. Unless approved by the Director of Pharmacy, all residents are required to attend the ASHP Midyear Clinical Meeting in December & to the Mid-South Pharmacy Residency Conference in the spring. Residents will receive limited travel support for attendance at these meetings. Attendance at other major meetings is contingent upon presentation of a project & funding availability. The resident pays all meeting expenses with reimbursement from the department after completion of proper paperwork & documentation. **Documentation must be turned in no later than 7 working days from return of the meeting**. If reimbursement is provided, residents are expected to spend an equivalent amount of time at meeting activities as they would in a normal workday. |
| **Other** | All residents receive reimbursement for one professional association membership during the residency year. |

**Benefits information specific to the PGY2 Internal Medicine Residency, which is supported by UTHSC, are discussed in the program-specific section*

# Electronic File Storage Requirements for MUH

At a minimum, the following files should be uploaded to PharmAcademic for each resident, with the person responsible for uploading the files designated below:

| Item | Responsible for Upload |
|---|---|
| Residency letter accepting terms and conditions of program | RPD |
| Initial development plan | RPD |
| Quarterly development plans and tracking of progress towards completing residency requirements | RPD |
| Continuing education program PowerPoint & at least one example of feedback provided on a lecture draft | Resident |
| Physician lecture PowerPoint & at least one example of feedback provided on a lecture draft | Resident |
| Any additional lecture (i.e. physician/student/residency conference) PowerPoint & at least one example of feedback provided on a lecture draft | Resident |
| Final files for all Medication Safety and Policy project (if applicable) & at least one example of feedback provided on each | Resident |
| Final files for all administrative projects (if applicable) & at least one example of feedback provided on each | Resident |
| Minor project evaluation ( if applicable)steering/formulary committee form & at least one example of feedback provided on each | Resident |
| Final Minor project presentation/report & at least one example of feedback provided | Resident |
| Any projects completed specific to a learning experience (if applicable) | Resident |
| Research project protocol/data collection form & at least one example of feedback provided on each | Resident |
| Final research project manuscript & at least one example of feedback provided on each | Resident |
| Resident Curriculum Vitae | Resident |
| Final residency certificate | RPD |

All original files related to resident projects will be stored in the resident's electronic residency portfolio on the Department of Pharmacy shared drive so that they may be accessed for future use once the resident leaves MLH. Additionally, original files that are uploaded into PharmAcademic® may be stored here as a backup at the discretion of the RPD.

# Attendance Requirements

All residents are expected to communicate to their individual preceptor if they are unable to come to work as scheduled (commonly referred to as a "call-in"). All call-ins should be made in as timely as manner as possible & be in accordance with the MLH Attendance Guidelines already provided in the system policies section of the residency manual. After notifying the preceptor, the resident should communicate via e-mail to their RPD & direct supervisor the absence. All residents should be aware of the following MLH policy on attendance:

### Methodist Le Bonheur Healthcare - Attendance Guidelines

Because Associates are vital to our vision of delivering outstanding, family- and patient-centered care, reliable and consistent attendance is a requirement of employment and is considered an essential function of every job at MLH. Department management establishes work schedules and hours based on operational needs and Associates are expected to assume responsibility for working their authorized hours and compliance with departmental work schedules. All Associates have personal lives and obligations outside of their work life. These personal obligations may occasionally require us to be absent or tardy. When absences or tardiness become excessive, it places a burden on your team and could negatively impact patient care. Therefore, excessive absenteeism, tardiness, or patterns of absenteeism or tardiness may result in corrective action up to and including discharge.

**General Expectations**

Associates are expected to be ready to work when their scheduled shift begins and to complete their scheduled shifts as assigned. The seven-minute time clock rounding procedure does not imply a seven-minute grace period for starting or ending a shift. Associates are encouraged to find coverage among the team for unscheduled absences by swapping shifts with other Associates. This should generally not result in overtime or Associates working more than 16 hours per day and requires supervisory approval.

**Notification Expectations**

Notifying the supervisor of any absence or late arrival/early departure is essential to ensure proper coverage for the department. Expectations are as follows:

- Associates must notify supervisor or designee as soon as possible before the beginning of the shift and no later than two hours before morning shifts and four hours before evening and night shifts.
- Calling a coworker does not meet the notification expectations.
- Associates must call themselves, except in the case of an emergency that renders the Associate unable to call. In this situation, the Associate is still expected to contact the supervisor as soon as it is reasonably possible.
- Should an Associate need to miss work for more than one shift, they are expected to call in each day of the absence to their supervisor or designee unless otherwise approved.
- Department leaders may establish more or less notification time depending on the unique needs of the unit or department.
- Associates on approved intermittent FMLA must also adhere to department call-in notification guidelines.

**When Early Departure is Necessary**

Associates must obtain approval from their supervisor before leaving during the shift for personal business. In the event of a personal emergency during the work shift, the Associate must notify his or her supervisor. If the supervisor cannot be reached, the Associates are expected to notify the administrative supervisor, next level or other available leader. The Associate must clock out before leaving the building.

**Absence Types**

Scheduled Absence – Time away from work approved in advance by the supervisor or designee.

Unscheduled Absence – Time away from work not approved in advance by the supervisor or designee, including full shift absences and partial shift absences.

- Unapproved – An unscheduled absence that is not approved
- Approved - An unscheduled absence that is approved by policy or by leader discretion

Unscheduled absences will be considered excused under the following circumstances:

- The absence qualifies for bereavement pay
- The absence is due to jury duty or military leave
- The absence is due to lack of work
- The absence is due to an approved leave of absence
- The absence is due to an on-the-job injury with physician authorization
- The Associate is removed from duty
- The department closes due to inclement weather or environmental emergency

Additionally, supervisors may excuse an unscheduled absence based on individual circumstances. In exercising this discretion, the supervisor may consider several factors including but not limited to the following:

- The reason for the absence
- The amount of time lost
- The impact of the absence on the team
- The associate's overall attendance record
- The Associate's performance history

Supervisors may, at their discretion, allow an Associate to make up hours missed and excuse an absence. Supervisors also may, at their discretion, excuse an absence that was covered by a peer without resulting in additional expense or an Associate working more than 16 hours per day and approved in advance by the supervisor. Supervisors may request a physician's note be submitted to HR for absences due to illness or injury or other medical condition. A physician's note is not an indication the absence will be excused.

**Addressing Excessive Absenteeism**

Generally speaking, any unexcused absence in excess of three (3) per rolling calendar year, or in excess of 3% of the Associate's scheduled shifts during that period, whichever is less, will be considered excessive and will be addressed utilizing our progressive corrective action process. Three partial day absences (tardy/leave early) will typically be considered the same as one full day absence in determining what is considered excessive. The MLH Corrective Action process will be utilized to address excessive absenteeism and patterns of absenteeism, as with any other performance or behavior concern. There is no separate path of progressive corrective action for absenteeism. Each step of the progressive process can be utilized for unrelated concerns.

While we make an effort to use a progressive process, the action taken is based on the severity of the situation. There are times when major infractions occur that require moving immediately to a more severe step in the corrective action process. Some types of unexcused absences or patterns may be considered more severe may include absences on a holiday, absences before or after the weekend or holiday, absences on a shift the Associate requested off but request could not be granted, inclement weather absences and no call/no show absences. Associates who are absent for three consecutive days without notifying their supervisor or designee will be considered to have resigned without notice and will be terminated, unless there are extenuating circumstances such as a catastrophic event or illness that rendered the Associate unable to contact the supervisor or designee.

**Supervisor Responsibilities**

Notify Associates of any departmental guidelines for call in procedures.

Maintain written records of Associates' absences, late arrivals and early departures including dates, reasons and whether or not the absence was excused. Communicate early and often with Associates regarding absence patterns. Inform Associates when absences are considered excused or unexcused. Counsel Associates regarding attendance expectations prior to entering the formal progressive corrective action process. Refer Associates to Human Resources if you believe or suspect the reason for an Associate's absence qualifies for FMLA protection. Notify Human Resources of the absence.

Refer Associates to Associate Health before returning to work under the following circumstances: absences from work of four days or more, or at supervisor's discretion if less than four days, due to illness or injury; absence due to any serious illness, surgery or contagious disease; absence due to job-related injury or illness and all Associates returning from a medical leave of absence.

| Methodist Le Bonheur Healthcare | Department of Pharmacy | *Approval Date* | 06/23/2014 |
|---|---|---|---|
| | **Guidelines for Appropriate Dress** | ***Last Updated Date*** | 3/6/19 |

Keywords: dress code, lab coats, uniforms, scrubs

I. **Standard Operating Procedure**
   a. Pharmacy associates should dress in a manner that is professional, and clothing should be suitable based upon performed duties.

II. **Responsibilities**
   a. Pharmacy associates: responsible for abiding by the dress code details in this SOP.
   b. Pharmacy managers: responsible for providing interpretation, enforcing guidelines, and defining exceptions where appropriate, as outlined below.

III. **Procedures**
   a. All associates must wear their identification badges above the waist at all times while on hospital campus.
   b. All associates must wear clothing which is professional looking and suitable for the duties performed.
   c. Local dress code supersedes pharmacy dress codes, e.g. in operating room areas, sterile preparation areas.
   d. Hairstyles, jewelry, and fingernail length should not interfere with job performance.
   e. Lab coats
      i. When inside or outside of pharmacy areas (central pharmacy, outpatient pharmacy, pharmacy administration, etc.) and in patient care areas, white lab coats may be worn, but are not required.
   f. Scrubs/general attire
      i. Business professional attire is recommended for pharmacists, except those with frequent exposure to sterile products, on Mondays through Thursdays. If not in business professional attire, pharmacy associates must be wearing the approved scrubs (teal blue) for the department.
      ii. Scrubs are acceptable, but not required, Friday through Sunday for all staff.
      iii. Shirts / long-sleeves worn underneath scrubs must be a solid color base in a color that compliments the uniform.
      iv. Footwear must be appropriate and safe for the individual and the work environment. Sandals and open-toed shoes are unacceptable for staff providing services to patient care areas.
      v. Please refer to the following chart for guidance on area specific recommendations on attire. These are merely recommendations and are not restricted, all associates may choose between professional attire and scrubs.

| Area | Pharmacist | Technician |
|---|---|---|
| **Ambulatory Care Areas** | Professional attire with or without white lab coat | |
| **Critical Care** | Teal Blue Scrub Top and Pants | |
| **Emergency Medicine** | Teal Blue Scrub Top and Pants with or without white lab coat | |
| **Inventory** | | Business attire |
| **Med/Surg (Internal Medicine)** | Professional attire with or without white lab coat OR Teal Blue Scrub Top and Pants | N/A |
| **Medication History Tech** | | Business attire with or without white lab coat |
| **Non-Clinical (Billing, Office Staff)** | Professional attire | |
| **Oncology Team** | Professional attire with or without white lab coat | Teal Blue Scrub Top and Pants with or without white lab coat |
| **Outpatient Pharmacy** | Professional attire with or without white lab coat OR Teal Blue Scrub Top and Pants | Professional attire with or without white lab coat |
| **Patient Assistance Tech** | | Business attire with or without white lab coat |
| **Sterile Product Pharmacy Areas (Central, IV Room, OR, and Oncology satellite)** | Teal Blue Scrub Top and Pants | Teal Blue Scrub Top and Pants |
| **Transplant** | Professional attire with or without white lab coat | |

IV. **Communication and Education**

a. This SOP will be communicated to all associates via the following channels: University Pharmacy SharePoint site and staff meetings.

