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July 1, 2016

Dear Residents:

On behalf of the MUSC Medical Center and the College of Pharmacy, I would like to welcome you to the Medical University of South Carolina. We are committed to the provision of outstanding post-graduate residency training programs. We currently have one of the largest and oldest pharmacy residency programs in the country and offer an array of experiences designed to prepare individuals for differentiated roles in pharmacy practice.

The primary emphasis of your residency program will be on the development of practice skills. You will be delegated clinical responsibilities under the preceptorship of an experienced pharmacist to develop your practice skills. You will be given teaching responsibilities to further refine your communication skills and abilities as a teacher. You will participate in ongoing service activities to further develop your problem solving skills and your ability to work with others.

Preceptors will establish minimum expectations for your performance during rotations. However, you will be encouraged to surpass these minimum expectations. You will be delegated responsibilities and will be allowed to achieve as much independence as desirable and achievable.

The year ahead of you will be a busy one, but I am confident that you will greatly benefit from the residency program. On a national basis, it is evident that the outstanding practitioners of the future will have completed post-graduate training in addition to their degree in pharmacy. Your investment of time, talent and energy will reap rewards in the future. As the Director of Graduate Pharmacy Education, I am available to help you reach your highest potential. I look forward to working with you and watching your development.

Sincerely,

Heather Easterling, PharmD, MBA
Administrative Director, Pharmacy Integrated Center of Clinical Excellence
Director, Graduate Pharmacy Education
Residency Program Director, Health-System Pharmacy Administration Residency
Residency Program Structure

The Executive Director of the Medical Center is ultimately responsible for the MUSC Pharmacy Residency Program.

The on-going administrative oversight of the program is delegated to the Director of Pharmacy Services for the Medical Center. The on-going operation and coordination of the program is delegated to the Director of the Graduate Pharmay Education (GPE) and the Associate Director of Graduate Pharmacy Education (representative of the College). Residency Program Directors (RPDs) are responsible for the operation of the individual residency experiences. Residents will also work with preceptors within specific practice areas or areas of expertise.

A Residency Committee, chaired by the GPE director, will serve as a forum to discuss all matters associated with the operation of the program. The committee will guide the RPDs so a consistent program is observed across all specialty areas as is appropriate. Some residency programs may have varying policies based on the nature of the program.

Residents are employees of the University however, they are funded solely by the Medical Center. Faculty of the College and staff in the Medical Center serve as preceptors and residency program directors within the Residency Program. The close relationship between the MUSC Medical Center and the College of Pharmacy is appreciated as we believe this relationship strengthens the program for the residents and the faculty and staff.
Residency Program Organizational Chart

MUSC Medical Center
South Carolina College of Pharmacy
Residency Program

Director of Pharmacy Services & Director of Graduate Pharmacy Education

Chair Clinical Pharmacy & Outcomes Sciences
Associate Director of Graduate Pharmacy Education

Pharmacy Practice  Ambulatory Care  Critical Care  Drug Information  Health System Pharmacy Administration  Infectious Disease  Internal Medicine  Oncology  Pediatrics  Pharmacotherapy  Psychiatry  Transplant
RESIDENCY PROGRAM POSITION DESCRIPTIONS

**Director of Graduate Pharmacy Education** designates the individual responsible for the administration and coordination for all of the pharmacy residency programs.

**Associate Director of Graduate Pharmacy Education** designates a full-time faculty member that (1) serves as the liaison between the College of Pharmacy and Medical Center on issues related to the residency program, (2) collaborates with the Director of Graduate Pharmacy Education on issues related to the administration and coordination of the residency program and (3) acts on behalf of the Director of Graduate Pharmacy Education in his/her absence. Responsibilities are outlined in the associate director of graduate pharmacy education job description (Appendix).

**Residency Program Director** designates the individual responsible for directing the activities of a particular residency program and is responsible for completion of the RLS quarterly and final evaluations.

**Residency Advisor** designates the individual who a Residency Program Director assigns as a personal and/or professional advisor to a resident.

**Preceptor** designates the individual assigned to educate, train and evaluate the resident within their practice area or area of expertise.

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

RESIDENCY COMMITTEE RESPONSIBILITIES

A Residency Committee (RC), chaired by the GPE director, will serve as a forum to discuss all matters associated with the operation of the program. The committee will guide the RPDs so a consistent program is observed across all specialty areas as is appropriate. Some residency programs may have varying policies based on the nature of the program.

**Membership**

The RC will be made up of each RPD from the residency programs, two chief residents, the Director of GPE and Associate Director of GPE and an administrative assistant. Guests may be invited as needed to advise the committee on clinical or operational issues relevant to the residents.

**Meeting Times**

The RC will meet monthly and may call additional meetings as needed to address issues as they arise.

EXPECTATIONS AND RESPONSIBILITIES OF RESIDENTS

**Professional Practice**

**Professional Conduct**

It is the responsibility of all residents to adhere to the MUSC Medical Center Standards of Professional Behavior policy which states:
MUSC Medical Center values professionalism and interprofessional work among all employees. We are committed to practicing professional behaviors by providing COMPASSION in patient care, teaching, and research; promoting an environment that promotes TEAMWORK and DIVERSITY; taking ACCOUNTABILITY for outcomes; and embracing INNOVATION. The Standards of Professional Behavior are expectations established for the benefit of our patients and colleagues and the betterment of MUSC. Employees must understand that, regardless of job description, each employee is a vital link in providing outstanding patient service and must, at all times, maintain the values set forth by the Medical Center. These standards extend to all interactions between staff within the MUSC community. A detailed description of the standards may be found at http://musc.edu/medcenter/hr/documents/POLICY12-STANDARDSOFBEHAVIOR.pdf

Professional Dress
All residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of MUSC. Clean, pressed white lab coats of full length will be worn at all times in patient care areas (excluding Psychiatry and Pediatrics). Any specific problems with dress will be addressed by the resident's Advisor/Program Director. A detailed policy may be found at http://www.musc.edu/medcenter/policy/Med/A04.htm and http://www.musc.edu/pharmacyservices/PnP/b26.pdf.

