

<b>POLICY TITLE:</b> EUH Pharmacy Residency Appendix	
<b>APPLICABLE FACILITIES:</b>	
<input type="checkbox"/> EHC	<input type="checkbox"/> EDH
<input type="checkbox"/> EHH	<input type="checkbox"/> EHI
<input type="checkbox"/> EHN	<input type="checkbox"/> EJCH
<input type="checkbox"/> ELTAC	<input type="checkbox"/> ESJH
<input checked="" type="checkbox"/> EUH	<input type="checkbox"/> EUHM
<input type="checkbox"/> EUHS	<input type="checkbox"/> EUOSH
<input type="checkbox"/> EWWH	<input type="checkbox"/> RJV-ERH
<input type="checkbox"/> RJV-ESOP	<input type="checkbox"/> TEC/ESA
<b>EFFECTIVE DATE:</b>	<b>ORIGINATION DATE:</b> 9/7/2023

**SCOPE:**

This policy applies to all pharmacy Post Graduate Year 1 (PGY1) or Post Graduate Year 2 (PGY2) residency programs, program leadership, and residents at Emory University Hospital and is written in conjunction with the EHC Pharmacy Residency Policy Manual. Note that EUH can revise its policies and procedures at any time whenever deemed necessary. Residents will be informed of changes accordingly.

**Emory University Hospital and Department of Pharmacy Background Information:**

EUH pharmacy residents should have general awareness of EUH operations and departmental organizational and strategic chart.

***Emory Healthcare Vision and Strategic Plan:***





**Emory University Hospital Department of Pharmacy Mission, Vision, and Core Values:**

**Mission:** To deliver exceptional patient-centered, evidence-based pharmacy services consistently for each patient through collaborate integration of leadership, innovation, research, and education.

**Vision:** To be the premier pharmacy practice model within an academic medication center, through quality care, innovative practices, and optimization of pharmaceutical care outcomes within our healthcare community.

**Core Values:** In alignment with each Emory Healthcare core value, the Emory University Hospital Pharmacy Community is committed to:

- Social Responsibility
- Integrity
- Partnership

**EUH Pharmacy Residency Vision:**

To be the premier training site for future pharmacy leaders who provide evidence-based pharmacotherapy and patient-centered care.

**DESCRIPTIONS:**

**PGY1 Pharmacy Residency Description:**

The PGY1 Residency at EUH is a one-year program that expands the resident’s clinical knowledge and operational skills. Through longitudinal opportunities and learning experiences, residents will obtain a broad clinical practice foundation for direct patient care, research, drug information, presentations, and practice management. They will practice as an integral part of the pharmacy department and the individual multidisciplinary teams they are rotating with. A pharmacy resident who

successfully completes the PGY1 Pharmacy Residency Program will be prepared to enter into a clinical pharmacist position or further training through a PGY2 or fellowship. They will also possess the competencies that enable attainment of board certification.

**PGY2 Critical Care Pharmacy Residency Description:**

The PGY2 Critical Care Pharmacy Residency at EUH is designed to enable the resident to develop expert knowledge and skills in this advanced area of pharmacy practice. The program builds upon broad-based competencies established during the resident's PGY1 program, allowing the resident to further develop and refine multiple skill sets including practice foundation, direct patient care, drug information, policy development, and practice management. This is accomplished through rounding with patient care teams in various ICUs, providing education to various members of the healthcare team in formal and informal settings, and conducting clinical research in conjunction with pharmacy preceptors and/or other healthcare providers. Each experience and activity contribute to the resident's development into a self-sufficient contributor to the care of critically ill patients.

A pharmacy resident who successfully completes the PGY2 Critical Care Pharmacy Residency Program will be prepared to enter into a clinical practice position in a hospital-based environment, academia, or a combination of academia and practice affiliated with a College of Pharmacy. They will also possess the competencies that enable attainment of board certification.

**PGY2 Internal Medicine Pharmacy Residency Description:**

The PGY2 Internal Medicine Pharmacy Residency at EUH is a one-year program that expands the resident's clinical skills, improves autonomy, and develops the resident's experiential and didactic teaching skills. The internal medicine resident is an integral member of the multidisciplinary care team and uses evidence-based medicine to optimize medication therapy for a diverse group of high-acuity patients. The resident will improve their understanding of academic pharmacy practice by participating in the educational triad of service, scholarship, and teaching. Graduates are prepared to excel as clinical pharmacy specialists in acute care or as assistant professors in academia. The resident will also possess the knowledge required to become a Board-Certified Pharmacotherapy Specialist (BCPS).

**PGY2 Solid Organ Transplant Pharmacy Residency Description:**

The PGY2 Solid Organ Transplant Pharmacy Residency at EUH is designed to transition PGY1 residency graduates from generalist practice to specialized practice focused on the care of solid organ transplant candidates, recipients, and living organ donors. Residency graduates will participate in interdisciplinary teams and assume responsibility for all medication-related aspects of care. In addition to direct patient care responsibilities, transplant residency graduates are trained to serve as authoritative resources in their health systems for the optimal use of medications in transplant recipients, including development of medication-related guidelines and protocols, and provision of transplant-related drug information. Graduates are also highly skilled in the design and delivery of education and training related to transplantation for a wide spectrum of potential audiences, including the patient and/or caregiver as well as health care professionals in practice or in training.

A resident who successfully completes the PGY2 Solid Organ Transplant Pharmacy Practice Residency Program is prepared to enter a clinical practice position in a hospital-based environment, academia, or a combination of academia and practice affiliated with a College of Pharmacy. They will also possess the competencies that enable attainment of board certification.

**POLICY STATEMENT:**

**Pharmacy Residency Oversight:**

***Emory Healthcare Residency Executive Committee (REC):***

EUH residency programs are overseen by the EHC system REC which meets routinely to address issues and concerns specific to all residency programs within EHC and to standardize residency experiences across the system. REC membership includes all EHC Directors of Pharmacy, Residency Directors, Residency Program Coordinators, and Chief Residents.