V. **Supportive Information**

a. Developer: Pharmacy Management
b. Review Cycle: Yearly

# Residency Research Process

Under the mentorship of preceptors, each resident will complete a major research project & an associated manuscript suitable for publication in the medical literature. Residents will develop a broad range of skills related to study methodology & scientific writing by working with their assigned research committees & participating in the Research Development Series. Residents will present the results of their major project orally at the Mid-South Regional Pharmacy Residents Conference & manuscripts will be written concurrently with implementation of the research process.

**The research process is overseen by the following positions:**

The Residency Research Oversight Committee Chair oversees the research process & is responsible for coordinating research ideas from preceptors, communicating information related to the process to residents, coordinating project & committee assignments, & managing the Research Oversight Committee (see below).

| Research Oversight Committee Members | |
|---|---|
| University PGY1 Committee Members | Jennifer Twilla (Chair), Joyce Broyles, Tate Cutshall, Mike Reichert, Chris Finch |
| University PGY2 Committee Members | Jennifer Twilla & PGY2 RPDs |

**Residency Research Oversight Committee** functions as the overseeing body for the research process. Each institution has a separate oversight committee that manages the entire process. Oversight committees are charged with approving all research project ideas, providing feedback to residents on original study design & methodology, & assessing progress throughout the year. The composition of the committee may change on an annual basis based upon department needs.

**Primary Project Advisor** is the individual assigned to serve as the resident's principal research mentor & are frequently the preceptor who originally brought forth the research question. The Primary Project Advisor will be a preceptor at the same hospital as the resident. Residents should be aware that their facilitator cannot serve as their primary project advisor.

**Personal Project Committee** will work with the resident & Primary Project Advisor throughout the year to assist with the entire research process from protocol formulation to manuscript composition. The committee is assigned by the Residency Research Oversight Committee & is typically composed of the primary project advisor & 1-3 additional preceptors. PGY2 resident committees are limited to 2 pharmacist members on each committee in order to facilitate more independence in the process. Residents & their Primary Project Advisor should discuss criteria for authorship (see International Committee of Medical Journal Editors Criteria for Authorship) with members of the Personal Project Committee at the beginning of the year. Additionally, each personal project committee will be assigned a technology liaison to counsel on information related to abstracting data from Cerner Millennium. The technology liaison will assist with generating the request for information technology to retrieve the data; however, they should not be expected to pull the data themselves.

**Steps in the Research Process**

**Idea Generation –** Preceptors begin generating research ideas for the incoming class of residents each spring. Individual teams of pharmacists meet to generate ideas prior to discussing these ideas to the Resident Research Oversight Committee (typically in May). During this session, preceptors are given feedback on research ideas & discuss potential barriers to implementation. Individual preceptors then develop research proposals that are submitted to the Resident Research Oversight Committee for final approval. On an annual basis, all initial research proposals are due the first half of June & the final list should be approved by the Resident Research Oversight Committee no later than the third Friday of June. Each hospital will generate its own list of research ideas made available for their residents to consider. The final list of research ideas for University residents will be composed of two sections – PGY2 projects & PGY1 projects. Any project not selected by a PGY2 may be made available to the PGY1 residents at the discretion of the oversight committee. However, PGY2 ideas do not require the full written research proposal since this process should be completed by the PGY2 as they develop the idea completely after suggestion of study area by the preceptor.

**Research Project Selection & Personal Project Committee Assignments –** PGY2 residents will work directly with their RPD to select a project & Personal Project Committee either prior to the beginning of residency or by the end of the first week of orientation. PGY1 residents will be given the list of potential research ideas to consider at the beginning of orientation & will be given an opportunity to discuss the project with the preceptors who suggested the idea prior to finalizing project assignments. They will rank up to 3 potential projects in order of preference & projects will be assigned by the Research Oversight Committee at the primary site. All project & Personal Project Committee assignments will be made & disseminated to the PGY1 residents by the last week of orientation. The resident does not have to select a project from the list; however, additional topics must be approved directly by the Residency Research Oversight Committee Chair.

**Research Protocol** - After the resident is assigned a project to complete, they may begin working with the Primary Project Advisor & Personal Research Committee to develop a research protocol for submission to the Residency Research Oversight Committee prior to submitting to the University of Tennessee Institutional Review Board. Examples from previous residents will be provided. The proposal should include, at a minimum, the following elements:

- **Background** - Positions the context for your research & explains why it is needed
- **Objectives** stating primary & secondary question(s) or goal(s) of the project
- **Methodology** for completing the project
    - Study design with target population
    - Data points to be collected
    - Description of endpoints
    - Overview of project statistical analysis plan
- **Study limitations & strengths** describing study weaknesses, obstacles for study completion, & perceived strengths associated with the project
- **References**

**Protocol Presentation** - The resident will give a formal 5-minute presentation to the Residency Research Oversight Committee, with subsequent 20-minute question period to follow. The research protocol should be provided at least **2 calendar days** before the committee meeting. The primary project advisor will attend the meeting & assist with questions, but it is the responsibility of the resident to be knowledgeable about his or her project. After presentation, the Residency Research Oversight Committee may recommend that the project proceed as outlined, require modifications, or be modified with re-presentation to the committee. Additionally, PGY1 residents will present a brief update on their project status to the committee in December of each year. This presentation will be limited to 10-15 minutes & include an update on the project progress thus far, including a discussion of barriers encountered.

**Institutional Review Board Submission** - Once the project is approved by the committee, residents may begin working towards submission to the University of Tennessee Institutional Review Board (IRB) for approval. IRB approval is required for any project with active patient interventions, as well as retrospective studies utilizing computer data, & must be obtained prior to any data being collected for that purpose. The majority of resident projects are considered by the IRB under an expedited or exempt status. UT IRB requires use of an automated system for entry to the IRB (IMedris), and access will need to be to be directly obtained from the IRB for those without previous computer access to UT. IMedris also requires the resident have an active (and complete) CITI account that lists UTHSC as the designated institution and has completed of CITI primary investigator modules affiliated with UTHSC. For the purposes of the IRB, the Primary Project Advisor will be listed as a co-investigator, & Joyce Broyles as Department Chair. Other committee members need not be listed on the IRB submission. Submission to the IRB requires a data collection form to be submitted with the application. Please note the submission needs to be complete as to number of subjects screened, number for study, data points obtained and timeframe studied. If there are any changes, the revised study will need to be resubmitted. The Methodist Research Institute also requires a "Statement of Liability for the End Users" prior to release from the IMedris system.

**Data Collection** - The resident is responsible for developing a project timeline in conjunction with their personal committee. There is a formal status report in January where residents will update the Residency Research Oversight Committee on where they are with data collection and discuss any barriers to the project. For residents not progressing

as necessary, a written action plan for improvement may be required. Residents should involve their designated technology liaison in protocol development & utilize them to aid in generating the request for data from Cerner Millennium. Please be cognizant that it may take up to 4 weeks to retrieve patient lists depending on the complexity of the data request.

**Formal Project Presentation** – All residents are required to present their projects at the Mid-South Regional Pharmacy Residents Conference (MSRPC), which occurs in Memphis either in late April or early May of each year. In preparation for the conference, all residents will construct a PowerPoint® presentation of their project that includes learning objectives, audience assessment question, brief background, goals & objectives, methodology, results, conclusions, & future directions. Slides should be reviewed by their primary project advisor & practiced with their Personal Project Committee **PRIOR** to a formal practice session that will be held with additional preceptors. Formal practice sessions will be held beginning 3-4 weeks prior to the Mid-South Conference to allow time to make final edits. The resident will complete their 12-minute presentation with a 3-min question period, following by questions/feedback from the audience. Practice sessions for PGY2 residents will be limited to 30 minutes in duration, with PGY1 sessions lasting up to 45 minutes per resident.

**Manuscript Preparation** – Manuscripts should be written concurrently as the project is completed. For example, the background of the research proposal should be constructed in the same manner as the background for a manuscript. Deadlines for completion of various sections are set in conjunction with Research Development Series lectures that provide education on various topics within the writing process. Resident should submit these manuscript sections to their Primary Project Advisor for comment & edit, with subsequent drafts completed. The resident will submit a final written report suitable for publication to their assigned residency program director prior to being awarded a residency certificate.

**Manuscript Submission** - If after project completion, the project committee decides that the project is suitable for publication, the resident will pursue this effort following the completion of the residency. If the resident fails to submit the manuscript by the end of the calendar year in which they completed the residency, the Primary Project Advisor may pursue publication of the project independent of the resident. This may result in the resident being listed later on in the series of authors for the project.

**Research Development Series** - The purpose of the research development series is to provide a sequential learning experience for pharmacy residents & to complement the resident's residency project. Live topics presented will include study design, project management, institutional review board (IRB) submission process, database design & development, & statistical methodology. Participants will also receive training on basic functions of important research software, including SPSS® and REDCap®. Overall, the course is designed to educate residents on research methodology topics commonly found on the Board of Pharmacy Specialties (BPS) certification exams. Residents are provided access to SPSS® through the University of Tennessee College of Pharmacy & may install the software on their home computers for professional use. Both products may *not* be installed on the resident's work computer due to licensing issues. Microsoft Access® is installed on all MLH laptop computers for use, and all residents will be given REDCap® access also. Mendeley® can be downloaded for free & installed on personal & work computers.

| Topic | Presenter |
|---|---|
| **Overview of MUH Research Process** | Twilla |
| **Developing & Managing a Research Project** | Twilla/Negrete |
| **Introduction to Manuscript Writing – Background & Methods** | Wells |
| **Orientation to Electronic Referencing in Mendeley®** | Online Video |
| **Statistics Review & Database Design** | Wells/Marjoncu |
| **IRB Process Overview & iMEDRIS Orientation** | Broyles |
| **Introduction to REDCap** | DeKerlegand |
| **Analyzing Your Results in SPSS** | Wells/Marjoncu |
| **Writing a Manuscript Results & Discussion** | Twilla |