Employee Badges
MUSC Security requires all personnel to wear his/her badge at all times when they are on campus. If the badge is misplaced, a temporary badge is available at the Security stations in the hospitals. If the employee badge is lost, the resident must report the loss immediately to Security, and render a fee for replacement. A detailed policy regarding employee badges may be found at http://www.musc.edu/medcenter/policy/Med/A07.htm.

Patient Confidentiality
Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and families' emotional as well as physical well-being. A detailed policy may be found at http://www.musc.edu/medcenter/policy/Med/C03.htm.

Attendance
Residents are expected to attend all work functions on time. All leave requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled.

EXPECTATIONS AND RESPONSIBILITIES OF PRECEPTORS
Pharmacists or non-pharmacists in the MUSC Medical Center may participate as preceptors for pharmacy residents. The preceptor must show willingness to precept and be a proficient in the field in which they will teach. Preceptors are expected to give regular feedback to the resident highlighting the resident's strengths and areas of opportunity. Feedback should be specific and qualitative in nature so the resident may improve his or her performance. Formal evaluations in a timely manner are also mandatory for all preceptors. Preceptors are encouraged to give all formal evaluations no later than the last day of the learning experience or quarterly if the experience is longitudinal. Preceptors will be expected to meet the criteria outlined by ASHP standards for preceptors.

The Residency Committee will hold an annual preceptor development program. The purpose of the program will be to provide targeted education/training to the preceptors focusing on ASHP
accreditation requirements such as evaluation and feedback, the four preceptor roles, learning experience description development, development of learning assignments targeted towards RLS objective, and other pertinent topics related to maintenance of the residency program, providing high quality education and training to our residents, and compliance with ASHP accreditation standards.

**GENERAL RESIDENCY ACTIVITIES**

Residents in all residency programs will be required to perform or participate in a number of activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined by the residency accreditation standards. Requirements which must be met to receive a certificate in the residency program are indicated with an asterisk below.

* All residents entering a PGY2 program must present a copy of their PGY1 certificate upon the first day of residency. The RPD and Department administrative staff will verify all certificates with the PGY1 program.

* Participation in the Residency Orientation Program and Residency meetings.
  A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions. Returning residents may be excused from many of the scheduled sessions.

Residents will attend scheduled resident meetings to discuss upcoming resident events, other issues pertaining to the residency program, and actions/recommendations made at residency committee meetings, etc. Meetings will be scheduled by the Director of Graduate Pharmacy Education or the Chief Resident(s).

* Function as pharmacy generalists as determined by the Residency Program Director upon review of the portfolio of resident work.
  Rotations will be evaluated using the outcomes, goals and objectives approved by ASHP for the specific residency program. At the beginning of each rotation, the preceptor will review the rotation expectations, learning objectives and specify the degree of autonomy the resident will have and document this on the Learning Experience Introduction form. Residents will have the degree of authority documented on the form. The degree of authority may be modified at any time during the rotation by completion of a subsequent form. In addition, residents will be expected to document all activities appropriately throughout the month.

* Participate in medication use evaluations and medication policy development.
  Each PGY1 resident is required to participate in a Medication Use Evaluation (MUE), which will be conducted in support of patient care at the Medical Center. PGY2 residents may also be required by their RPD to participate in an MUE as well based on the resident’s customized plan. Residents participating in MUEs originating in the MUSC-MC Department of Pharmacy Service will follow the policies and procedures determined by the Drug Information Service through Policy G1 (http://academicdepartments.musc.edu/pharmacy_services/pnp/g01.pdf). Satisfactory performance as determined by Manager of Medication Use Policy and Informatics or his/her designee is required for successful completion of the
*Complete a service or research project designed to improve the services of the department, teaching program in the college, or to achieve a specific research objective.

*Provide a service commitment which is designed to ensure that residents gain experience and can function as a pharmacy generalist. To achieve this objective, all residents are scheduled to work as a clinical pharmacist in an operational area as identified by the Director of Graduate Pharmacy Education and the Residency Program Director. All PGY1 residents will also participate in an Integrated Practice Rotation. In order to maintain competence in this role, residents are expected to attend monthly Department of Pharmacy Services Staff Meetings, Department of Pharmacy Services Education Meetings, and mandatory in-services.

*Attain an “achieved” on 95% of the RLS objectives as assessed by the RPD on the last quarterly evaluation. Specific objectives as indicated by the RPD of each program may be required to be marked as achieved. Individual RPDs may also require a more rigorous achievement of goals than stated above. This requirement will be discussed at the beginning of the residency year and documented in the RPD’s Program Description. No NI’s may be present upon graduation of the program.

Be present at a minimum of 80% of departmental staff meetings.

Be present at a minimum of 80% of academic lectures (e.g. RITE and seminar).

*Prepare and present an ACPE-approved continuing education seminar.

Participate in Resident Interactive Teaching Experiences as determined by the RPD.

*Prepare and submit a manuscript suitable for publication.