***Pharmacy Residency Advisory Committee (RAC):***

Each EUH residency program has a program-specific RAC that meets quarterly at a minimum to monitor each residency's progression and receive feedback on the program. RAC membership includes the Residency Director, Residency Coordinator(s), and residency preceptors.

***Residency Program Director:***

Each residency program at EUH has a dedicated Residency Program Director (RPD). The RPD is responsible for oversight and maintenance of the specific residency program. The RPD must meet ASHP requirements for RPD which shall be reviewed routinely at RAC. Roles and responsibilities include:

- Lead program specific RAC (or designee in RPD absence)
- Attend EHC REC
- Oversight of resident learning experience scheduling, progression, and evaluations
- Oversight of program recruitment
- Ensure program meets and maintains all ASHP Accreditation Standards

***Residency Program Coordinator(s):***

A Residency Program Coordinator (RPC) provides oversight of longitudinal experiences and expectations for the residency program and ensures expectations are met for each resident. The residency program coordinator must meet all ASHP requirements of a residency preceptor. Roles and responsibilities include:

- Oversight of all longitudinal experiences and expectations for the residency program
- Collaboration with RPD to ensure program meets and maintains all ASHP Accreditation Standards
- Provide feedback and ensure RPD meets program requirement

***Resident Advisor:***

The resident advisor assures that the resident meets the overall objectives of the program. The resident advisor serves as a mentor for the individual resident and aids in formulating individual achievement program goals. The advisor must meet all ASHP requirements of a residency preceptor. Roles and responsibilities include:

- Participate in RAC
- Provide general guidance and support to the resident
- Assist resident in developing their career goals and objectives
- Assist resident in planning a desirable rotation schedule
- Participate in all development planning sessions and quarterly evaluations with the RPD

- Participate in resident handoff
- Make every effort to attend professional presentations given by the resident
- Direct the resident to appropriate people in the system in order to fulfill a specific objective
- Assist resident in meeting career goals, particularly as they pursue employment or additional training
- Attend Year End Celebration

Any individual willing to serve as a resident advisor must annually inform the RPD of their interest. The RPD will ensure the advisor meets eligibility requirements. Residents can meet with potential advisors prior to the selection of their advisor. Selection is to be made prior to rotation selection. An advisor is allowed a maximum of one EUH resident as an advisee at any one time.

**Recruitment:**

A number of opportunities exist for residents to assist in the recruitment of potential candidates who are interested in pursuing residency training at EUH. In addition to assisting the recruitment committee with recruitment efforts, PGY1 and PGY2 residents are expected to attend and actively participate in the following recruitment sessions as time permits, as directed by their RPD:

1. Residency showcases or virtual recruitment sessions
2. ASHP Residency Showcase - Midyear Clinical Meeting (MCM)
3. Residency program interviews

***Diversity, Equity, Inclusion, and Belonging:***

Diversity, Equity, Inclusion, and Belonging (DEIB) recruitment initiatives and best practices set by DEI committees at EUH and within the pharmacy department is implemented to ensure a commitment to an inclusive pharmacy practice representative of the healthcare population served by the residency programs.

Initiatives include:

- Outreach to schools of pharmacy with higher number of students underrepresented in the profession of pharmacy
- Marketing: recruitment/promotional materials reflecting the diversity of the residency program and department of pharmacy; statement of diversity in materials/website
- Preceptor and resident implicit bias training
- Utilizing objective application rubric for a holistic review of candidates
- Utilization of virtual interviews, when possible, to ensure equitable access

***Application, Interview, and Selection Process:***

The RPD and RPC(s), if applicable, of each program will determine the specific qualifications that the residency program will use for evaluation of applicants which will be reviewed and approved, ensuring the recruitment process is focused on DEIB. If an applicant attends a Pass/Fail school of pharmacy, the points for GPA will be removed from the total points achievable within the rubric, thus changing the denominator. If an applicant from a Pass/Fail school failed a course, they will not be considered for an interview, and the application will not be scored. If GPA is included as part of the evaluation criteria, transcripts will be reviewed to identify applicants with a GPA  $\geq 3.0$ . Applicants with a GPA below 3.0 will not be considered for interview, and the application will not be scored.



The candidate must submit a letter of intent, curriculum vitae, pharmacy school transcripts, three letters of reference, and a supplemental application (PGY1 only) through the PhORCAS system online to be considered for an interview. Applications should be received by the date specified annually, with an allowance of late transcript submission if received by the pre-interview/application meeting. Application instructions are available for candidates on the Emory Pharmacy Residency website. All applications will be prescreened to ensure all required application materials are present, minimum GPA requirements are met (if included), and applicants are licensed or will be eligible for Georgia Pharmacy Licensure. Applicants must be graduates or candidates for graduation from an ACPE-accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from NABP. Applicants for PGY2 programs must be participating in, or have completed, an ASHP-accredited PGY1 Pharmacy residency program or one in the ASHP accreditation process.

A standardized template that assesses the applicant's ability to achieve the educational goals and objectives for this program will be utilized to screen completed applications in PhORCAS that include all pre-specified required materials (see above). A minimum of two pharmacists will review each applicant's application. Any candidate who received significantly different screening scores will be reviewed by another individual. This information will be compiled into a list and then presented at the pre-interview/application meeting before choosing candidates for interviews. Candidates with the highest scores will be invited for an interview. Any discussion to move candidates outside of the numerical ranking will have a documented reason. The ratio of candidates to residency positions available are as follows: PGY1 Pharmacy Residency 7:1, PGY2 Critical Care Pharmacy Residency 6:1, PGY2 Internal Medicine Pharmacy Resident 4:1, PGY2 Solid Organ Transplant Pharmacy Residency 5:1. If a fully completed application was submitted through PhORCAS, the candidate will be notified whether they were or were not offered an interview. Applicants invited to interview will be emailed the EHC system manual, individual residency program appendix, and relevant policies.