# Research Project Timeline 2024-2025

| *Date* | *Responsibility* |
|---|---|
| *Early July* | PGY1 residents meet with teams to discuss research ideas<br>PGY2 residents received project assignments & begin developing research protocol with their personal project committee. |
| ***July 22*** | **PGY1 Residents submit rankings (Top 3) for project assignment to Jennifer Twilla via email by noon** |
| *End of July* | PGY1 project assignments determined & begin developing research protocol with their personal project committee. |
| *Early August* | PGY1 residents complete development of research protocol & prepare for Oversight Committee Presentation |
| *August 28* | University PGY2 residents present to the Residency Research Oversight Committee<br>***Note: written description of project must be sent at least 2 calendar days prior to the committee meeting*** |
| *August 29 & September 4* | University PGY1 residents present to the Residency Research Oversight Committees at their respective institutions.<br>***Note: written description of project must be sent at least 2 calendar days prior to the committee meeting***<br>***If approved by ROSC, primary research advisor places IT ticket for patient list*** |
| *End of September* | Obtain IRB approval (CITI training required ONLY for preceptors lists on the IRB)<br>If using REDCap, request access to begin designing data collection tool<br>May begin data collection |
| *Oct 7* | Informal status report due to residency facilitator<br>Manuscript Background draft due to Primary Project Advisor for Review |
| *December 9* | Manuscript Methods draft due to Primary Project Advisor for Review |
| *December* | Major part of dedicated time for data collected |
| *January 3* | Status report due to PGY1 ROSC (PGY2 status report to RPD)<br>Manuscript Tables/Figures (without data ) draft due to Primary Project Advisor for Review |
| *March 3* | Finalize data collection for Mid-South Pharmacy Residents Conference |
| *Mid-March* | Abstract due for Mid-South Pharmacy Residents Conference<br>*(date subject to change based upon conference rules)* |
| *March 28* | Informal status report due to residency facilitator |
| *March - April* | Meeting of Personal Project Committee for resident to review Mid-South Presentation. All residents should practice the presentation at least once with their committee.<br>Complete presentation presented to selected preceptors for feedback |
| *April 1, 3, 8, 10* | Formal presentation at the Mid-South Regional Pharmacy Residents Conference |
| *April 30* | Results Draft due to Primary Project Advisor for Review |
| *May 30* | Discussion / Conclusions Draft due to Primary Project Advisor for Review |
| *June 6* | Full Draft of manuscript due to Personal Research Committee for review |
| *June* | Data files submitted to Primary Project Advisor for storage at MUH<br>Complete IRB paperwork to close out or transfer research project |
| *June 20* | Final written manuscript of research project submitted to RPD |

# Medication Use Evaluation (MUE)

A Medication Use Evaluation (MUE) is a performance improvement method used to focus on evaluating & improving medication use processes to optimize patient outcomes. The process helps to identify & resolve actual & potential medication-related problems that could interfere with achieving optimum outcomes from medication therapy by focusing on the system of medication use. Examples include the identification of an issue from medication errors or adverse drug events, implementation of new processes or safety programs, or follow-up to previous MUEs.

A requirement of the PGY1 residency is the completion of an MUE. Each resident will be assigned a MUE topic at the beginning of the residency year, as well as an individual MUE preceptor. The MUE preceptors & residents will work in collaboration with the DUP Coordinator to ensure all MLH goals are achieved through the process. Residents may be required to consult with clinical specialists or pharmacy managers with expertise in the area of the MUE. The resident & their assigned preceptor(s) will maintain open communication regarding MUE activities. It is important to coordinate with all involved parties about expectations & deadlines.

MUH operates on a "flipped" MUE process. Incoming residents are assigned to MUE topics that were identified during the previous year. The full MUE write up was completed by the previous year's PGY1 class and will be implemented by the current class. From March to May of the current residency year, PGY1 residents will work with the DUP Coordinator to identify topics and complete written protocols for the following year's resident MUEs.

Please use the following guidelines for the MUE process at MLH:

1. Residents are responsible for setting up all meetings with the assigned preceptor(s). All residents are encouraged to schedule a face-to-face meeting or a conference call including all involved parties to ensure everyone understands the purpose of the MUE & to clarify any questions related to the data collection process.
2. Residents should complete the required MUE planning form (see below) with the DUP Coordinator and preceptor(s) to establish a timeline to complete their assigned MUE, which should include the following deadlines. Once the timeline is reviewed & approved by the DUP Coordinator and assigned preceptor(s), the resident may begin the process as outlined using the attached example write up below.
3. All MUEs are presented at the Clinical Pharmacy Collaborative Meeting. The CPC will determine if the MUE needs to be shared with other committees, such as Medication Safety.
    a. After review and approval at the CPC, each MUE will be presented at the System Pharmacy Steering Committee (which meets every 2 weeks) before moving on to other committees and then the MLH System P&T Meeting
    b. Resident MUEs will be presented at P&T, which is the first Thursday of every month, in full by the resident ONLY if there are action items that require a P&T vote. Otherwise, all MUEs will be included as part of the consent agenda. Residents should plan to attend and answer questions, if they arise.
4. As possible, the resident will participate in implementation of recommendations which may include information or education preparation, memo or newsletter creation, protocol revision, changes to medication use system or monitoring processes, etc.

# Methodist University Hospital - MUE Planning Form

| Assigned Resident(s): | | |
|---|---|---|
| Topic: | | |
| Activity | Due Dates | Responsible Resident |
| Received Assigned MUE | July 2024 | |
| Schedule Meeting with MUE preceptor | Resident to Set (early July) | |
| Begin Data Collection | Resident to Set (mid-July) | |
| Meet with MUE preceptor to Review Interim Data Collection after 25% of patients collected | Resident to Set (early August) | |
| Finalize Data Collection and Analyze Data | **Aug 30, 2024** | |
| Complete Draft MUE Write Up and Meet with Mentor to Discuss Recommendations | **Aug 30, 2024** | |
| Final MUE Write – Send to Clinical Pharmacy Collaborative Meeting (Email CPC Chair- needs to be sent by 1st Friday of month at noon to make that month's agenda; meeting second Wednesday of month); Note, if MUE is related to antimicrobial use, will be presented at Antimicrobial Stewardship Meeting instead of CPC; Email Shanise Patterson / Alaina DeKerlegand for schedule | **DUP Coordinator to update (usually Sept or Oct meeting)** | |
| Present MUE at Clinical Pharmacy Collaborative Meeting *Presentation at subsequent meetings will be determined after review by Clinical Pharmacy Collaborative; Note, if MUE is related to antimicrobial use, will be presented at Antimicrobial Stewardship Meeting instead of CPC | **DUP Coordinator to update (usually Sept or Oct meeting)** | |

**Basic Elements of P&T MUE summary (Verdana 10 point font)**

- Title of MUE & author
- Preceptors involved in MUE process
- Recommendations
  - Based on results of MUE, what changes or new processes need to be implemented in order to improve/change the issue identified.
  - Actions should be specific to impact results. This may include revision of a protocol, education to a targeted group (pharmacists, nurses, physicians etc.), changes to med use processes or creation of new processes, protocols or services
  - Include if necessary a plan for reassessment of performance to determine effect of intervention.
- MUE objectives
  - Specific aim of the research
- Background
  - Statement of the problem or summary of current medication use situation
  - Relevance/importance of issue
  - Baseline “performance or usage” if any or know (past MUE results)
- Methods
  - Define data to be collected to evaluate MUE objectives
  - Define how data was obtained & over what timeframe for historical data
  - How patients were selected
  - Other pertinent method information
- Summary of results (tabular format is best)
  - Number of patients
  - Time frame
  - Total for system plus breakdown per hospital
  - Cost analysis if applicable (Note: will need to broke down by hospital & a total for the system)
  - Information should be presented in most appropriate format for easy interpretation (use mean versus median where appropriate, include ranges if this is important to interpretation of results)
- Discussion/Interpretation of results
  - What conclusions can be made from the data collected?
  - What are the answers to the MUE objectives?
  - Were there any other additional findings that were not expected?
  - Were there any trends noted?
  - References (if applicable for background)

# LONGITUDINAL MEDICATION SAFETY & POLICY ROTATION

- Residents completing 3-month longitudinal experience
  - 7 MUH PGY1 Residents
  - 4 MUH PGY2 Residents
- Med Safety Topics will be added to orientation to ensure residents have adequate education & understanding of concepts needed to assist with activities during longitudinal experience
  - Up to Three, one-hour long sessions will be dedicated to topics determined by the MSO
- On a monthly basis, the RAIL of projects will be evaluated & adjustments will be made as needed; priority will be given to tasks that originated at the hospital in which the resident resides; if none are available, system-level projects will be delegated appropriately
- Activities for PGY1 residents
  - **One** major review for formulary committee or abbreviated MUE (depending on needs), which includes either of the following:
    - Formulary Request OR Medication class review OR Formulary-related Policy
      - Formulary requests will need monographs from our GPO (DUP Coordinator to request) AND
      - For Formulary requests, please use the form located on the Gdrive.
        - Title :*"MLH P&T Review Form – Full Formulary Review & High Risk Med Review"*
        - Folder: G:\Data\rx\System Pharmacy\P&T Committee\P&T Review Form
      - Once approved, create and educational memo. Use the template on the Gdrive
        - Title: "Pharmacy Educational Memo Template"
        - Folder: G:\Data\rx\System Pharmacy\P&T Committee\P&T Review Form\Education Templates
    - Abbreviated MUE (see MUE section of manual – limited to no more than 50 patients)
  - A minimum of **two** minor projects, which includes any of the following:
    - MCDS review, PowerPlan/protocol review, drug shortage plans/requests, policy review, clinical pharmacy collaborative project
    - Please use the forms located on the Gdrive to submit recommendations
      - Title: *"MLH SPSC – Pharmacy Subcommittee Review Form"*
      - Folder: G:\Data\rx\System Pharmacy\P&T Committee\P&T Review Form
    - Once approved, create and educational memo. Use the template on the Gdrive
      - Title: "Pharmacy Educational Memo Template"
      - Folder: G:\Data\rx\System Pharmacy\P&T Committee\P&T Review Form\Education Templates
  - Assist with medication safety review at respective hospital (under direction of hospital Med Safety Coordinator])
    - Preparing monthly medication safety report for respective hospital
    - ARCC up significant med events at weekly medication safety call
    - Reviewing at least 3-5 safeguards
    - Prepare med events/ADRs for Team Leader meeting (MUH only)
    - Prepare med events/ADRs for Clinical Director's nursing meeting (MUH only)
    - Creating PowerPoint slides on safeguard follow-ups that can be used at monthly department meeting (MUH only)
  - Other projects as listed on grid below
- Activities for PGY2 residents

- Revise or create one PowerPlan, orderset, protocol, or medication use policy (to be chosen in conjunction with RPD)
- Revise or create one drug shortage plan
- Assist with medication safety review at respective hospital (under direction of hospital Med Safety Coordinator)
  - Same activities outlined above under "Educational Activities for PGY1 residents"
- Other projects as listed on grid below