All residents write at least one manuscript suitable for publication in a peer-reviewed biomedical journal. One manuscript must be a report of the resident’s research or practice-related project. Additional manuscript submissions may include a drug monograph, journal article, case report, etc. Editorial assistance by a preceptor is required. The resident must be first author and be responsible for submission and revisions to a journal. The topic and timeline for the manuscript must be reported to the preceptor and RPD by January 1st, the first draft of the manuscript must be submitted to the preceptor and RPD by April 1st, and the final manuscript must be submitted to the RPD by June 1st. Appendix I

Participate in the teaching activities and Grand Rounds of the College and Medical Center. Resident involvement in teaching activities fosters development and refinement of the resident’s communication skills, builds confidence and promotes the effectiveness of the resident as a teacher. Residents may serve as co-preceptors (if deemed appropriate and capable) with faculty members for P4 clerkship students and participate in in-services. Residents will work with and be evaluated by a preceptor. The College of Pharmacy policy on resident teaching is included in the appendix.

Each resident will serve, along with faculty members, in the role of evaluator of student Grand Rounds presentations at least two times each year. This provides the
opportunity for residents to improve their evaluation skills. The resident will actively participate in the verbal and written evaluation of the student immediately following the presentation.

*Participate in the Clinical Pharmacy On-call Service.
Each resident will participate in one of the department's on-call programs as assigned by the RPD of the resident's program. The goal is for the resident to gain experience in evaluating and making therapeutic recommendations for patients outside of their assigned services. Each resident will have a preceptor back-up with whom individual situations must be discussed before making recommendations. Specific procedures/schedules are outlined in the policy (insert link).

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

*Complete the ACLS/PALS curriculum and participate in medical emergencies.
Each resident is expected to come to the first day of residency orientation with BLS completed. During the orientation month, the resident is expected to successfully complete the ACLS or PALS curriculum as appropriate. The goal is to ensure that the resident is familiar with and capable of providing BLS and ACLS/PALS in the event of an emergency.

* Present their project at the Southeastern Residency Conference, an approved national, regional or state meeting, or at an on-campus program in mid-June.
The Southeastern Residency Conference (SERC) is held in the spring each year and is a forum where residents share experiences and expertise. Each resident will make a brief presentation on their project, which will be evaluated by preceptors and residents attending the conference. The resident will participate in a practice session with MUSC preceptors and residents prior to SERC attendance. PGY1 residents are required to present and second-year residents are encouraged to present at SERC as decided by their RPD. Second-year residents that do not present at SERC will present their project at another state, regional or national meeting or at a special program at the Medical Center in mid-June. Information regarding SERC is found at [www.sercpharm.com](http://www.sercpharm.com).

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

A representative of the Residency Committee, the Department of Pharmacy Services or the South Carolina College of Pharmacy will accompany the residents. The representative will participate as a moderator or evaluator, intervene on behalf of the residents in the case of emergencies (accidents or unforeseen circumstances), and provide a verbal report to the Residency Committee at the meeting following the trip.
Participate in group activities
Most groups (e.g., medicine, critical care, pediatrics, practice management, drug information, ambulatory care, psychiatry, and oncology) meet on a regular basis to discuss journal articles or topics relevant to that area. Each resident is encouraged but not required to join one of these groups and actively participate throughout the year.

Clinical and Operational Pharmacy Practice

Goal  The goal of the clinical pharmacy practice experience is to ensure that each resident can function independently as a pharmacist.

Description

I.  Each resident will train with a preceptor as assigned. Basic training will take place during the first month of the residency. Returning PGY2 residents may have different requirements for training as decided by the RPD and management team of the department.

II.  At the conclusion of the basic training period (and IPR experience for PGY1 residents), the Competency Based Orientation Checklist is expected to be completed. Incoming PGY2 residents are expected to complete the Competency Based Orientation Checklist by the end of the first quarter.

III.  Residents will be formally evaluated by their Clinical and Operational Pharmacy Experience preceptors not less than quarterly throughout the year. Feedback will be given continuously.

IV.  Each resident will gain clinical experience providing service throughout the year as a clinical pharmacist. The hours required and make up of that service requirement are residency-specific and can be addressed by the Residency Program Director.

VII.  Residents are permitted to work additional shifts within the Department of Pharmacy Services as a temporary MUHA employee for compensation. These shifts must not interfere with any of the resident’s rotation or residency requirements or exceed duty hour policies. If a resident chooses to work additional shifts, he/she must inform his/her Residency Program Director and complete a moonlighting form. Residents may not work additional shifts when they are primary clinician on-call for any service and must review these shifts with their rotation preceptor before signing up. The resident should notify their preceptor and RPD if s/he anticipates the possibility of exceeding duty hours as stated by the ASHP. http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.aspx.

Resident Projects

Each resident will complete a service or research project during the residency year. The resident will present the results of the project at the Southeastern Residency Conference or
Department of Pharmacy Services Meeting or program in mid-June. The resident’s project may also be presented at a state, regional or national meeting. A manuscript suitable for submission and publication describing the results of the project must be written.

Residents are provided one working day each month during rotation hours (with the exception of IPR) to work on the project. This time should be requested on the “Learning Experience Introduction Form” during rotation orientation and discussed with the preceptor.

Project selection / Scope of projects/ Approval

Each year a list of potential projects will be generated by the staff and faculty of MUSC. A vetting process will take place to ensure the project is feasible and fits with the organizational goals. The vetting group will be made up of a member of the residency committee, a member of the management team, a departmental expert in analytics and data, a departmental expert in project design and a statistician. The vetted list will be distributed to the residents for ranking. All residents will have an opportunity to review potential projects.

The Residency Committee will approve the list of potential projects before it is distributed to the residents.