Virtual or on-site interviews will be conducted. Interview evaluation forms will be utilized to assess each residency candidate during his/her interview. Each interviewer will assess each candidate separately. Once all candidates have been interviewed, the RPD and/or RPC will compile all evaluation form results for each candidate. This information will be used to discuss the rank list before the National Matching Service (NMS) certified rank order deadline. At the meeting, a consensus rank order list will be developed to submit for the ASHP Residency Matching Program through NMS for Phase I. Any discussion to move or rank candidates outside of the numerical ranking will have a documented reason.

### ***Phase II Match Process***

Should a program not match all open positions within Phase I of the Match, a modified candidate review process will be employed for Phase II by the RPD and/or RPC to screen completed applications in PhORCAS that include all pre-specified required materials (see above). This information will be compiled into a list for the selection committee's review prior to choosing candidates for virtual interviews. The interview selection evaluation forms will be modified/shortened for Phase II to accommodate a virtual interview and will be utilized to assess each residency candidate. Once all candidates have been interviewed, the RPD and/or RPC will compile all evaluation form results for each candidate and submit a rank order list for the ASHP residency matching program through NMS for Phase II.

If the program failed to match in Phase I or Phase II, the original process (Phase I, Phase II) will be employed for the post-match phase in an expedited time frame utilizing virtual interviews.

**Requirements for Certificate of Completion:**

The following elements must be completed to receive residency certificate:

Element	PGY1 Pharmacy Residency	PGY2 Critical Care Pharmacy Residency	PGY2 Internal Medicine Pharmacy Residency	PGY2 Solid Organ Transplant Pharmacy Residency
Learning Experiences (Required and Elective)	X	X	X	X
Research Project Manuscript	X (must be submitted to journal)	X (must be submitted to journal)	X	X
Research Poster	X	X	X	
Southeastern Residency Conference Presentation	X	X	X (or presentation at another national meeting)	X (or ISHLT/ATC)
Quality Improvement Project/Medication Use Evaluation	X (one of each)	X		
Article Submission to Medical Journal/ Society Newsletter/ Other Scholarly Activity		X		
Peer Review an Article for Publication			X	
Drug Therapy Monograph, Drug Class Review, and/or Treatment Guideline/ Protocol	X	X (Protocol)	X	X (Protocol)

Pharmacy Service Commitment	X (every 3 <sup>rd</sup> weekend; ~16)	X (Operational staffing every 4 <sup>th</sup> weekend, Saturday and Sunday for 8hrs/day/shift (up to 26 shifts/year including training) & Clinical rounding, 1 weekend day per month on an ICU rotation; ~8 hours/day/shift, ~5-6 times/year)	X (Operational staffing every 4 <sup>th</sup> weekend Saturday and Sunday for 8 hrs/day (up to 26 shifts including training)	X (clinical coverage one day every other weekend, 1 major and 1 minor holiday; ~26 8-hour days)
On-call	X	X (Every other Wednesday; ~26 days/year)  PGY2 CC resident is required to serve as code blue back-up daily during the week (M-F: 7:00AM – 3:30PM)	X (Every other Wednesday; ~26 days/year)	
Required Presentations	X (1 Grand Rounds, 2 Case Conferences)	X (1 Didactic lecture, 1 Grand Rounds, 4 JC, 1 Case Conference)	X (Didactic lecture, 1 Grand Rounds, 1 Case Conference)	X (Didactic lecture, 1 Grand Rounds, 1 Case Conference, 1 ETC Conference)
Institutional Committee Involvement	X	X	X	X
Document Required Topics from the CAGO appendix		X (~30 minutes/month)	X	X
Teaching Certificate	X	X (if no previous teaching certificate)	X (if no previous teaching certificate)	X (if no previous teaching certificate)
Precept ≥ 2 APPE students			X	
Electronic Residency Portfolio	X	X	X	X
At least 75% of objectives for the program marked "Achieved for Residency" (ACHR) in PharmAcademic™.	X	X	X	X



### Resident Portfolio:

Each resident must maintain an electronic residency portfolio including documentation of completed activities throughout their residency year. Electronic residency portfolios will be saved in the appropriate folder on Teams or the shared drive.

PGY1 and PGY2 Electronic Residency Portfolio Requirements	
Curriculum vitae (CV)	<ul style="list-style-type: none"> <li>Resident's incoming CV</li> <li>Resident's CV at the end of residency</li> </ul>
Orientation	<ul style="list-style-type: none"> <li>Completed orientation checklist with all required initials</li> <li>Completed staffing checklist with all required initials (if applicable)</li> <li>Residency acceptance letter</li> </ul>
Practice Management (PGY1 only)	<ul style="list-style-type: none"> <li>Examples of medication-use system improvements identified by resident, if applicable</li> <li>Preceptor feedback or edits for assigned projects (include track changes)</li> <li>Finalized versions of assigned projects</li> <li>Meeting minutes taken by resident</li> </ul>
Drug Information (PGY1 & PGY2 IM only)	<ul style="list-style-type: none"> <li>Formulary monograph or drug class review</li> <li>Treatment guideline or protocol (if applicable)</li> <li>MUE data collection forms and database (if applicable)</li> <li>Documents presented by resident at P&amp;T meetings (include date of presentation in file name)</li> <li>Formal drug information responses (PGY1 only)</li> <li>Preceptor feedback or edits for assigned projects (include track changes)</li> <li>Finalized versions of assigned projects</li> </ul>
Research Project(s)	<ul style="list-style-type: none"> <li>Research project data collection forms and database with de-identified data</li> <li>IRB approval letter(s)</li> <li>Preceptor feedback or edits for abstracts, posters, presentation slides, and manuscripts (include track changes)</li> <li>Finalized versions of abstracts, posters, presentation slides, and manuscripts (include name of meeting and date of presentation in file name if applicable)</li> <li>Evaluations from final presentation</li> </ul>
Protocol/Order set (CC, IM, and SOT PGY2 only)	<ul style="list-style-type: none"> <li>Preceptor feedback and/or edits after presentation to governing body</li> <li>Final protocol or order set</li> </ul>
Presentations (Grand Rounds, Case Conference, APRIE, in-services, journal clubs, etc.)	<ul style="list-style-type: none"> <li>Preceptor feedback or edits for assigned presentations (include track changes)</li> <li>Finalized presentation slides or other documents (include date, audience and presenter of presentation in file name)</li> <li>Grand Rounds assessment questions</li> <li>Evaluations from Grand Rounds attendees</li> </ul>