- All residents should attend the necessary meetings where their project &/or recommendations are discussed; information will be communicated by the assigning preceptor on needed attendance
- Residents are required to update the required RAIL on at least a monthly basis
  - Residents will attend a monthly group check-in session with the Drug Use Policy Coordinator to discuss status of projects &resident(s) will need to schedule a meeting prior to Day 1 of the rotation to discuss the rotation description, expectations, to review the calendar of activities & meetings, & to discuss the RAIL that is used to track all activities related to the experience. Prior to this meeting, the resident is expected to complete the following activities independently (note: PGY2 residents not assigned to complete P&T minutes do not have to complete #2-5):
  - 1-Review the rotation description in PharmAcademic & prepare questions for the face-to-face meeting
  - 2-Review the P&T Committee Management Standard Operating Procedure
  - 3-Review the video tutorials on how to use RedCap for P&T Minutes
  - 4-Review previous P&T minutes to gain an understanding of what completes minutes should include
  - 5- Review previous P&T newsletters to gain an understanding of what the final newsletter should include
  - 6-Ensuring they are able to access the RAIL document to maintain updates
- Longitudinal component is 3 months in duration; however, residents may have to finalize, present, & follow-up on projects after this is complete with the goal that all follow-up is completed within 60 days of end of experience

| Month | July (Quarter 1) | | Preceptor |
|---|---|---|---|
| General Info | 1. Major formulary/Med Use project assigned to PGY1 residents (all attempts are made to hold any assignments until last week of July for new PGY1)<br>2. Supplemental projects assigned to PGY1s (maximum 4 projects assigned simultaneously including major project previously made) on a PRN basis<br>3. Formulary, policy, or protocol assignment given to PGY2 resident(s) at any point during quarter after discussion with RPDs regarding identified clinical needs of that area; preceptor may present possible ideas based upon previously noted needs or requests; project does NOT have to be completed during quarter | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | August (Quarter 1) | | |
| General Info | Supplemental projects assigned to PGY1 residents (maximum 4 projects assigned simultaneously including major project previously made). | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | September (Quarter 1) | | |
| General Info | Supplemental projects assigned to PGY1 residents (maximum 4 projects assigned simultaneously including major project previously made); Projects should be moved into | | Ana Negrete |

| | | | |
|---|---|---|---|
| | completion phase by end of month; no new projects that cannot be completed by end of month should be assigned | | |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | October (Quarter 2) | | |
| General Info | 1. Major formulary/Med Use project assigned to PGY1 residents<br>2. Supplemental projects assigned to PGY1s (maximum 4 projects assigned simultaneously including major project previously made) on a PRN basis<br>3. Formulary, policy, or protocol assignment given to PGY2 resident(s) at any point during quarter after discussion with RPDs regarding identified clinical needs of that area; preceptor may present possible ideas based upon previously noted needs or requests; project does NOT have to be completed during quarter | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | November (Quarter 2) | | |
| General Info | Supplemental projects assigned to PGY1 residents (maximum 4 projects assigned simultaneously including major project previously made). | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | December (Quarter 2) | | |
| General Info | Supplemental projects assigned to PGY1 residents (maximum 4 projects assigned simultaneously including major project previously made); Projects should be moved into completion phase by end of month; no new projects that cannot be completed by end of month should be assigned | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | January (Quarter 3) | | |
| General Info | 1. Major formulary/Med Use project assigned to PGY1 residents<br>2. Supplemental projects assigned to PGY1s (maximum 4 projects assigned simultaneously including major project previously made) on a PRN basis | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | February (Quarter 3) | | |
| General Info | Supplemental projects assigned to PGY1 residents (maximum 4 projects assigned simultaneously including major project previously made). | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |

| | | | |
|---|---|---|---|
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | March (Quarter 3) | | |
| General Info | Supplemental projects assigned to PGY1 residents (maximum 4 projects assigned simultaneously including major project previously made); Projects should be moved into completion phase by end of month; no new projects that cannot be completed by end of month should be assigned. | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | April (Quarter 4) | | |
| General Info | 1. Major formulary/Med Use project assigned to PGY1 residents<br>2. Supplemental projects assigned to PGY1s (maximum 4 projects assigned simultaneously including major project previously made) on a PRN basis | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | May (Quarter 4) | | |
| General Info | Supplemental projects assigned to PGY1 residents (maximum 4 projects assigned simultaneously including major project previously made). | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |
| Month | June (Quarter 4) | | |
| General Info | Supplemental projects assigned to PGY1 residents (maximum 4 projects assigned simultaneously including major project previously made); Projects should be moved into completion phase by end of month; no new projects that cannot be completed by end of month should be assigned. | | Ana Negrete |
| Monthly Assignments | Attend P&T Meeting & take minutes; Construct P&T Newsletter | TBD | Ana Negrete |
| | Med Safety Coverage for Specific Institution | TBD | Varies |
| | MCDS Project On-call | TBD | Varies |
| | Drug Shortage Project On-call | TBD | Varies |

# Pharmacy Resident Education Series

The purpose of the pharmacy resident education series (PRES) lectures is to supplement the residents' education on areas related to clinical practice, research, & leadership. Within the PRES lectures, there are several different series of lectures that build upon each other: clinical education, leadership development, quality improvement, and continuing education.

**Pharmacy Resident Conference**

The purpose of the pharmacy residency conference is to provide a discussion focused on controversies & literature pertaining to patient care. Discussions will serve as a venue to ensure that residents receive education & training on topics that are commonly encountered during everyday practice. Conference topics will alternate between journal clubs, disease state presentations, and case-based discussions with preceptors. All PGY1 residents are required to attend all sessions unless they have approval from their program director or designated monthly preceptor. PGY2 residents are encouraged, but not required to attend. Residency-Track APPE (RTAP) students are invited to attend sessions as a part of their program. Other rotation students should only attend if they are on rotation with the direct preceptor assigned to facilitate the discussion. Sessions are typically structured in the following format:

**Journal Club** - The resident journal club will be held once monthly during the pharmacy resident conference. Topic areas will rotate each month with various clinical specialists facilitating the discussion on the clinical applicability of the selected articles. Clinicians from the assigned subject area will select 1-2 studies for the group to discuss. Articles will be sent via e-mail to the residents at least 5 days prior to the journal club date. All residents will be required to participate in the discussion as called upon by the facilitating preceptor(s).

**Disease State / Therapeutics Presentations** - The resident will meet with the assigned preceptor to determine the topic for their presentation at least 30 days prior to the assigned date. Topics should focus on more relevant information and not on concepts that are rarely seen in practice. The resident and preceptor will work together to determine the appropriate format (debate, case presentation, etc.). For PGY1 residents, topics within each 1 hour session may relate or build upon each other, or may be on separate topics. Residents will be required to prepare a PowerPoint® presentation. Which must be provided to the preceptor at least one week prior to the scheduled presentation date for feedback and comment. It is expected that all residents include relevant primary literature with references. Residents will complete the following presentations:

1. PGY2 residents will be required to complete a 1-hr presentation
2. PGY1 residents will be required to complete a 30-min presentation

**Case Discussions** - Sessions will focus on further building the ability to complete system-based assessments & facilitating the resident's ability to analyze complex patient information. Various preceptors will select 1-2 patient cases from the assigned specialty area for the residents to review. Residents will be given the identification number of the assigned patients via e-mail at least 48 hours prior to the session. All residents will be required to participate in the discussion & may be asked by the preceptor to present the patient to the group or ask additional questions.

**Leadership Development Series**

Leadership is considered a part of the core training at Methodist University Hospital for our residents. By taking part in the leadership development series, residents will receive a solid foundation in practice leadership that will deliver not only clinically advanced pharmacists but also well-rounded, quality-tested leaders of the profession. The purpose of this program is to instill residents with leadership principles that will help guide them through their careers so that they can make a difference in the lives of patients, peers, & the profession.

In order to cultivate the everyday leadership it takes to be a pharmacist as well as formal leadership skills, Methodist University Hospital PGY1 residents will be required to participate in a leadership development series. These learning experiences will consist of ASHP leadership topics designed to help create a framework for developing practitioners that will advance the pharmacy profession. Residents will have an opportunity to discuss topics with leaders to gain insight into leadership philosophies that focus on how to lead yourself, lead others, & lead the profession. Since leadership is considered a professional obligation per ASHP, residency seems to be the ideal setting for training future leaders. Lectures are scheduled as part of the Pharmacy Resident Education Series (PRES) schedule.

**Continuing Education Series**

PGY1 & PGY2 residents will all complete a CE consisting of 1 contact hour. Programs should be at least 45-50 minutes in length, with 10 minutes of follow-up questions from the audience. Most presentations will be conferenced to other Methodist facilities utilizing shared computer technologies. Handouts of covered information, plus any background information of general interest should be provided to participants prior to the presentation. Presentations should be presented at the level of beginning to midlevel pharmacy practitioner. The intent of the program is to provide a thorough review of a therapeutic subject or controversy, utilizing primary literature as the focus.

**Topic Selection & Preceptorship -** A list of CE topic ideas is located on the MUH shared drive. This list is not all-inclusive, and ideas can be generated with the assistance of the resident's facilitator and/or another preceptor. For topics chosen off of the list, the resident will set up a time to discuss the idea with the preceptor that generated the idea. Topics are selected on a first-come, first-serve basis. A preceptor may elect to bring in another preceptor to assist with a CE if they are already helping preceptor another presentation. All topics & CE preceptors should be selected at least 60 days prior to the CE session & turned in to the CE coordinator (Joyce Broyles) for final approval. A list of the past 24 months of programs will be provided during orientation to aid residents in selection of topics. Residents should work with their CE preceptor to prepare the complete application for accreditation, which is due 30 days prior to the scheduled presentation. This application includes: the overall activity goal, 3-4 objectives for the presentation, **complete final** presentation slides in Microsoft PowerPoint® format, the resident's CV, & the preceptor's CV, & conflict of interest forms for CE preceptor & resident. The CE preceptor must approve this application prior to sending to CE coordinator for processing. No changes will be accepted after the application is turned in, & it is the resident's responsibility to turn in the complete application on time. Continuing education objectives need to utilize Bloom's taxonomy verbs & cover the major points in the presentation. It is the responsibility of preceptor to assist the resident in setting up the actual presentation, & to determine appropriate amount of copies of handouts, etc.

**Self-assessment –** All presentations should have a self-assessment component to assess audience learning. This may be group discussion of a case study, a pre or post-test, or other assessment method.

**Preparation Requirements -** Residents are required to practice the presentation with the CE preceptor at least 5-10 days prior to their due date. It is essential that the preceptor review a live practice presentation - not just reviewing the slides. It is heavily encouraged that all residents practice their presentation again in the week prior to the scheduled live date, as well, to ensure there are no issues with timing of flow. Please note the CE application process through UTHSC transitioned to a new electronic process in 2021. Updated information will be provided on how to complete the process.

**Evaluation -** There will be two types of evaluations - a CE program specific evaluation form, & a generic form developed specially for our CE series. Both of these forms are filled out electronically. The program specific form can be found on MOLLI and will close 48 hours after each CE. After the presentation, the resident & CE preceptor will review the presentation evaluations. It is the resident's responsibility to ensure feedback gets uploaded into PharmAcademic®.