Process/Timeline

<table>
<thead>
<tr>
<th>Period</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1 – July 31st</td>
<td>The resident, in conjunction with his/her Residency Program Director, Advisor/Coordinator, and potential project preceptor(s), will identify a project from the list of possible projects provided to the residents. The resident will review the list of projects and meet with the project coordinators of the projects he/she is interested in pursuing. The resident will rank 3 or more projects and submit for selection by July 25th. Once selected the Resident Project Approval Form must be completed and signed by the project preceptor and submitted to the RPD by July 31st. The Resident Project Approval Form is located on the shared drive.</td>
</tr>
<tr>
<td>July 31 – Sept 1</td>
<td>The resident with guidance of the Residency Program Director will submit the completed project form to 1) the clinical service group impacted through the respective clinical coordinator, if applicable, 2) the resident’s Advisor/Coordinator, and 3) the Director of Graduate Program Education. If changes are needed, comments will be returned to the resident no later than two weeks from receipt of the proposal.</td>
</tr>
<tr>
<td>By March 15</td>
<td>Projects should be completed. In the event a project is not completed prior to March 15, sufficient progress must have been made to allow for submission of an abstract for the Southeastern Residency Conference if applicable (see conference website for abstract deadlines).</td>
</tr>
</tbody>
</table>

Status Reports

The project preceptor will complete a criteria-based evaluation on a quarterly basis and the
Resident will include a progress report in the Quarterly Report of Resident.

**Project Completion**

The project will be considered complete when the stated objectives have been met to the satisfaction of the project preceptor and Residency Program Director, a manuscript suitable for publication describing the results of the project is submitted to the RPD (due June 1st) and the project is presented at the Southeastern Residency Conference or Department of Pharmacy Services meeting or special program in mid-June or a state, regional or national conference. A residency certificate will not be awarded until the project is complete.

**Resident Presentation Guidelines**

**Scheduling of RITE and Seminar**

During the month of July, the dates for both RITE and Seminar presentations throughout the residency year will be scheduled for each resident under coordination of the Chief Residents. The resident should carefully select their presentation dates around rotation and other residency requirements as to ensure that they will be able to meet all deadlines. RITE and Seminar are not able to be rescheduled unless the resident requests a switch in date due to an unforeseeable circumstance such as a death in the family, or personal emergency. The resident must formally request a switch using the approved form.

**Resident Interactive Teaching Experience (RITE) Guidelines**

This is a professional presentation that is optional and up to the discretion of the resident and RPD. The goal of the learning activity is to provide the resident with the experience of developing and delivering a presentation in the format of a lecture that requires assessment and interaction of the learners throughout the presentation, while enabling the resident to gain experience in public speaking, the use of audio-visual aids, educational handouts/slides, and developing the use of appropriate educational techniques for the teaching/learning experience. The audience for the presentation consists of students, residents, faculty, and staff. The resident will be responsible for identifying a residency program preceptor to serve as "preceptor" for their RITE.

The RITE topic will be chosen by the resident, with guidance from the Residency Program Director and Advisor (if applicable), and should consist of patient case(s), management case study/studies or a general topic. The presentation should contain enough material to engage the audience for 50 minutes. The resident will facilitate discussion and interaction throughout the presentation. Residents are required to attend 80% of RITE sessions and residents that arrive more than 10 minutes late will not receive credit for attendance.

Each RITE should include interactive activities that may include multiple-choice questions, team-based problem solving, writing exercises, interactive games, or other learning methods as appropriate. The resident is strongly discouraged from basing their presentation on a game in which it is difficult to control the flow of content and the material taught would not be able to be delivered in a methodical manner. The objective of the interaction is for the resident to assess the learner’s comprehension of the material that is being taught throughout the presentation, and to adapt or reiterate any teaching points throughout the lecture as needed. The idea is to simulate a classroom-type environment within the constraints of pre-designed presentation.
Deadlines:

**Topic Selection:** A RITE topic must be selected at least 45 days prior to the presentation date. Exceptions include presentations delivered less than 45 days from the beginning of the residency program.

**Identification of Advisor and Evaluators:** The resident must identify a presentation advisor (preferably an expert in the area of practice that the presentation will be focused) at least 45 days prior to the presentation date, and request for them to agree to this responsibility. Evaluators must be identified at least 30 days prior to the presentation date. The resident's program director and advisor must approve the preceptor and all evaluators by the same timelines as listed above. It is up to the resident to contact and request assistance from the advisor to review their slides, watch a practice presentation, or request any other assistance they may need to successfully complete the RITE presentation.

Each resident will receive a critique of the RITE from their evaluators and preceptor on the basis of content, presentation style, and overall quality. The critique will be discussed with the resident immediately following the presentation.

**Slides:** Final presentation slides must be turned into the presentation advisor at least 14 days prior to the presentation.

**Practice Session:** If the resident wishes to have a practice presentation with their advisor, they must contact their advisor and coordinate a date that works for all parties by 30 days prior to their presentation date. The practice session must take place at least 7 days prior to the scheduled presentation date.

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**Resident Seminar Guidelines**

Each resident will present one formal seminar during the residency program. The goal of the seminar is to expand the resident's communication skills and presentation techniques. The seminar topic will be chosen by the resident, with guidance from the Residency Program Director and Advisor, and should involve a therapeutic or practice management controversy, developing clinical or practice management research, or therapeutic area. The resident will be responsible for identifying a residency program preceptor to serve as an advisor for their seminar.

The objectives of the Resident Seminar include the following:

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

The length of the Resident Seminar will be limited to 45 to 50 minutes. A maximum of 10 minutes and a minimum of 5 minutes must be reserved for questions and/or comments from the audience. The dress code for this lecture is interview attire (suit). No lab coat shall be worn during a Seminar. ACPE requires that some form of interactivity be included in every accredited program. This can be accomplished via case studies, post-test, informal quiz, etc. See Speaker Guideline document for more examples.