Pharmacy Teaching Experiences (if applicable)	<ul style="list-style-type: none"> <li>• Preceptor feedback or edits for didactic lecture (include track changes) (if applicable)</li> <li>• Finalized didactic lecture and supporting documents (include date of presentation in file name) (if applicable)</li> <li>• Teaching philosophy</li> <li>• Reflections</li> <li>• Evaluations completed by students (IPPE/APPE)</li> <li>• Teaching certificate of completion</li> </ul>
Clinical Pharmacy Notes (Pharmacokinetic, Transplant, Nutrition, etc.)	<ul style="list-style-type: none"> <li>• At least 3 clinical pharmacy notes documented in EMR (PHI must be blacked out)</li> </ul>
Publications (if applicable)	<ul style="list-style-type: none"> <li>• Any pharmacy-related publications</li> </ul>
On-Call	<ul style="list-style-type: none"> <li>• Completed on-call reports (PHI must be blacked out)</li> </ul>
Initial and Quarterly Development Plans	
Residency Certificate of Completion	<ul style="list-style-type: none"> <li>• PGY2 residents will provide copy of PGY1 certificate of completion</li> </ul>

**Residency Program Structure:**

EUH’s residencies last a minimum of 52 weeks. The PGY1 program is typically 54 weeks to account for onboarding and orientation. Program RPDs will use the ASHP Resident Entering Self-Assessment Form and the resident’s interests and career goals to formulate a customized development plan and rotation schedule. The rotation schedule is developed at the beginning of the year and flexible depending on departmental activities, preceptor availability, resident changing interests, and resident learning needs. Any schedule change must be approved by the preceptors of each rotation (switching to and from), the resident’s advisor, and the RPD. Rotation learning experiences vary in daily start and end time, presentation requirements, and rounding responsibilities. Learning experience descriptions are available to residents in PharmAcademic™. To note, no additional financial support is provided for off-site rotations.

**PGY1 Pharmacy Program Structure:**

PGY1 residency rotations are approximately 4 weeks in duration. PGY1 residents may not spend more than three rotations of their residency in one specialty. PGY1 residents must spend two-thirds or more of the program in direct patient care and should not spend back-to-back months in non-direct patient care rotations.

Required Rotations	Elective Rotations	Required Longitudinal Rotations
Critical Care (Select one) Medical ICU Surgical ICU Immunocompromised (Select one) Oncology Solid Organ Transplant Heart/Lung Transplant Kidney/Pancreas Transplant Liver Transplant Infectious Diseases Internal Medicine Practice Management Orientation	Any required rotation Academia Ambulatory Care Ambulatory Care Hepatology Ambulatory Care Internal Medicine Ambulatory Care Oncology Ambulatory Care Pulmonology Ambulatory Care Palliative Care Cardiology ICU Cardiovascular ICU Drug Information Emergency Medicine EUH Emergency Medicine EUHM Evening Critical Care Heart Failure Cardiology Neuro ICU Nutrition Support Oncology Solid Organ Transplant Heart/Lung Transplant Kidney/Pancreas Transplant Liver Transplant	Case Conference (6 weeks) Drug Information Longitudinal Grand Rounds Pharmacy Service Longitudinal Quality Improvement Longitudinal Research Completion Longitudinal Research Development Longitudinal Teaching Certificate Longitudinal

PGY1 residents are allowed two off-site rotations (defined as any rotation where most of the resident's time is spent at an institution other than EUH) during the residency year. If the resident chooses two off-site rotations, the second must not be offered at EUH.

**PGY2 Critical Care Pharmacy Program Structure:**

Required Rotations (9)	Elective Rotations (choose 2)	Longitudinal Requirements
<p>Cardiothoracic Surgery ICU (4 weeks) Emergency Medicine at EUH or EUHM* (4 weeks) Medical ICU at EUH (4 weeks) Medical ICU at EUHM* (4 weeks) Neurocritical Care (4 weeks) Nutrition Support (2-4 weeks) † Orientation (4 weeks) Surgical ICU (4 weeks) Toxicology at Georgia Poison Control Center* (2-4 weeks)</p> <p><i>Rotations occur during the month of November and January will be a 6 weeks rotation to accommodate for ASHP Midyear Conference and SCCM Annual Congress Meeting</i></p> <p><i>*EUHM (Emory University Hospital Midtown), Georgia Poison Control center, and Mercer University College of Pharmacy are off-site. Financial support will not be provided in relation to any travel between these locations.</i></p> <p><i>†Not required if previous completed during PGY1 residency at EUH</i></p>	<p>Cardiac ICU (4 weeks) Evening Critical Care (4 weeks) Infectious Diseases (4 weeks) Medical ICU II (4 weeks)</p> <p><i>Additional elective learning experiences maybe developed based on resident interest or preceptor availability</i></p>	<p>Case Conference (4 weeks, approximately 10 hours in preparation)</p> <p>Grand Rounds (6 weeks, approximately 120 hours in preparation)</p> <p>Pharmacy Service Commitment (Operational Staffing/Clinical Rounding) (52 weeks)</p> <ul style="list-style-type: none"> <li>Operational staffing = every 4th weekend, Saturday and Sunday for ~8 hours/day/shift, up to 26 shifts including training)</li> <li>Clinical rounding = 1 weekend day per month while on an ICU rotation; ~8 hours/day/shift, ~5-6 times/year)</li> </ul> <p>On-call Experience (52 weeks)</p> <ul style="list-style-type: none"> <li>Every other Wednesday, ~26 Wednesday/year (~24hrs/shift both onsite and offsite; PGY2 CC resident is also required to serve as code blue back-up daily during the week M-F 7:00AM – 3:30PM)</li> </ul> <p>Practice management (52 weeks)</p> <ul style="list-style-type: none"> <li>MUE/QI project: 12 months; ~1 hour/month</li> <li>Serving as secretary for CC/Cardiology/EM monthly meeting: 12 months; 1.5 hours/month</li> <li>Protocol development: 12 months; ~1 hour/month</li> <li>Critical Care Journal club: 1 JC during each quarter (~every 3 months, 2 hours per JC)</li> <li>Article submission to Medical Journal: 12 months; ~1 hour/month)</li> </ul> <p>Research‡ (52 weeks)</p> <ul style="list-style-type: none"> <li>4 weeks of research month PLUS an additional of 10 research day throughout the year (~8 hours/day)</li> </ul> <p>Pharmacy Teaching Program (Teaching Certificate) at Mercer University College of Pharmacy* (52 weeks)</p> <ul style="list-style-type: none"> <li>If did not complete during PGY1; ~2-4 hours/month)</li> </ul>