**Special Considerations**

1. In larger rooms, color schemes with larger white lettering on a dark background are often easier to read. Residents are encouraged to visualize their slides on the screen in the site of the presentation in order to ensure they project the way in which they were intended.
2. At the end of the presentation, all residents should hold a question & answer period. Residents should ask sites participating in the CE via phone or videoconference for questions. All questions should be repeated back to the audience prior to answering.
3. Because all CEs are broadcast via phone, videoconference, or web-based programming to other Methodist hospitals, residents should ensure their delivery is slow enough to be clearly heard.
4. In order to facilitate meeting deadlines associated with the CE program, all residents are required to complete the continuing education planning form in conjunction with their CE preceptor.

# Methodist University Hospital - Continuing Education Planning Form

| Primary Planner(s): | | | |
|---|---|---|---|
| Topic: | | | |
| Presentation Date: | | Presentation Time: | |
| Activity | Due Dates (prior to CE)* | Responsible | Deliverable Dates |
| Draft CE Details (see below) | Prior to 60 Days | CE primary presenter submits to CE Facilitator | |
| Final CE Details (see below) | 60 days | CE primary presenter submits to CE facilitator & CE coordinator (JEB) | |
| Draft Slides | 40 days | CE primary presenter submits to CE Facilitator | |
| Practice Run #1** | 35 Days | CE primary presenter to schedule with CE Facilitator | |
| Planners & Presenters CV/Disclosure/Agreements | 30 Days | CE primary presenter submits to CE facilitator & CE coordinator (JEB) | |
| Final Slide Set | 30 Days | CE primary presenter submits to CE facilitator & CE coordinator (JEB) | |
| Practice Run #2** | 5-10 Days | CE primary presenter to schedule with CE Facilitator | |
| **Live CE** | **Day 0** | CE Presenter(s) | |

*See schedule of dates below.
**Practice run should be scheduled for 1.5 hr. to allow time for feedback following presentation; residents are encouraged to complete a second practice within 5-10 days prior to presentation, if desired by CE presenter & CE facilitator

## Continuing Education Details

| **Title:** | |
|---|---|
| **Brief Description (1-3 sentences)** | |
| **Learning Objectives (2- 3)** | Please ensure that each CE has at least one objective that addresses how the information can be applied operationally. |
| **Presenter(s) - Name, Credentials, title, & email** | |
| | |
| | |
| | |

# Pharmacist On-Call Summary

The Pharmacist On-Call (POC) should be contacted for all clinical & administrative issues that are unable to be resolved by the on-duty pharmacist. PGY1 & PGY2 pharmacy residents will be primarily responsible for providing POC coverage throughout the year. In the event there is not a resident assigned to POC, members of the pharmacy administrative team will rotate coverage & triage any necessary clinical issues to clinical staff if they are unable to resolve them. A detailed coverage schedule will be made available to the staff & stored on the shared drive for access.

**Clinical Questions/Issues**

Monday through Friday from 07:00 to 04:00 pm, the POC should communicate issues related to clinical consults/questions to the pharmacist assigned to cover that area or an alternative team member. If there is an issue that arises that the POC is needed to complete, such as heparin-induced thrombocytopenia (HIT) pages or during clinical staff shortages, they should seek out support from available clinical specialist still within the hospital only if they feel they need assistance handling the issue (reminder: ED specialist shifts end at 1:00 am). From the hours of 2:00 am to 07:00 am, the POC should contact their assigned back-up for assistance, if necessary. On Saturday & Sunday or on holidays, the resident will be responsible for handling all issues 24-hours a day. They may seek out assistance, if necessary, from in-house pharmacists & should contact their back up if necessary.

When a PGY1 or PGY2 resident is serving as the POC, they are responsible for attending all Code Emory Houses and inpatient code strokes that occur Monday through Friday from 07:00 am to 04:00 pm, unless they are off-site completing a requirement for the residency. If so, the resident should communicate this in the morning safety huddle to ensure communication is sent out to the department. Additionally, the POC will serve as the solid organ transplant discharge education back up in the event the number of discharges exceed the solid organ transplant pharmacist's capacity (either due to the number of educations that day or superseding clinical pharmacy specialist responsibilities).

**Administrative Questions/Issues**

Monday through Friday from 07:00 am to 4:00 pm, the POC should communicate issues from areas below to the primary responsible person to resolve. For all other administrative issues or if both the primary & secondary responsible person for the issue areas listed below are unavailable, it is the responsibility of the POC to resolve the issue. If they are unable, they should contact their assigned back-up for support. During all other hours Monday through Friday & all hours on weekends or holidays, the POC should attempt to resolve the issues & contact their back-up if needed.

| Issue | Primary Person | Secondary Person |
|---|---|---|
| Pharmacist Call-Out | Angela Covington | David Ursic |
| Inpatient Technician Call-Out | Sharon Boyd | Angela Covington |
| Hospice | Joyce Broyles | Angela Covington |
| Drug Shortages | Joyce Broyles | Angela Covington |
| Omnicell | Sharon Boyd | Angela Covington |
| Clinical Services/ Non-Formulary Requests | Jennifer Twilla | Alaina DeKerlegand<br>Ana Negrete<br>Tate Cutshall |

After hours, the POC should attempt to resolve issues related to all & contact their back-up if needed. Please note, any request for non-formulary medications that cost more than $5,000 per dose require contact of back-up for discussion. Additionally, any request that involves discussion with another hospital administrator outside of pharmacy requires discussion with the assigned back-up.

**Workflow Surge:** At times, the pharmacy department may experience a surge in orders or an unexpected call-out that is beyond the capability of the current staff. The POC may be utilized in these extreme circumstances, based upon the criteria below, and will provide assistance for a short period of time until the workload has been reduced to a feasible level or can be managed by the current staff.

Workflow Surge Procedures

a. The POC may be contacted via central pharmacy when an order surge has occurred that meets the following criteria:
    a. When two pharmacists are physically present in central pharmacy: number of orders needing to be verified exceeds 200
    b. When only one pharmacist is physically present in central pharmacy: number of orders needed to be verified exceeds 100
        i. Examples include: one pharmacist attending a prolonged Code Emory House, leaving only one pharmacist alone in central pharmacy
b. The POC may also be contacted via central pharmacy to come to the hospital if only one pharmacist is physically present in central pharmacy due to an unexpected call-out that cannot be filled or flexed and must attend an urgent patient care issue on the floor in which a pharmacist is absolutely needed and would leave the pharmacy without a pharmacist **<u>for an extended period of time</u>** (usually >30 minutes)
        i. Example: a midnight pharmacist is alone in central pharmacy and a hydromorphone PCA issue occurs on the floor that must be addressed by a pharmacist and the issue takes a prolonged period of time to resolve
        ii. The lone pharmacist in central can triage/facilitate issues from the pharmacy if the acuity of central pharmacy does not allow them to leave (i.e. order the stroke powerplan so the nurse can pull from the Omnicell during a code stroke). However, if the acuity in central pharmacy allows, the pharmacist could attend the medical emergency and return to the pharmacy as soon as possible.
c. Upon being contacted, the POC will provide assistance until the following conditions are met:
    a. Remotely log-in and assist with order verification during an order surge until
        i. Two pharmacists are physically present in central pharmacy: number of orders needing to be verified is below 40
        ii. One pharmacist is physically present in central pharmacy: number of orders needed to be verified is below 20
    b. Remain onsite in central pharmacy until the urgent patient care issue is resolved and the lone pharmacist is back in central pharmacy

**<u>Safety Huddle Coverage</u>**

Individual pharmacy team members lead the daily pharmacy safety huddle and facilitate discussion. Coverage will rotate based upon the letter of the week on the pharmacist schedule. The pharmacy resident assigned to administration will attend when on rotation & serve as secretary, sending out the meeting minutes to staff each day. In the event there is no pharmacy resident assigned to administration, the team member assigned to lead safety huddle will send out the minutes & communicate any noted issues directly to the administration team.

Week following weekend A – Oncology
Week following weekend B – Medicine
Week following weekend C – Critical Care
Week following weekend D – Transplant

**<u>Log of On-Call</u>**

All pages / communications to the POC, including those for workflow surge, should be communicated with the backup in the first half of the year. During the second half of the year, the backup should be utilized at the discretion of the POC. For any call outs, please communicate this to that person's manager via email or TelMedIQ message. Immediate assistance needs should be communicated with the designated back-up if after hours.

**<u>Feedback</u>**

By the Tuesday following each week of call, the assigned back-up, if necessary, will provide verbal or written feedback to the resident. Written feedback will be placed into PharmAcademic® using the formative feedback function. The feedback should be brief & targeted based upon the requests received.

# Tentative 2024 – 2025 Rotation Calendar

| Dates | Rotation | Quarter |
|---|---|---|
| July 1 – July 26 | Rotation 1 | 1 |
| July 29 – Aug 30 (5 week) | Rotation 2 | |
| Sep 3 – Sep 27 | Rotation 3 | |
| Sep 30 – Oct 25 | Rotation 4 | 2<br>ASHP Midyear Dec 3-7 |
| Oct 28 – Nov 27 | Rotation 5 | |
| Dec 2 – Dec 30 | Rotation 6 | |
| Jan 2 – Jan 31 | Rotation 7 | 3 |
| Feb 3 – Mar 7 (5 week) | Rotation 8 | |
| Mar 10 – Apr 4 | Rotation 9 | |
| Apr 7 – May 2 | Rotation 10 | 4 |
| May 5 – May 30 | Rotation 11 | |
| June 2 – June 27 | Rotation 12 | |

# Drug Information Resources

Drug information and pharmacy resources are primarily accessed through the Methodist Le Bonheur Healthcare Formulary that is available through LexiComp® Online. Medications on the adult formulary are designated with an [A] and those on the pediatric formulary with a [P]. Medications designated as [AMB] are approved for use in the ambulatory setting. Information on available dosage forms, restriction criteria, therapeutic interchanges, and medication-specific policies/protocols may be found on the individual drug monographs that are available. The “Drug and Pharmacy” site also includes antibiograms, drug shortage information, an IV standard concentration list, and links to formulary, non-formulary, and medication use policy change requests.

**Accessing information on Lexi-Comp**

When looking for specific information on restriction criteria, medication-specific policies, interchanges, or other MLH specific information, individual medications should be accessed on lexi-comp. If the agent is on formulary, a listing will be present under “Methodost Le Bonheur Healthcare Formulary.” Within this listing, specific sections should be consulted for further information. Any perceived updates to a monograph should be sent directly to Jennifer Twilla for review.