**Identification of Advisor and Evaluators:** The resident must identify a presentation advisor (preferably an expert in the area of practice that the presentation will be focused) at least 45 days prior to the presentation date, and request for them to agree to this responsibility. Evaluators must be identified at least 30 days prior to the presentation date. Evaluators must include: The resident’s
presentation advisor, 1 resident (will complete a paper version of a PharmAcademic evaluation), two preceptors, and if applicable, the resident’s APP advisor (which may include either the one of the preceptors or the presentation advisor). There will be a minimum of 4 evaluators. The resident’s program director and advisor must approve the preceptor and all evaluators by the same timelines as listed above. It is up to the resident to contact and request assistance from the advisor to review their slides, watch a practice presentation, or request any other assistance they may need to successfully complete the Seminar presentation. The Chief Residents will assign resident evaluators.

Each resident will receive a critique of the seminar from their evaluators and preceptor on the basis of content, presentation style, and overall quality. The critique will be discussed with the resident immediately following the seminar. The audience will also be encouraged to submit written comments to the resident using the seminar evaluation form to be completed via CPE Monitor.

The date, time, location, and title of all the Resident Seminars will be designated by August 1st of each year. Residents will present their seminars during the months of August - May (excluding portions of December). This schedule provides advance preparation for the interview process.

All residents are required to attend 80% of the Resident Seminar series and residents that arrive more than 10 minutes late will not receive credit for attendance.

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

Seminar Instructions
Select a date, topic, title and identify a preceptor for your seminar. The selection of topic should be agreed upon by 8 weeks prior to the date of presentation.

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

Items to be submitted 40 days in advance of your presentation to the CE Director:
- Program Info Sheet (reason for program, title, learning objectives, presenter’s name, preceptor’s name, date and other information). This form is listed as Attachment #1 to this document. Speaker Guidelines will be e-mailed to you after the Program Info Sheet is submitted to assist with your presentation preparation.
- Your curriculum vitae
- A completed Faculty Disclosure Form
- A completed seminar flyer

Flyer Preparation:
The flyer should include the following items:

✓ Program title
✓ Program learning objectives
✓ Speaker’s name and title
✓ Program date and time
✓ Location of event
Target audience

Type of program: Knowledge-Based, Application-Based or Practice Based

Accreditation UPN and statement:
“This program has been approved for 1.0 contact hours (0.1 CEU). Participants must sign-in at beginning of program. Participants will complete the program evaluations on-line and print their own CE statements from home or office. The “Access Code” for this program will be given at conclusion of the program. The South Carolina College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of Continuing Pharmacy Education.

ACPE logo must be placed adjacent to the accreditation statement.

Prior to your presentation:
• Identify two evaluators and inform the resident Administrative Coordinator and your preceptor who they are.
• Send PowerPoint slides to the CE Provider at least 7 days in advance so they can be reviewed for compliance with ACPE standards.

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

After the presentation:
• Meet with your preceptor and two evaluators to receive feedback.
• Deliver the following documents to the Dean’s Office:
  • Sign in sheets
  • One copy of your handout

Teaching Responsibilities

Purpose
Residents will participate in the teaching activities of the Department of Clinical Pharmacy and Outcome Sciences and/or at the MUSC Medical Center. The purpose of such activities is to foster development and refinement of the resident’s communication skills, to build confidence, and to promote the effectiveness of the resident as a teacher.

Procedure
Teaching responsibilities may include clinical and didactic teaching for pharmacy students, medical students and residents, hospital personnel, and departmental staff. Teaching activities may involve precepting students on experiential rotations, formal lectures, small group seminars, case studies, in-service presentations, or discussion sessions throughout the residency year. Specific responsibilities will vary by residency and will be agreed upon by the resident and his/her preceptor, Residency Program Director or Advisor/Coordinator. PGY 2 residents may be required to present at a didactic lecture in the College of Pharmacy during their residency year as determined by the RPD. Furthermore, each rotation may have minor teaching responsibilities as designated by the preceptor at the beginning of the rotation. The resident should take an active role in seeking opportunities to participate in teaching activities. The residency preceptor is responsible for communicating to Doctor of Pharmacy students the service and teaching role of the resident. The course coordinator or designee is expected to work with the resident to assure that all classroom lectures are satisfactory. The course coordinator or designee should attend all assigned lectures and critique the
presentations to help the resident further develop their teaching skills. An evaluation form should be completed and forwarded to the Residency Program Director. The College of Pharmacy policy on resident teaching is included in as Appendix B.

Resident On-Call Responsibilities

Residents will participate in a Pharmacy On-call Service for evening, holiday, weekend and daytime coverage as needed. Residents will rotate on-call as determined by the service coordinators. When on-call, the resident is responsible for ensuring that all consultations and follow-up (if necessary), are completed. In all cases, therapeutic consults must be reviewed by the clinical specialist/faculty back-up before recommendations are made by all PGY1 residents. PGY2 residents, with the approval of their back-up, may give recommendations without a call for each consult.

Sign outs should be reviewed with the residents on call for the weekend by 5pm on Friday. The format of signout and documentation required is determined by each clinical area (ie: adults, peds, transplant). Residents should review the patients they are signing out with their backups for appropriateness.

Holiday and vacation coverage will be provided by the Pharmacy On-Call Service. Each resident is responsible for arranging coverage with another resident or clinical specialist and for notifying the Clinical Coordinator responsible for the affected call service if changes are made in coverage. The residency administrative assistant should be notified as well to make changes in the on call system. Last-minute schedule changes (except for emergencies) are not acceptable. The holiday call schedule will go by the MUHA holiday schedule; however, residents will be given compensation days based on the college holiday schedule listed below.

Examples of on call responsibilities include the following: patient sign outs, parenteral nutrition management, following critically ill patients (ie: new ICU admits, CRRT patients), and completing medication reconciliations.