*‡In an addition to 4 weeks of research (will be split between 2 weeks in December and 2 weeks in February/March), resident will be allotted an additional 10 research day throughout the year. Only 1 research day may be used per month / rotation. The resident must select their research day prior to the start of rotation and send a request to their rotation preceptor, research advisor(s), and RPD using an appointment request in Outlook; resident should also update their research days on “PGY2 Critical Care Resident Tracking Form” at least quarterly Residents are excused from all patient care activities (excluding on-call duties) on their research days. Research days may not be taken on the weekend.*

**PGY2 Internal Medicine Pharmacy Program Structure:**

Required Rotations (7)- One calendar month	Elective Rotations (3)- One calendar month	Longitudinal Requirements
<p>Orientation                      Internal Medicine- Emory University Hospital (EUH) 1                      Internal Medicine- EUH 2                      Internal Medicine- EUH Midtown 1**                      Internal Medicine- EUH 3                      Internal Medicine- EUH Capstone*                      Medical Intensive Care**</p> <p>*Except Internal Medicine- EUH Capstone, which is ~ 6 weeks due to experiential teaching</p> <p>** You may have up to two required rotations at EUH Midtown located about 5 miles from EUH. You will not be reimbursed for your travel or mileage.</p>	<p>Ambulatory Internal Medicine                      Antimicrobial Stewardship Team-Infectious Diseases                      CCU/Anticoagulation                      Cardiology                      Internal Medicine-EUHM 2                      Nutrition Support                      Outpatient Rheumatology Clinic</p> <p>Additional electives can be created depending on resident interest/goals and available preceptors</p>	<p>Academia- 6 months- approximately 4 hours per month plus a <u>concentrated time in May</u>.</p> <p>Advanced Drug Information-12 months- approximately 4-8 hours per month</p> <p>Case Conference- 1 month, approximately 10 hours</p> <p>Committee Service- 12 months, approximately 2 hours per month</p> <p>Grand Rounds-2 months, approximately 20 hours</p> <p>On Call-12 months, every other Wednesday (~26 Wednesdays)</p> <p>Pharmacy Service Commitment- 12 months, every 4<sup>th</sup> weekend Saturday and Sunday for 8 hrs/day (up to 26 shifts including training)</p> <p>Teaching Certificate (if not completed as a PGY1)- 12 months (~2-4 hours per month)</p> <p>Research- 12 months- approximately 8 hours per month plus <u>concentrated time in December and June</u></p> <p>PGY2 Internal Medicine Pharmacy Residency CAGO Appendix documentation (12 months, ~30 minutes per month)</p>

### **PGY2 Solid Organ Transplant Pharmacy Program Structure:**

<b>Required Rotations (7)</b>	<b>Elective Rotations (select 2)</b>	<b>Longitudinal Rotations †</b>
Heart Transplant PGY2 SOT (4-6 weeks)	Cardiothoracic Surgery ICU PGY2 SOT (4-5 weeks)	Transplant Service Commitment PGY2 SOT (52 weeks, 22 hours per month)
Kidney/Pancreas Transplant PGY2 SOT (4-6 weeks)	Surgical ICU PGY2 SOT (4-5 weeks)	Research Completion phase PGY2 SOT* (52 weeks, 8 hours per month plus 4 weeks concentrated research time October and December, 120 hours total)
Liver Transplant PGY2 SOT (4-6 weeks)	Transplant Advanced Practice (4-5 weeks)	Research Development phase PGY2 SOT* (4 months, 4 hours per month)
Lung Transplant PGY2 SOT (4-6 weeks)		Case Conference PGY2 SOT (6 weeks, 10 hours)
Orientation PGY2 SOT (2-4 weeks)		Grand Rounds PGY2 SOT (16 weeks, 2 blocks of 8 weeks, 20 hours each block)
Pediatric Transplantation PGY2 SOT (Children's Healthcare of Atlanta) (4-5 weeks)		Protocol/Order Set Creation or Revision PGY2 SOT (5 months, 2 hours per month)
Transplant Clinic PGY2 SOT (4-5 weeks)		Teaching Certificate PGY2 SOT (elective) (52 weeks, 2-4 hours per month)
Transplant Infectious Disease PGY2 SOT (4-5 weeks)		

\*Will be allotted 1 research day per month which should be selected prior to the start of rotation and a request sent to the rotation preceptor for approval. Also allotted two 2-week research blocks, in October and December, which should be identified at the start of residency.

†Longitudinal rotations are required except as indicated

### **Emergency Response:**

All residents are required to receive (Basic Life Support) BLS and (Advanced Life Support) ALS certification/recertification through Resuscitation Quality Improvement (RQI). Re-certification will be quarterly through Emory Healthcare's HLC. All residents who participate in the on-call program will participate in Code Blue response during their on-call shift. Please refer to the EUH Code Blue Standards of Practice (SOP) for further details regarding schedules and responsibilities.

Residents participating in on-call must complete at least one simulation and one bedside mixing of tPA to independently perform bedside tPA compounding for Code Stroke response. Please refer to the EUH Code Stroke SOP for further details regarding schedules and responsibilities.