Methodist Le Bonheur Healthcare Formulary

Tocilizumab [A-R][AMB] Dosing *Updated 03/19/21*

MLH ADULT Formulary Specific Information

[A-R] - Tocilizumab Use in COVID-19

Restrictions

A - Treatment of cytokine release syndrome associated with CAR-T cell. Prescribing is restricted to the stem cell transplant providers

A- Treatment of select COVID-19 patients as a single, standardized dose (~8mg/kg) (NOTE: repeat doses are NOT allowed)

Confirmed SARS-COV-2 **within 14 days of symptom onset**

**AND**

C-reactive protein level > 75 mg/L

**AND**

Requiring any form of supplemental oxygen to maintain an oxygen saturation of 94% or higher

NOTE: If the patient is receiving high flow nasal cannula, non-invasive / invasive mechanical ventilation at the time of ordering tocilizumab, treatment must be given within 24 hours of initiation of these forms of respiratory support; patients requiring these levels of respiratory support for more than 24 hours may NOT receive treatment

Exclusions to use in patients with COVID-19

Receiving other systemic antimicrobial agents for possible co-infection; ALT or AST > 5 times the upper limit of normla; Platelets < 50,000; Treatment with anakinra, tocilizumab, or sarilumab in the past 30 days; Known condition or treatment resulting in ongoing immune suppression including neutropenia (ANC < 500) prior to this hospitalization; Death is deemed to be imminent and inevitable in the next 24 hours

**How to Access Specific Information**

Lexi-Comp

- MOLLI → Clinical Resources→Drug and Pharmacy→ Lexi-Comp Online [Note: residents will also be given access to include lexi-comp on their smart phones, if desired)

Pharmacist Schedule

- https://mlbh.sharepoint.com/sites/UniversityPharmacy → Pharmacist Schedule

Cerner protocols

- MOLLI → Documents and Processes→ System Documents→ PolicyStat Document Management
- You can search policies using key words in the search bar

# Orientation Specific Checklist

1. **Complete ALL CORNERSTONE competencies by end of the Orientation month!**
2. **Gain Hands-on Omnicell training**
   a. Residents should ensure they gain practical experience using the Omnicell during their days of training in the ED
   b. When you do your technician/operations training during the first week of orientation, please ensure the Omnicell technician orients you to the machine & fills out your paperwork for access
   c. Ensure you complete the Omnicell training program listed in this manual!
3. **Complete the Department of Pharmacy Operational Checklist**
   a. Residents should review this document each morning at the beginning of training. It is the responsibility of the resident to ensure they have covered all information on the checklist with the pharmacists they are training with.
   b. Once completed, residents should give a copy to Teresa Jones for placement in your employee file

# PROGRAM – SPECIFIC INFORMATION

# University PGY1 Program

Methodist University Hospital offers an ASHP-Accredited PGY1 residency. The program typically accepts 7 residents annually. The purpose of the program is to provide the resident with the skills, knowledge & attitudes required to become a competent pharmacy practitioner.

At the end of the residency, all program participants are expected to:

1. Provide pharmaceutical care in multiple settings, applying evidence-based knowledge
2. Maintain independent learning skills
3. Possess a professional ethic
4. Develop effective communication skills
5. Cultivate confident leadership skills
6. Understand research methods & opportunities
7. Take responsibility for evaluation of one's work
8. Provide effective drug education to others
9. Understand & participate in the medication use improvement system
10. Improve the drug distribution system
11. Assume personal responsibility for effecting change through involvement in multidisciplinary & intradepartmental teams

**The program is a 12-month experience composed of six major elements:** Direct Patient Care, Service, Practice Management, Practice-Based Research, Medication Safety and Policy, and Transitions of Care

In addition to the learning experiences outlined on the following pages, residents are also able to participate in several learning opportunities meant to complement their clinical rotations.
These include the Pharmacy Residency Education Series (PRES), the research development series, & the University of Tennessee Teaching & Learning Program.

**Mentorship**

Each resident selects a facilitator from among the group of preceptors to advise them throughout the year. The facilitator assists the resident in tailoring learning experiences to his or her goals, interests, & previous experiences. The facilitator may also guide the resident as they select their research project, identify preceptors to assist them with presentations & direct them in career choices. Finally, the resident's facilitator serves as the primary mentor for the UTHSC Teaching & Learning Program, if the resident chooses to enroll in this activity:

The following preceptors are able to be selected as facilitators for the 2023-2024 residency year:

| Joyce Broyles | Sami Sakaan | Joe Krushinski |
|---|---|---|
| Angela Covington | Carolyn Cummings | Kacie Clark |
| Michael Samarin | Anna Jacobs | Lisa Hayes |
| Paul Schotting | Tiffany Lyons | Kori Holman |
| David Ursic | Dennis Marjoncu | Mike Reichert |
| Rachel Bone | Alaina DeKerlegand | Jennifer Twilla |
| Kerri Jones | Courtney Overton | |

Rotation Experience

In order to attain the core level of knowledge necessary to function as a pharmacy practitioner, each resident will participate in the following one-month rotations:

| | |
|---|---|
| 1 Month | Orientation/Training |
| 1 Month | Research (during December) |
| 1 Month | Internal Medicine |
| 1 Month | Administration |
| 1 Month | Transitions of Care |
| 1 Month | Antimicrobial Stewardship |
| 1 Month | Critical Care Selective (MICU or CVICU/CT Surgery) |
| 1 Month | Immunocompromised Selective (Solid Organ Transplant or Heme/Onc Clinic) |
| 1 Month | Internal Medicine Selective (Stroke, Nephrology, or Cardiology) |
| 1 Month | Acute Care Selective (Emergency Department or Neuro ICU) |
| 2 Months | Elective Rotations (may repeat any rotation not chosen as a selective or choose from below list) |

**Available Rotations & Preceptors**

| | |
|---|---|
| Administration | Joe Krushinski, PharmD, MS, BCPS & Jennifer Twilla, PharmD, BCPS |
| Antimicrobial Stewardship | Alaina Dekerlegand, PharmD, BCIDP |
| Transitions of Care | Sami Sakaan, PharmD, BCPS, Tate Cutshall, PharmD, BCPS, & Drew Wells, PharmD, BCPS |
| Cardiology | Anna Jacobs, PharmD, BCPS |
| Cardiovascular ICU/Cardiothoracic Surgery | Rachel Bone, PharmD, BCPS |
| Medical Critical Care | Michael Samarin, PharmD, BCCCP & Lauren Kimmons, PharmD, BCCCP |
| Neurocritical Care | Lauren Kimmons, PharmD, BCCCP & Michael Samarin, PharmD, BCCCP |
| Emergency Medicine Days | Lisa Hayes, PharmD, BCCCP & Mike Reichert, PharmD, BCCCP |
| Emergency Medicine Evenings | Kacie Clark, PharmD, BCCCP & Paul Schotting, PharmD |
| Internal Medicine | Sami Sakaan, PharmD, BCPS, Tate Cutshall, PharmD, BCPS, & Drew Wells, PharmD, BCPS |
| Inpatient Heme | Dennis Marjoncu, PharmD, BCOP |
| Heme/Onc Clinic | Kori Holman, PharmD, BCOP & Dennis Marjoncu, PharmD, BCOP |
| Medication Safety | Michael Dejos, PharmD, BCPS, DPLA |
| Nephrology | Joanna Hudson, PharmD, BCPS & Benjamin Duhart, PharmD, MS |
| Pediatric Medicine (Le Bonheur) | Mary Stoltz, PharmD, BCPPS |
| Solid Organ Transplant/Hepatology | Carolyn Cummings, PharmD, BCPS, BCTXP, Courtney Overton, PharmD, Tiffany Lyons, PharmD, BCPS |
| Acute Stroke | Kerri Jones, PharmD |
| Pharmacy Practice Service | David Ursic, PharmD, BCPS |

**Residents may select up to one elective rotation at an off-site hospital during the residency year.*

**Longitudinal Rotation Experiences**

In addition to the program-wide requirements outlined on our webpage, PGY1 Residents will also be required to complete the following longitudinal experiences:

1. **Medication Safety & Policy** - Residents are required to complete a three-month, longitudinal learning experience in medication safety & policy. The resident will gain practical experience in drug information, formulary & drug use policy management, medication safety, literature analysis, & integration of service throughout a multi-hospital system. Requirements are outlined earlier in the residency manual.
2. **Medication Use Evaluation (MUE)** - Residents will be responsible for performing at least one medication use evaluation during the year. The medication(s) studied will be assigned based on the current needs & focus of the department. Preceptor(s) will be assigned by the DUP Coordinator to oversee the activity. Residents will work to design the data collection form, collect the pertinent

information, analyze the results, determine conclusions of appropriate or inappropriate medication use & make recommendations to improve medication use. Depending on the medication or process, the MUE may include all of the adult Methodist hospitals & will require the resident to coordinate with the other hospitals for completion. Results will be presented by the residents to the Pharmacy & Therapeutics Committee.

3. **Service** - PGY1 residents are required to provide service (often referred to as "staffing") coverage the equivalent of every 4rd weekend (approximately 36 shifts per year). They also provide coverage for 2 evening shifts out of every 4-week schedule (approximately 26 shifts per year). A master schedule of draft coverage will be provided to the resident, but is not final until the actual pharmacist schedule posts.
4. **Research** - PGY1 residents are required to complete a longitudinal experience related to research, which includes project time during the month of December. More information about our residency research process can be found in our residency manual. Results will be presented at Mid-South Residency Conference.
5. **Required Presentations** - PGY1 residents are required, at a minimum, to complete 3 primary presentations at various time points during the residency year: a one-hour continuing education presentation, a presentation to a physician group, and a residency conference lecture. It is heavily encouraged to also complete a presentation to college of pharmacy students. Additional presentations are available upon request.
6. **Primary Preceptor Experience** - each PGY1 resident will complete one rotation experience where they serve as the primary preceptor for a student learner. This typically occurs in the second-half of the residency year, but is dependent on student availability and scheduling.

**Project Days**

Project days may be awarded throughout the year or solely during the month of December depending on the residency program. Each program will assign project time at the discretion of the RPD. It is expected that residents continue to work a minimum of 8 hours per day & <u>report to the hospital no later than 0800 daily on project days</u>. These must be logged in the Project Days spreadsheet in the shared drive. PGY1 residents will receive a total of <u>**5 project days**</u> outside of the month of December. <u>No more than 1 project day may be taken during a specific rotation period</u> & all requests for project days must be made with the preceptor at the beginning of the rotation experience. It is heavily encouraged that residents utilize at least one project day per month during their 3-month longitudinal medication safety and policy experience.

**Requirements to Complete Program**

1. Obtain pharmacy license in Tennessee within 90 days of start of program
2. Actively participate in residency orientation program
3. Complete all required service shifts
4. Complete required & elective rotations
5. Achieve all ASHP R1 objectives and 50% of combined R2, R3, R4 and elective objectives
6. Provide coverage as the pharmacist on-call
7. Conduct a major research project with manuscript submitted
8. Conduct require presentations (CE, physician presentation, and residency conference lecture)
9. Participate in recruitment efforts
10. Attend & present at Regional Resident Research Conference
11. Complete management & longitudinal projects
12. Participate in at least one community service activity
13. Complete all required evaluations in PharmAcademic
14. Prepare a drug class review, monograph, treatment guideline, or protocol.
15. Participate in a medication-use evaluation.
16. Participate in medication event reporting & monitoring.