Monthly service (Who’s-On-What) and on-call schedules will be published by the chief residents in advance for all services. This schedule will be distributed to all Department of Pharmacy Services’ staff and MUSC-MC Communications via email. A more detailed description for the Adult, Pediatric, Psychiatric, and Family Medicine On-call Services is available in the On-call policy and procedure and should be referred to for specific questions.

Code Responsibilities Attendance

Residents will attend codes while staffing or working during IPR. Additionally, if a resident is aware of a code for a patient on his/her service, the resident may attend, which will allow one of the clinical pharmacists to return to other work duties. While attending the code, the resident is expected to assist in medication decision-making and preparation and to work collaboratively with the clinical pharmacist responder. The resident shall obtain ACLS certification and code bag training during orientation.
Chief Residents

A Chief Resident for each class (PGY 1 and PGY 2) will be appointed by the Residency Committee with the input of the resident class. The Chief Resident acts as intermediary between the Residency Committee and residents and as a representative of the resident class. Responsibilities are outlined in the chief resident job description (Appendix D).

Resident Self-assessment

Residents complete a self-assessment of their practice experience or competency at the beginning of the residency year using the ASHP Standard Form and the Goal-Based Form in PharmAcademic. These evaluations should be complete by July 31st or as assigned by the RPD.

Resident Customized Plan

The RPD and, when applicable, preceptors will customize the training program for the resident based upon an assessment of the resident's entering knowledge, skills, attitudes, abilities and the resident's interests. Subsequent modifications may be made throughout the residency year.

- The Customized Resident Plan template is completed in PharmAcademic utilizing the resident self-assessment and additional information gained through discussion to address all areas in the customized plan template.
- There must be at least, but not limited to, three goals included in the residents customized plan.
- Goals should be specific and have a plan that includes activities that will be used to accomplish resident goals.
- Both the resident and Residency Program Director (and Advisor, if applicable) sign the customized plan.
- A copy should be filed in the resident’s electronic binder by the resident and verified by the RPD.
- An electronic copy of the customized plan will be posted and available in PharmAcademic. The goals and plan should be entered into the Resident Quarterly Progress Report and updated on a quarterly basis. Specific comments will be made indicating how the program’s plan has been modified to account for residents’ weaknesses and strengths. The plan will also include reference to the effectiveness of the previous actions.

Residency Evaluation Procedures

Resident's Evaluation of Preceptor and Rotation Experience

Each resident will complete an evaluation of the preceptor, the rotation experience and a summative self-evaluation of their performance prior to the completion of the preceptor’s resident evaluation and prior to an evaluation meeting. The resident’s summative self-evaluation will include qualitative assessment of their performance focused on strengths and areas for improvement. The preceptor will review the resident’s self-evaluation and include feedback in the resident’s monthly and/or quarterly evaluations that address resident areas of opportunity identified in the resident’s self-evaluation. Additionally, during the monthly and/or quarterly evaluation meeting, the preceptor will provide verbal feedback regarding ways to address resident areas of opportunity identified in the resident’s self-evaluation. The resident will provide their assessment via an electronic and verbal evaluation of the
preceptor during the final monthly rotation evaluation. If two consecutive months are spent in a single area with the same preceptor, only one preceptor/rotation evaluation needs be completed for that rotation. For residents spending the entire year with the same preceptor and location, evaluations should be done quarterly. Evaluations are encouraged to be completed on the last day of rotation but no later than 7 days following the end of a rotation.

Preceptor's Evaluation of Resident's Rotation Performance
Each preceptor will complete a criteria-based evaluation of the resident after reviewing the resident's LE evaluation, preceptor evaluation and summative self-evaluation. It is encouraged that this be completed on the last day of rotation but no later than 7 days following the end of an experience. If the resident evaluation cannot be conducted in a timely fashion, the issue will be discussed with the preceptor and RPD. The purpose of this evaluation procedure is to ensure an independent evaluation without the bias of the preceptor. An evaluation will be completed by the preceptor at the midpoint.

Definitions:
Needs Improvement (NI) - the resident exhibits the need for continued practice, improvement, or exposure, or may not be able to complete independently

Satisfactory Progress (SP) - the resident is able to complete the task, but still has specific areas for improvement

Achieved (ACH) - the resident is able to complete the task independently at the level expected by the preceptor in that learning experience.

Achieved for the residency (AchR) – the resident is able to complete the task independently at the level expected by the RPD

Formative Evaluations Process
Each preceptor must provide periodic opportunities for the residents to practice and document criteria-based, formative self-evaluation of aspects of their routine performance. Examples of formative evaluations include, but are not limited to: written feedback on notes, in-services/presentations, rotation activities or Objective Structured Clinical Exams (OSCEs). When completed, the resident will upload the information into PharmAcademic.

Longitudinal Evaluation Process
The following longitudinal activities will be evaluated at least once per quarter: Clinical/Operational Service Commitment, Clinic Experience (if applicable), Resident Project, MUE (quarter 2, 3, and 4), Manuscript (quarter 3 and 4). The evaluations must be completed within three days of the end of the quarter to allow adequate time for the Residency Program Director/Advisor to incorporate the comments from the evaluations into the resident's quarterly evaluation. In addition, each resident is responsible for performing an independent self-assessment for every longitudinal activity at the same frequency.

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

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

The Resident Quarterly Progress Report and RPD’s evaluation of criteria-based goals and learning objectives are uploaded into PharmAcademic.

The template used for the Quarterly Progress Report is in PharmAcademic.