**On-Call Weekday Responsibilities**

PGY1 Pharmacy, PGY2 Critical Care Pharmacy, and PGY2 Internal Medicine Pharmacy residents will participate in a rotating on-call clinical service Monday through Friday. Responsibilities are summarized below with additional description in the individual program's learning experience.

Weekday Coverage	Code Blues	Code Strokes	Drug Information	Clinical Review
0700-1700	Rotating PGY1/2 resident*	Emergency Medicine specialist  If inpatient stroke requires TPA mix, rotating PGY1/2 will respond after being contacted by pharmacy.	Rotating PGY1/2 resident	N/A
1700-2200		Rotating PGY1/2 resident*		Rotating PGY1/2 resident <ul style="list-style-type: none"> <li>• PK monitoring</li> <li>• IV to PO</li> <li>• Renal dosing</li> <li>• ARVSP</li> <li>• Other clinical pass-</li> </ul>
2200-2330	Critical Care specialist	Overnight clinical staff pharmacist		N/A
0000-0700	Overnight clinical staff pharmacist			N/A

\*w/ Critical Care/Emergency Medicine specialist/Zone pharmacist oversight prior to being approved for independent response

ARVSP= Antiretroviral Stewardship Program

Clinical pharmacy specialists may sign out PK levels for resident follow-up based on clinical need and/or unique PK opportunities. These levels should be drawn between 1600-2100 to ensure a result before the end of shift. If a level does not result before 2200, it can be passed to the appropriate Zone pharmacist. Levels should be signed out to the resident by 1600 via Epic chat linked to patient, at a minimum, with resident response to acknowledge the message was received. Evening critical care specialists can additionally sign out new PK starts (maximum of two).

Preceptors may also sign out unique clinical scenarios for weekday evening clinical coverage. Sign outs will be via Epic chat linked to patient, at a minimum, with resident response to acknowledge the message was received. Follow-up will be provided to the clinical specialist by 0800 the following morning.

If a resident is on an off-site learning experience while on-call, they must identify a co-resident to cover the day-time Code Blue (and Code Stroke, if needed) response. They will continue to hold

the Drug Information pager while off-site. They must report to EUH by 1700 to provide evening on-call coverage.

If a resident is on an evening learning experience while on-call, they can identify a co-resident to cover the day-time Code Blue (and Code Stroke, if needed) response. They must complete their clinical review responsibilities (IV to PO, route of administration, renal dose adjustments, and ARVSP) before the rotation start time. They will continue to hold the Drug Information pager throughout the day and will complete PK monitoring throughout the evening. They will provide Code response while on-site during their evening rotation.

### Drug Information Backup

**Weekday:** Residents will utilize rounding clinical specialists as backup during business hours. During evening shift, evening critical care and emergency medicine specialists can assist as backup.

**Weekend:** Clinical pharmacy specialists on-call should be utilized as backup as needed on the weekends during the day.

**Overnight:** Overnight clinical staff pharmacists should be used as backup overnight prior to escalating to appropriate PGY2 resident then clinical pharmacy specialist.

### Resident Response:

The resident is responsible for responding to medical emergencies within 10 minutes. Residents should return drug information pages within 30 minutes but more time may be needed to provide a response.

### Documentation:

- There will be a shared calendar in Outlook including weekday clinical and weekend shifts. Residents are responsible for maintaining accuracy of the calendar and ensuring resident coverage is equitable, if changes are needed. If a change is needed, the RPD must be notified.
- All pages received will be documented on tracking spreadsheet in shared Teams folder.
- Clinically urgent issues are expected to be verbally communicated to the appropriate clinical pharmacy specialist or pharmacist before 0800 the next morning.
- Residents must submit a report summarizing the drug information pages they received and email the report to the pharmacy listserv (if call/page received) before 0800 the next morning. Any feedback received from preceptors should be copied into the report.
- Residents should maintain de-identified copies of reports for their residency portfolio.
- Reports will be monitored by residency leadership, RAC, and residency advisors to ensure appropriate patient outcomes and resident learning.

### Conference Coverage:

Clinical pharmacy specialists and clinical staff pharmacists will cover resident service commitments when residents are off-site as required by their resident program.

### **Professional Development Series:**

All Emory Healthcare residents are expected to attend the Professional Development Series. PGY2s who early committed can opt out of an event they previously participated in as a PGY1 (if

approved by RPD). The goal of this series is to support achievement of career goals, enhance professional practice, develop interpersonal skills, and assist in strategic planning of a healthy lifestyle and professional career. Professional Development Series events are held either in person or virtually.

The coordinators will work with the Professional Development Committee on scheduling and providing communication to residents.

### ***PGY1 Journal Club:***

PGY1 residents will be scheduled to participate in the Atlanta Area Journal Club (APRIE) with other residents from programs within the Atlanta area. The schedule for these meetings will be distributed early in the residency year. Attendance is expected for APRIE and varies between online and virtual. Each resident will be expected to present at APRIE based on schedule assignments.

### ***PGY1 Leadership Positions:***

#### *Professional Development Coordinator:*

The Professional Development chair is a PGY1 Pharmacy resident who helps plan and coordinate the professional development lecture series for all Emory Healthcare residents.

Responsibilities of the Professional Development coordinator includes:

- Meeting with the resident professional development committee, made up of one resident and preceptors from each Emory site, to plan out the professional development events throughout the year.
- Coordinate mock interviews and CV reviews for the resident's respective site
- Spearhead two to three events per year, one in the fall and one in the spring at minimum.
  - This involves choosing and managing the speaker, coordinating invitations, hosting the zoom call, and sharing information after the meeting.
- Attend Professional Development Series Committee meetings and ensure timely communication with the Professional Development Series Committee including close communication (verbal and written) when coordinating events and providing feedback from co-residents for all events

#### *Recruitment Coordinators:*

The Day-Of coordinators include two PGY1 Pharmacy residents who help coordinate schedules of interview days. The duties of the recruitment coordinators begin before interview candidates are selected by the committee.