# University PGY2 Critical Care Program

Methodist University Hospital offers an ASHP-accredited postgraduate year two (PGY2) residency in Critical Care Pharmacy Practice. The purpose of the program is to provide the resident with the knowledge, skills & attitudes required to achieve potential excellence as a clinician, educator, and scholar in the area of critical care medicine. Our institution is home to a 18-bed medical/surgical ICU, a 12-bed transplant ICU, a 17-bed neurocritical care unit, a 14-bed cardiovascular ICU, & a 50-bed emergency department that sees approximately 75,000 patients per year. Residents are expected to perform independently & demonstrate proficiency in their rotations. The residency preceptor provides guidance & assistance to the resident & ensures that the goals set forth by the resident & the program are met. The preceptor also provides the resident with frequent evaluation of their progress, including a written evaluation at the conclusion of the rotation. All residents are expected to demonstrate self-initiative, independent learning skills, & effective communication skills throughout the residency. Frequent, clear communication is the key to a successful resident/preceptor relationship.

In addition to the learning experiences outlined below, residents are also able to participate in several learning opportunities meant to complement their clinical rotations. These include the Pharmacy Residency Education Series (PRES), the research development series, landmark critical care trials series, as well as the University of Tennessee Teaching & Learning Program (if a similar program was not completed during the PGY1 year).

**Program Expectations**

- Provide clinical pharmacy services to critically ill patients
- Co-precept pharmacy students & PGY1 residents
- Initiate, complete, & present a practice-based research project at a regional or national meeting, as well as prepare a manuscript for publication
- Provide effective drug education to patients, caregivers, & health care personnel
- Develop & deliver educational presentations to a variety of audience types
- Support hospital & pharmacy quality & safety initiatives
- Successfully achieve a minimum of 75% of all required residency learning objectives

**Mentorship**

The RPD of the program serves as the primary facilitator to advise the resident throughout the year. They assist the resident in tailoring learning experiences to his or her goals, interests, & previous experiences. They may also guide the resident as they select their research project, identify preceptors to assist them with presentations & direct them in career choices. Finally, the RPD serves as the primary mentor for the UTHSC Teaching & Learning Program if the resident chooses to enroll in this activity.

**Learning Experiences**

**Required Core Rotations** (one month duration)

1. Orientation (if PGY1 not completed at MUH)
2. Medical ICU (3 rotations)
3. Neurocritical Care (2 rotations)
4. Cardiovascular ICU/Cardiothoracic Surgery
5. Emergency Medicine

**Elective Experiences** (Select 3-4, each 1 month in duration)

1. Trauma (Regional One Health)
2. Nutrition Support (Regional One Health)
3. Transplant Surgery
4. Evening/Overnight ICU
5. Antimicrobial Stewardship
6. Cardiology
7. Nephrology
8. Acute Stroke
9. Inpatient Heme
10. Pediatric ED (LeBonheur Children’s Hospital)

**Longitudinal Experiences**

1. Pharmacy Practice Staffing (approximately every 4th weekend &one evening per month)
2. Medication safety and policy - 3 months

3. Residency Presentations (continuing education, physician lecture, & college of pharmacy lecture)

**Preceptors**

| | |
|---|---|
| Medical ICU 1, 2, & 3 | Michael Samarin, PharmD, BCCCP & Lauren Kimmons, PharmD, BCCCP |
| Neurocritical Care 1 & 2 | Lauren Kimmons, PharmD, BCCCP & Michael Samarin, PharmD, BCCCP |
| Cardiovascular ICU/Cardiothoracic Surgery | Rachel Bone, PharmD, BCPS, BCCCP |
| Emergency Medicine | Lisa Hayes, PharmD, BCCCP; Michael Reichert, PharmD, BCPS, BCCCP; Kacie Clark, PharmD, BCCCP; Paul Schotting, PharmD |
| Trauma | Joseph Swanson, PharmD, BCPS, FCCM; G. Christopher Wood, PharmD, BCCCP, FCCM; Julie Farrar, PharmD, BCCCP |
| Nutrition Support | Roland Dickerson, PharmD, BCNSP, FCCP, FASHP, FCCM, FASPEN |
| Transplant Surgery | Carolyn Cummings, PharmD, BCPS, BCTXP & Courtney Overton, PharmD |
| Antimicrobial Stewardship | Alaina Dekerlegand, PharmD, BCIDP |
| Cardiology | Anna Jacobs, PharmD, BCPS |
| Nephrology | Joanna Q. Hudson, PharmD, BCPS, FCCP, FNKF |
| Acute Stroke | Kerri Jones, PharmD |
| Inpatient Heme | Dennis Marjoncu, PharmD, BCOP |
| Pediatric Emergency Medicine | Rebecca Regen, PharmD, BCPPS; Alyson Berg, PharmD, BCPPS |

**Requirements to Complete Program**

1. Obtain pharmacy license in Tennessee within 90 days of start of program
2. Actively participate in residency orientation program
3. Complete all required service shifts
4. Complete required & elective rotations
5. Achieve all ASHP R1 objectives and 50% of combined R2, R3, R4 and elective objectives
6. Provide coverage as the pharmacist on-call
7. Conduct a major research project with manuscript preparation
8. Conduct require presentations (CE, physician presentation, residency conference, UT COP Lecture)
9. Participate in recruitment efforts
10. Attend & present at Regional Resident Research Conference
11. Participate in at least one community service activity (at least 1 per 6 months)
12. Complete all required evaluations in PharmAcademic
13. Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of critically ill patients
14. Participate in a medication-use evaluation related to care for critically ill patients
15. Participate in the review of medication event reporting & monitoring related to care for critically ill patients
16. Complete all required topics outlined in ASHP standards

# University PGY2 Emergency Medicine Program

Methodist University Hospital offers a postgraduate year two (PGY-2) residency in Emergency Medicine Pharmacy Practice. The purpose of the program is to provide the resident with the knowledge, skills & attitudes required to achieve potential excellence as a clinician, educator & scholar in the area of emergency medicine. Our institution is home to a 50 bed Emergency Department that sees approximately 75,000 patients per year. In addition, our institution has a 24-bed medical intensive care unit (ICU), a 16-bed surgical ICU, an 12-bed transplant ICU, a 16-bed neurocritical care unit, & a 16-bed cardiac surgery ICU. Our institution is also currently undergoing a $280 million expansion that will bring out total number of ICU beds to 112 when fully completed. Residents have the opportunity to complete a Trauma rotation at an off-site institution in downtown Memphis. Residents are expected to perform independently & demonstrate proficiency in their rotations. The residency preceptor provides guidance & assistance to the resident & ensures that the goals set forth by the resident & the program is met. The preceptor also provides the resident with frequent evaluation of their progress, including a written evaluation at the conclusion of the rotation. All residents are expected to demonstrate self-initiative, independent learning skills, & effective communication skills throughout the residency. Frequent, clear communication is the key to a successful resident/ preceptor relationship.

In addition to the learning experiences outlined on the next page, residents are also able to participate in several learning opportunities meant to complement their clinical rotations. These include the Pharmacy Residency Education Series (PRES), the research development series, landmark trials & journal club series, toxicology rounds, & the University of Tennessee Teaching & Learning Program (if a similar program was not completed during the PGY1 year). Residents may also participate in an EMS ride along & gain certification as an ACLS / BLS instructor, if desired.

**Program Expectations**

- Provide clinical pharmacy services to critically ill patients
- Co-precept pharmacy students & PGY1 residents
- Initiate, complete, & present a practice-based research project at a regional or national meeting, as well as submit for publication
- Provide effective drug education to patients, caregivers, & health care personnel
- Develop & deliver educational presentations to a variety of audience types
- Support hospital & pharmacy quality & safety initiatives
- Successfully achieve a minimum of 75% of all required residency learning objectives

**Mentorship**

The RPD of the program serves as the primary facilitator to advise the resident throughout the year. They assists the resident in tailoring learning experiences to his or her goals, interests, & previous experiences. They may also guide the resident as they select their research project, identify preceptors to assist them with presentations & direct them in career choices. Finally, the RPD serves as the primary mentor for the UTHSC Teaching & Learning Program, if the resident chooses to enroll in this activity.

**Learning Experiences**

**Required, Core Rotations (each one month in duration)**

1. Orientation (if PGY1 not completed at MUH)
2. Adult Emergency Medicine - University Hospital (5 months)
3. Pediatric Emergency Medicine - Le Bonheur Hospital
4. Trauma (off site)
5. Critical care selective (medical ICU or neuro ICU)

**Electives (Select 3-4, each 1 month in duration**)

1. Internal Medicine
2. Cardiology
3. Cardiovascular ICU/Cardiothoracic Surgery
4. Acute Stroke
5. Community Hospital Emergency Medicine
6. Neuro ICU
7. Medical ICU
8. Antimicrobial Stewardship

**Longitudinal Experiences**

1. Pharmacy Practice Staffing (approximately every 3rd weekend, one evening per month)

2. On-Call (approximately every 8 weeks)
3. Medication safety and policy - 3 months
4. Residency Presentations (continuing education, physician lecture, & college of pharmacy lecture)

**Preceptors**

| | |
|---|---|
| Emergency Medicine 1, 3, 5 | Lisa Hayes, PharmD, BCCCP ; Michael Reichert, PharmD, BCPS, BCCCP |
| Emergency Medicine 2, 4 | Kacie Clark, PharmD, BCCCP ; Paul Schotting, PharmD |
| Medical ICU 1,2,& 3 ; Neurocritical Care 1 & 2 | Lauren Kimmons, PharmD, BCCCP & Michael Samarin, PharmD, BCCCP |
| Trauma | Joseph Swanson, PharmD, BCPS, FCCM; G Christopher Wood, PharmD, BCCCP, FCCM, Bradley Boucher, PharmD, BCPS, MCCM |
| Community Emergency Medicine | Meredith Gilbert-Plock, PharmD, BCPS |
| Cardiovascular ICU/Cardiothoracic Surgery | Rachel Bone, PharmD, BCPS |
| Pediatric Emergency Medicine | Rebecca Regen, PharmD, BCPPS; Alyson Berg, PharmD, BCPPS; Yousef Behbahani, PharmD, Caroline Flint, PharmD |
| Acute Stroke | Sami Sakaan, PharmD, BCPS, Tate Cutshall, PharmD, BCPS, & Drew Wells, PharmD, BCPS |
| Internal Medicine | B. Tate Cutshall, PharmD, BCPS ; Drew Wells, PharmD, BCPS |
| Cardiology | Anna Jacobs, PharmD, BCPS |
| Antimicrobial Stewardship | Alaina Dekerlegand, PharmD, BCIDP |