**Report Due Dates**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Date Report due to RPD</th>
<th>Date Report due to Director Graduate Pharmacy Education</th>
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<tbody>
<tr>
<td>1st Quarter: July 1 - September 30</td>
<td>October 20</td>
<td>October 30</td>
</tr>
<tr>
<td>2nd Quarter: October 1 – December 31</td>
<td>January 20</td>
<td>January 31</td>
</tr>
<tr>
<td>3rd Quarter: January 1 - March 31</td>
<td>April 20</td>
<td>April 30</td>
</tr>
<tr>
<td>4th Quarter: April 1 - June 30</td>
<td>June 23</td>
<td>June 28</td>
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# Residency Evaluation Responsibilities

<table>
<thead>
<tr>
<th>EVALUATION</th>
<th>METHOD</th>
<th>FREQUENCY</th>
<th>RESPONSIBILITY</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>RESIDENT</td>
</tr>
<tr>
<td><strong>MONTHLY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotation Midpoint</td>
<td>Narrative</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Formative</td>
<td>Snapshots or other</td>
<td>During Rotation</td>
<td>X</td>
</tr>
<tr>
<td>Resident</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>End of Rotation</td>
<td>X</td>
</tr>
<tr>
<td>Preceptor</td>
<td>Rating scale with comments</td>
<td>End of Rotation</td>
<td>X</td>
</tr>
<tr>
<td>Learning Experience</td>
<td>Rating scale with comments</td>
<td>End of rotation</td>
<td>X</td>
</tr>
<tr>
<td>Duty Hour Attestation Form</td>
<td></td>
<td>End of each month</td>
<td>X</td>
</tr>
<tr>
<td><strong>QUARTERLY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Operations Experience</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
<td>X</td>
</tr>
<tr>
<td>Clinic Experience (longitudinal)</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
<td>X</td>
</tr>
<tr>
<td>Manuscript</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>3rd/4th Quarter</td>
<td>X</td>
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<td>Medication Use Evaluation</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>as assigned based on resident's customized plan</td>
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</tr>
<tr>
<td>Residency Project</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
<td>X</td>
</tr>
<tr>
<td>Summary of Resident’s Progress</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>Quarterly</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Narrative (template lists the required contents)</td>
<td>Quarterly</td>
<td>X</td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>End of Orientation</td>
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<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>End of On-call week (Quarterly for Pediatrics and Psychiatry)</td>
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<td>RLS Outcomes, Goals &amp; Objectives</td>
<td></td>
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<td>Seminar Presentation</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>After Presentation</td>
<td>X</td>
</tr>
<tr>
<td>Residency Interactive Teaching Experience (RITE) Presentation</td>
<td>RLS Outcomes, Goals &amp; Objectives</td>
<td>After Presentation</td>
<td>X</td>
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</tbody>
</table>
Information from evaluations may be given to certification boards, credentials/privileging committees, prospective employers and/or other program directors. Any information regarding a resident’s performance that is required by federal or state law will be released immediately to the proper authorities.

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**Resident Failure to Progress**

Residents are expected to conduct themselves in a professional manner and to follow all pertinent University, Medical Center and Residency Program policies. Actions taken against a resident are evaluated on a case-by-case basis and the severity of an issue can influence actions (e.g. stealing may result in immediate termination). The intention of this policy to help a resident succeed in the residency program and to clearly redirect the resident so that success can be achieved.

Appropriate action will be taken if a resident fails to:
- Present him/herself in a professional manner
- Follow policies and procedures of the University, College, Department of Pharmacy Services, or Medical Center.
- Make satisfactory progress on any of the residency goals or objectives (to be determined by the Residency Program Director (and Advisor, if applicable)).
- Make satisfactory progress towards the completion of a residency requirement (rotations, project, manuscript, seminar, etc.)

**Failure to Progress Policy**

**Step 1**
When the need for action arises, the involved preceptor [including anyone having contact or involvement with residents and their training], Residency Program Director (and Advisor, if applicable) will:

1. Review the MUHA Disciplinary Action Policy 45.  
   http://mcintranet.musc.edu/hr/employee_corner/documents/POLICY45-DISCIPLINARY_ACTION.pdf when applicable.
2. Discuss the issue with the resident.
3. In conjunction with the resident, provide a written document to include
   a. An appropriate solution to rectify the behavior, deficiency or action
   b. A follow-up plan
c. Specific goals for monitoring progress
d. Dates for satisfactory progress shall be established with the resident
e. An outline of next steps if immediate improvement is not seen.

4. The written document will be placed in resident's file by the RPD and submitted to the Director of Graduate Pharmacy Education. The Medical Center's Form may be used but there should be an additional written plan developed (described above), which is signed by the resident and RPD at minimum and possibly the preceptor.

5. The Residency Committee and future preceptors will be notified of the resident's deficiency and will be asked to provide feedback on additional, ongoing or future concerns to the residency advisor and RPD.

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 resident’s Residency Program Director (and Advisor if applicable) will determine a plan and course of action.

The Residency Committee will be notified of the deficiency, behavior or action under scrutiny, and the follow-up plan and specific goals for improvement. The Director of Graduate Pharmacy Education will appoint a Discipline Advisory Committee (DAC) to provide advice and monitoring to the Residency Program Director (and Advisor, if applicable).

The Discipline Advisory Committee will be composed of three individuals from the Residency Committee, excluding the resident's Advisor/Coordinator, Residency Program Director or Director of Graduate Pharmacy Education. The Director of the Graduate Pharmacy Education will appoint members to the committee on an as needed basis.

The DAC will review previous actions, interview preceptors, the RPD and advisor and others as related to the case. The DAC may make additional recommendations to the RPD, advisor and resident for next steps in written format. Possible plans may include additional remediation training, additional assignments, additional preceptor review of performance, suspension, or termination.