Responsibilities of the Day-Of coordinators are outlined below:

- Set up interview dates with the RPD and Coordinators.
- Delegate each PGY1 Pharmacy resident with roles for each interview date.
- Create a master schedule to include interview candidates, interviewers, and time slots.
- Schedule each candidate for an interview slot and create a personalized agenda for each candidate outlining their interview day.
- Update the PowerPoint presentation outlining EUH's residency year.
- Communicate with and answer questions of all candidates.

#### *WebAdmit Coordinators:*

The WebAdmit coordinators include two PGY1 Pharmacy residents who manage and review all PGY1 applications for the upcoming residency year at EUH. The duties of the WebAdmit

coordinators begin during the month of December of the residency year when incoming PGY1 Pharmacy applications are beginning to be submitted through PhORCAS.

Responsibilities of the WebAdmit coordinators are outlined below:

- Send emails with detailed instructions for the application review process through WebAdmit.
- Communicate reminders to preceptors and answer questions regarding the WebAdmit process.
- Pair preceptors and residents together to ensure at least two individuals review each application.
- Ensure all reviewers input an interviewer recommendation score (must interview, no interview, maybe interview) and overall application review score using evaluation form.

### Wellness Coordinator:

The Wellness Coordinator is a PGY1 Pharmacy resident who represents their co-residents on the Wellness Committee. Responsibilities are throughout the PGY1 residency year.

Responsibilities of the Wellness coordinator includes:

- Collaborate w/ PGY2 Wellness coordinator.
- Meeting with the resident Wellness Committee to plan wellness events throughout the residency year.
- Collaborate with co-residents on social media content.
- Collate and post social media content.
- Liaison with RPD and program coordinators for marketing materials.

### **PGY2 Leadership Positions:**

#### Chief Pharmacy Resident:

The Chief Pharmacy Resident is a PGY2 resident who coordinates all current pharmacy residents (PGY1 and PGY2) at EUH. The Chief Pharmacy Resident at EUH will be a PGY2 resident who has completed their PGY1 residency at an EHC site, if possible, and will coordinate with the Chief Pharmacy Residents at other EHC sites. The Chief Pharmacy Resident will be selected by EUH RPDs and coordinators (PGY1 and PGY2), and the current Chief Pharmacy Resident at Emory. All PGY1 residents who early-commit to a PGY2 program at EUH will be given the opportunity to interview for the position of Chief Pharmacy Resident if multiple candidates are interested. The Chief Pharmacy Resident will serve from June of their PGY1 year through June of their PGY2 year to ensure overlap and pass-off of responsibilities between the incoming and outgoing Chief Pharmacy Resident. If there are no early committed PGY2 residents, the position will be selected from one of the incoming PGY2 residents.

Responsibilities of the Chief Pharmacy Resident include:

- Serves as an advisor/coach/mentor to PGY1 and PGY2 residents.
- Serves as On-Call Coordinator (creates schedule and handles switches).
- Coordinates ordering of business cards, lab coats, and other supplies for the resident office.
- Serves as a liaison between RAC, residency leadership, pharmacy administration, and the residents.
- Triage situations that may arise within the residency class and alerts necessary individuals of such situations where appropriate.
- Coordinates awards for the end of the year banquet.

Grand Rounds/Case Conference Coordinator:

The resident Grand Rounds/Case Conference coordinator is a PGY2 resident who serves as the liaison to the coordinator and represents EUH residents.

Responsibilities of the research coordinator include:

- Send reminders to presenters with deadlines for their presentation materials and ensure that presenters provide this information on time for ACPE accreditation.
- Send out updated schedules, event invitations, day-before email reminders, and presentation materials to pharmacists throughout Emory Healthcare for Grand Rounds and Case Conference presentations.
- Provide technology assistance/troubleshooting for presenters on the day of presentations.
- Create electronic feedback forms for each presentation and share with presenter.

Research Coordinator:

The resident research coordinator is a PGY2 who serves as a member of the resident Research Committee.

Responsibilities of the research coordinator include:

- Serves as the liaison between the Research Committee and PGY1 residents.
- Maintains research calendar throughout residency year.
- Coordinates the following for ASHP Midyear Clinical Meeting:
  - Resident abstract and poster submission
- Coordinates the following for Southeastern Residency Conference (SERC):
  - Resident abstract and presentation submission
  - Scheduling of practice presentations

Wellness Coordinator:

The Wellness Coordinator is a PGY2 resident who represents their co-residents on the Wellness Committee. Responsibilities are throughout the PGY2 residency year.

Responsibilities of the Wellness Coordinator includes:

- Collaborate w/ PGY1 Wellness coordinator
- Meeting with the resident Wellness Committee to plan wellness events throughout the residency year.
- Collaborate with co-residents on social media content.
- Collate and post social media content.
- Liaison with RPD and program coordinators for marketing materials

**PGY1 Project Time:**

Project time is used to work on activities assigned to longitudinal learning experiences of the resident, including, but not limited to research, Grand Rounds presentations, Case Conference presentations, journal clubs, evaluations, and other assignments or projects given by the RPD, RPC, and/or preceptors.

PGY1 residents will be given Project Time during August and December as part of their longitudinal research experience. In addition, they will receive five Project Days to utilize throughout the year.

### Project Day Procedure Rules

1. Project time is a privilege and can be denied by the RPD for misuse.
2. At the discretion of the RPD, residents may work remotely on the designated project day and must be available by cell phone if needed. Please see departmental Work from Home Eligibility Protocol for further details.
3. A project day will count as a day away from a concentrated rotational experience, but not as a day away from the residency program.
4. Residents must get approval from their preceptor to take a project day before the start of the rotation and the project day must be approved by the RPD through the Leave Request procedure.
5. Residents are advised to use only one project day on any given concentrated rotation. Any requests to use more than one project day must be approved by the resident's RPD and associated preceptor.
6. PGY1 residents are not allowed to use project days during July.
7. Each resident will be responsible for documenting their project days in the EUHRx Residency shared calendar.