**Requirements to Complete Program**

1. Obtain pharmacy license in Tennessee within 90 days of start of program
2. Actively participate in residency orientation program
3. Complete all required service shifts
4. Complete required & elective rotations
5. Achieve all ASHP R1 objectives and 50% of combined R2, R3, R4 and elective objectives
6. Provide coverage as the pharmacist on-call
7. Conduct a major research project with manuscript submitted
8. Conduct require presentations (CE, physician presentation, residency conference, UT COP Lecture)
9. Participate in recruitment efforts
10. Attend & present at Regional Resident Research Conference
11. Participate in at least one community service activity (at least 1 per 6 months)
12. Complete all required evaluations in PharmAcademic
13. Prepare or revise a drug class review, monograph, treatment guideline, or protocol
14. Participate in a medication-use evaluation
15. Participate in the organization's system for reporting medication errors & ADEs
16. When presented with a drug shortage, identify appropriate alternative medications.
17. Complete all required topics outlined in ASHP standards

# University Hospital / UTHSC PGY2 Internal Medicine Program

Methodist University Hospital, in conjunction with the University of Tennessee, offers an ASHP- accredited postgraduate year two (PGY2) residency in Internal Medicine Pharmacy Practice. The purpose of the program is to provide the resident with the knowledge, skills, and attitudes required to achieve excellence as a clinician, educator, and scholar in the area of internal medicine. Residents will have the opportunity to complete rotations with numerous inpatient, academic internal medicine teams, as well as specialized areas of medicine. Residents are expected to perform independently and demonstrate proficiency during all rotation activities. The residency preceptor provides guidance and assistance to the resident and ensures that the goals set forth by the resident and the program goals are met. The preceptor also provides the resident with frequent evaluation of their progress, including a written evaluation at the conclusion of the rotation. All residents are expected to demonstrate self-initiative, independent learning skills, and effective communication skills throughout the residency. Frequent, clear communication is the key to a successful resident/preceptor relationship.

In addition to the learning experiences outlined on the next page, residents are also able to participate in several learning opportunities meant to complement their clinical rotations. These include the Pharmacy Residency Education Series (PRES), the research development series, and the University of Tennessee Teaching and Learning Program (if a similar program was not completed during the PGY1 year).

**Program Expectations**

- Provide clinical pharmacy services to internal medicine patients
- Co-precept pharmacy students and PGY1 residents
- Initiate, complete, and present a practice-based research project at a regional or national meeting, as well as submit for publication
- Provide effective drug education to patients, caregivers, and health care personnel
- Develop and deliver educational presentations to a variety of audience types
- Support hospital and pharmacy quality and safety initiatives
- Successfully achieve a minimum of 75% of all required residency learning objectives

**Mentorship**

The RPD and Residency Program Coordinator of the program serves as the primary facilitator to advise the resident throughout the year. They assist the resident in tailoring learning experiences to his or her goals, interests, & previous experiences. They may also guide the resident as they select their research project, identify preceptors to assist them with presentations & direct them in career choices. Finally, the RPD serves as the primary mentor for the UTHSC Teaching & Learning Program, if the resident chooses to enroll in this activity.

**Learning Experiences**

**Required Core Rotations (each one month in duration)**

- Orientation (if PGY1 not completed at MUH)
- Internal Medicine (4 months)
- Nephrology
- Transitions of Care
- Critical Care Selective (Medical ICU or Neuro ICU)

**Elective Experiences (Select 3-4, each one month in duration)**

- Acute Ischemic Stroke
- Antimicrobial Stewardship
- Emergency Department
- Ambulatory Care
- Solid Organ Transplant
- Inpatient Heme
- Heme/Onc Clinic
- Cardiology
- Cardiovascular ICU/Cardiothoracic Surgery
- Hepatology
- Nephrology (second rotation)

**Longitudinal Experiences**

1. Pharmacy Practice Staffing (approximately every 3rd weekend, one evening per month)
2. On-Call (approximately every 8 weeks)
3. Medication safety and policy - 3 months
4. Residency Presentations (continuing education, physician lecture, & college of pharmacy lecture)
5. Participation on a UTHSC College of Pharmacy committee (if feasible during the PGY2 year)

**Rotation Preceptors**

| | |
|---|---|
| Nephrology | Joanna Hudson, PharmD, BCPS, FASN, FCCP, FNKF; Benjamin Duhart, PharmD, MS |
| Acute Stroke | Sami Sakaan, PharmD, BCPS, Tate Cutshall, PharmD, BCPS, & Drew Wells, PharmD, BCPS |
| Internal Medicine 1,2,3 | Sami Sakaan, PharmD, BCPS ; Tate Cutshall, PharmD, BCPS ; Drew Wells, PharmD, BCPS |
| Transitions of Care | Sami Sakaan, PharmD, BCPS, Tate Cutshall, PharmD, BCPS, & Drew Wells, PharmD, BCPS |
| Medical ICU & Neurocritical Care | Lauren Kimmons, PharmD, BCCCP & Michael Samarin, PharmD, BCCCP |
| Cardiovascular ICU/Cardiothoracic Surgery | Rachel Bone, PharmD, BCPS |
| Emergency Medicine | Kacie Clark, PharmD, BCCCP ; Ana Negrete, PharmD, BCPS ; Lisa Hayes, PharmD, BCCCP ; Mike Reichert, PharmD, BCCCP ; Paul Schotting, PharmD |
| Transplant / Hepatology | Carolyn Cummings, PharmD, BCPS, BCTXP |
| Inpatient Heme | Dennis Marjoncu, PharmD, BCOP |
| Heme/Onc Clinic | Kori Holman, PharmD, BCOP; Dennis Marjoncu, PharmD, BCOP |
| Cardiology (MUH) | Anna Jacobs, PharmD, BCPS |
| Medication safety and policy | Jennifer Twilla, PharmD, BCPS, FCCP |
| Antimicrobial Stewardship | Alaina Dekerlegand, PharmD, BCIDP |

*Residents may spent up to one elective at an offsite facility during the residency year

**Requirements to Complete the Program**

1. Obtain pharmacy license in Tennessee within 90 days of start of program
2. Actively participate in residency orientation program
3. Complete all required service shifts
4. Complete required & elective rotations
5. Achieve all ASHP R1 objectives and 50% of combined R2, R3, R4 and elective objectives
6. Provide coverage as the pharmacist on-call
7. Conduct a major research project with manuscript submitted
8. Conduct require presentations (CE, physician presentation, residency conference, UT COP Lecture)
9. Participate in recruitment efforts
10. Attend & present at Regional Resident Research Conference
11. Participate in at least one community service activity (at least 1 per 6 months)
12. Complete all required evaluations in PharmAcademic
13. Prepare or revise a drug class review, monograph, treatment guideline, or protocol
14. Participate in a medication-use evaluation
15. Participate in the organization’s system for reporting medication errors & ADEs
16. Contribute to the work of an organizational committee or work group concerned with the improvement of medication use policies or guidelines.
17. Complete all required topics outlined in ASHP standards

**Benefits Information**

| Area | Residents Employed as Full-Time Associates of UTHSC (PGY2 IM) |
|---|---|
| **Paid Time Off (PTO) & Sick Time** | As full time employees of UTHSC, PGY2 internal medicine residents receive both PTO and sick leave. The time is broken down into 5 days of sick leave, 5 days of PTO that are at the choice of the resident and PTO for the following holidays, unless required to work by the primary site: Christmas Eve and Christmas Day, New Year's Eve and New Year's Day, Thanksgiving Day and the day after , Independence Day, Labor Day, Martin Luther King Jr Day, Good Friday, and Memorial Day [NOTE: Residents are required by the primary site to work one major (typically 2 days) and at least (but possibly more than) one minor holiday]. If a resident is not working the Christmas holiday at the primary site, they are allowed to take the week of Christmas off, as this is recognized by UTHSC as administrative closing days.<br><br>PTO requests should follow the procedure set forth by MUH and be made based upon the standard operating procedure of the Department of Pharmacy. All PTO requests must be submitted to the Residency Program Director after the rotation preceptor has approved them before submission to department leadership from final approval. The resident should personally inform their preceptor for the month & the program director of their absence. PTO may not be used to end the residency early unless due to extenuating circumstances. Remaining PTO is NOT paid out upon completion of the residency. |
| **Bereavement Time** | Bereavement time is available. An employee who is absent during a regularly scheduled work week due to the death of a spouse, child or step-child, or parent or step-parent, may receive payment for reasonable and customary days absent, not to exceed five regularly scheduled work days for bereavement in conjunction with attending the funeral. An employee who is absent for funeral and bereavement during a regularly scheduled work week due to the death of a grandparent, grandchild, parent-in-law, foster parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, or son-in-law may receive payment for reasonable and customary days absent, not to exceed three regularly scheduled work days. |
| **Professional/ Business Leave** | PTO is not utilized for attendance of professional meetings or interviews; however, the resident must request leave from the program director & personally inform their preceptor for the month of their absence. Residents will be granted Professional /Business Leave to attend the ASHP Midyear Clinical Meeting, the Mid-South Pharmacy Residency Conference, & other professional meetings at the discretion of their program director & the Director of Pharmacy. **Residents receive up to 5 days of business leave for attendance to interviews.** Additional absences needed for interviews will be deducted from PTO. Residents are typically provided support to attend professional meetings per budgetary restraints. Residents must ensure that the requirement for 15 contact days is still met each month, with exceptions granted on a case-by-case basis by the RPD which may include making up contact days on weekends |
| **Insurance** | All residents will have the option to purchase group health, prescription, vision, & dental insurance at the same rate as all UTHSC associates. Retirement benefits & tuition assistance are offered, as well. |
| **Office Space** | Office space is provided for all residents at the primary site. Each resident has his/her own desk, computer, & access to office equipment. |
| **Parking** | Free parking is available at the primary practice site |
| **Taxes** | Federal & F.I.C.A. taxes will be automatically withdrawn from paychecks. The state of Tennessee does not have a required state income tax. |
| **Poster reimbursement** | Residents are able to have posters printed & paid for by the MUH pharmacy department when using the Methodist print shop. |
| **Travel reimbursement** | Residents will travel to various professional meetings throughout the year. Unless approved by the Director of Pharmacy, all residents are required to attend the ASHP Midyear Clinical Meeting in December and the Mid-South Pharmacy Residency Conference in the spring. Residents will receive limited travel support for attendance at these meetings. Attendance at other major meetings is contingent upon presentation of a project & funding availability. The resident pays all meeting expenses with reimbursement from the department after completion of proper paperwork & documentation. All residents must complete a "request for travel" form a minimum of 8 weeks prior to the expected travel date. If reimbursement is provided, residents are expected to spend an equivalent amount of time at meeting activities as they would in a normal workday. |
| **Additional reimbursement** | All residents receive reimbursement for one professional association membership during the residency year from MUH. |

*More information on benefits from UTHSC can be found here: https://hr.tennessee.edu/benefits/*