### **Evaluations:**

Residents will receive timely verbal and/or written summative assessment and feedback from preceptors for all learning experiences throughout the residency year. In addition, formative assessment prior to the final evaluation through verbal and/or written feedback may be necessary for residents not progressing satisfactorily. The preceptor should provide specific recommendations for how to improve to meet the learning goals and objectives. Written feedback should be documented and frequent feedback may be required. Residents and preceptors must have a face-to-face final verbal evaluation within 7 calendar days of the final evaluation due date. The following summative evaluations are required for each learning experience and are available in PharmAcademic:

1. Summative Evaluation of the Resident by the Preceptor
2. Resident Self-Assessment
3. Resident Evaluation of the Learning Experience
4. Resident Evaluation of the Preceptor

***All PharmAcademic evaluations must be submitted within 7 calendar days of the evaluation due date.***

Achieved for Residency (ACHR) means that a resident can independently perform the objective across the scope of pharmacy practice and may only be completed by RPD. Criteria for being marked as ACHR are listed below:

- If objective assessed as part of a longitudinal experience, may achieve for residency if achieved for rotation by end of year.
- If objective assessed more than once outside of longitudinal experience, may achieve for residency if achieved for rotation more than once.
- If objective assessed only once, may achieve for residency if achieved for rotation.

Summative Evaluations must include qualitative and quantitative written comments. This feedback should be based on the activities required to meet the goals and objectives and should be specific and actionable. The feedback should highlight strengths and guide residents



Resident Self-Assessments must include written comments that self-identify resident's strengths and areas for improvement. Residents should also include specific actions they plan to take to improve their performance. Resident Self-Assessments should be submitted in PharmAcademic and signed

by the resident prior to meeting with the preceptor for their face-to-face final verbal evaluation. This process will allow the preceptor to evaluate the resident's self-assessment.

Resident Evaluations of the Learning Experience and the Preceptor must provide feedback to improve the learning experience and preceptor skills. Residents are encouraged to provide specific and actionable comments. Resident Evaluations of the Learning Experience and Preceptor must be

submitted in PharmAcademic and signed by the resident within 7 calendar days of the evaluation due date. However, documentation and discussion before the end of the learning experience is encouraged. This process will allow the preceptor to ask follow-up questions if needed. If a resident is uncomfortable with specific feedback to be given or received, the resident should consult with the RPD or RPC.

If applicable, APPE students will evaluate the resident's performance as a co-preceptor. The evaluations should be filed in the resident's teaching portfolio (if applicable) and uploaded onto PharmAcademic.

Residents will be evaluated for burnout each month through the "Single-Item Burnout Assessment" on PharmAcademic. If residents score 3 or higher, the resident advisor, RPC, and/or RPD will discuss with the resident their burnout. Reference for the "Single-Item Burnout Assessment" is found in the following article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4395610/>.

### **Development Plans:**

Residents will meet with their advisors and RPD to complete the quarterly evaluation and update their development plan. These evaluations will occur within 30 days of residency start (baseline) and every 90 days of residency start (quarterlies). This process will track the resident's progress toward achieving their educational goals and objectives. Residents must provide both self-reflection and self-evaluation of their performance prior to each evaluation. ASHP defines self-reflection as "thinking about one's self, including one's behavior, values, knowledge, and growth opportunities." ASHP defines self-evaluation as "comparing one's performance to a benchmark." Advisors and the RPD will then examine data from formative and summative evaluations, to determine areas of strength and areas of improvement for each resident prior to the meeting. At these meetings, adjustments may be made to help the resident achieve the goals and objectives. Changes to the residency structure, schedule of learning experiences, additional requirements, and/or a performance improvement plan will be documented in the Development Plan. Additionally, the decision to mark ACHR for goals and objectives will be decided through feedback in PharmAcademic. Development plans will be completed and uploaded to PharmAcademic.

**Resident Pass Off:**

Preceptors for the residency will provide feedback after each rotation to the RPD and advisor to discuss each resident's performance during the rotation and their longitudinal progress. Through this meeting, upcoming preceptors will make appropriate adjustments to the residents learning activities to address any areas for improvement. Additionally, preceptors can identify other opportunities for residents to participate in based on learning needs and interests. The RPD and advisor will consider this information during the quarterly evaluation. Discussions will include:

1. Clinical knowledge
2. Patient presentations
3. Pharmacokinetics
4. Patient counseling
5. Interactions with team
6. Self-motivation
7. Attitude

**PROCEDURES:**

**Leave Requests:**

Residents will complete a leave request form for all time away from rotations via the following steps:

1. Create a meeting request through personal calendar in Microsoft Outlook titled “*Lastname – Off*”.
2. Select the start and end day that corresponds to the request. Ensure set as “All Day Event”.
3. Set reminder to “None” and show to “Free”.
4. Sent to appropriate preceptor, advisor, RPD, and EUHRx Residency calendar.
5. Include below form in body of request.

<b>Emory HealthCare Pharmacy Resident Leave Request Form</b>				
<b>Resident Name</b>				
<b>Dates</b>	From		To	Total hrs:
<input type="checkbox"/> Comprehensive Leave (Send to: Rotation Preceptor, Residency Program Director, and Resident Advisor)		<input type="checkbox"/> Professional Leave (Send to: Rotation Preceptor, Residency Program Director, and Assistant Director)		
<b>Details of Request (Optional):</b>				
<input type="checkbox"/> <b>Professional Meeting</b>				
Name				
Location				
Activities	<input type="checkbox"/> Attendee	<input type="checkbox"/> Poster Presentation	<input type="checkbox"/> Speaker	<input type="checkbox"/> Other
Presentation Title/Details				
Rotation Preceptor				
Resident advisor				
Residency Program Director				
<b>Acceptance of a corresponding Outlook Meeting Invitation constitutes approval of the resident’s leave request.</b>				

**RELATED DOCUMENTS AND LINKS:**

- EUH Pharmacy Residency Policy Manual
- Work from Home (WFH)
- SOP: Code Blue
- SOP: Code Stroke

**DEFINITIONS:**

**REFERENCES AND SOURCES OF EVIDENCE:**

**KEY WORDS:**