Step 3
If the resident fails to progress satisfactorily as outlined in Step 2, or if additional shortcomings are identified, the involved preceptor(s) plus the resident’s Residency Program Director (and Advisor, if applicable) will notify the DAC. The DAC will determine a plan and course of action in conjunction with the RPD and advisor (if applicable), up to and including dismissal from the program. The Residency Committee will be notified of the deficiency, behavior, or action, and the follow-up plan and specific goals for improvement.

When and if the Residency Program Director recommends dismissal, the Residency Committee will be convened. The Director of Graduate Pharmacy Education will not be involved in these discussions.

Based on the number, severity, or seriousness of the deficiency, behavior or action, at any time the Residency Committee can be convened to consider a recommendation put forth by a Residency Program Director up to and including dismissal from the Residency Program.

Any decision at any step in the disciplinary process may be appealed to the Director of Pharmacy Services, and Chair of the Department of Clinical Pharmacy and Outcome Sciences.

Residents have the opportunity to consult with the MUSC ombudsman if desired. The MUSC Ombudsman serves as a confidential, neutral, informal and independent resource initially
available to help address faculty members' and postdoctoral trainees' concerns and conflicts. The Ombudsman's Office offers a safe place to discuss problems or issues within the University and to review options for informal resolutions of differences. The primary goal of the Ombudsman is to ensure that faculty and postdoctoral trainees receive fair and equitable treatment.

http://academicdepartments.musc.edu/ombudsman/index.htm

GENERAL INFORMATION

Qualifications of Resident Applicants

Applicants must possess a Doctor of Pharmacy degree from an ACPE-accredited college or school of pharmacy or have patient care experience equivalent to a PharmD degree and must be eligible for licensure as a pharmacist in the State of South Carolina. Applicants for PGY 2 residencies will have completed or be enrolled in a PGY 1 residency. The resident must submit a copy of their PGY1 certificate on the first day of the PGY2 residency. The Administrative Coordinator will verify the completion of the program at the resident’s PGY1 institution. A 24-month residency (1) in which the PGY 1 requirements are completed during the 24-month period, or (2) in which the PGY 1 requirements are completed in year one and PGY 2 requirements are completed in year two may be offered.

Selected applicants for all programs will be required to visit the Medical University of South Carolina campus for an on-site interview. Phone or online interviews may be granted in some circumstances (e.g. second match). Candidates are selected for interviews based on criteria approved by the Residency Program Committee.

Applications are accepted via PhORCAS and the application deadline is December 31st. Programs may interview qualified applicants with complete application files after October 1st.

Application materials must include the following:

Application form
Letter of intent
Curriculum Vitae
Official transcripts of all professional pharmacy education
Class rank (may be uploaded in to PhORCAS or submitted in a sealed envelope from Dean's Office) may be required by some programs
Three letters of reference completed by health professionals who can attest to the applicant’s practice abilities and aptitudes.

Early Decision for PGY2 Programs

Residents wishing to apply for a PGY2 Program at MUSC may do so under the early admissions process if the RPD of the PGY2 Program wishes to offer the option. Applications for an early admission should be discussed with the PGY2 RPD as early as possible. If the RPD agrees to accept early admission candidates, application materials listed below must be submitted by November 1st. The RPD will review all early admission candidates and select those for interview by November 15th. Interviews for the PGY2 position will occur between November 16th and December 15th at a mutually agreeable date and time for the RPD and candidate.

Application materials must include the following:
Application form  
Letter of Intent  
Curriculum Vitae  

Three letters of reference completed by health professionals who can attest to the applicant’s practice abilities and aptitudes.

Residency Benefits

a. **Resident Stipends**: Assessed annually and communicated in welcome letter.

b. Leave as outlined in the Leave Policy section below.

c. **Health Insurance**: Health insurance (medical and dental) is available on a group rate basis; options can be viewed at: http://academicdepartments.musc.edu/hr/university/

d. **Parking**: Available for a monthly charge.

e. **Taxes**: Federal, State and F.I.C.A. taxes will automatically be deducted from paychecks.

f. **Poster Reimbursement**: The MUSC Medical Center/College of Pharmacy Residency Program will have posters printed for each resident that presents at an educational and professional meeting as long as the resident uses the approved poster template. The Residency Program Administrative Coordinator will arrange for the poster to be printed (3 feet by 5 feet in color).

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Leave Policies

Residents are given administrative leave and 20 days of annual leave (including sick time) during the twelve-month residency program. In addition, the resident receives replacement time for any of the designated resident holidays he/she works. Only residents specifically scheduled for staffing or coverage for the clinical pharmacy on-call service will be granted replacement time for holidays worked. A holiday schedule is included in this section of the Residency Manual. Annual leave will accrue at a rate of 13.3 hours per month. Leave time may be requested prior to accrual at the discretion of the RPD and the preceptor. ALL LEAVE must be approved by the preceptor and RPD and may be impacted by the resident’s ability to complete the assignments of the rotation.

**Annual Leave**

Requests for annual leave are made using the Resident Leave Form. All applicable sections of the form must be completed. This completed form should be submitted for approval first to the assigned preceptor for that time at least **one week** prior to the desired date of absence. The primary preceptor will then approve leave time requests based upon availability to ensure adequate coverage of pharmacy service responsibilities. The leave request form will then be submitted to the Residency Program Director for approval. Leave forms will be reviewed by the RPD and Director of Graduate Pharmacy Education. The resident is allowed to take no more than 40 hours of annual leave before actual accrual. A resident must work a minimum of 15 days on each one-month rotation. A copy of the leave request form will be returned to the resident. The resident will then turn the completed form to the departmental administrative assistant. Residents are not permitted to terminate while on annual leave (you **must** be present on the final day of your residency).

If a resident needs to take days of sick leave, the resident must speak directly to the preceptor and the departmental administrative assistant must be directly contacted. Leaving a message on voice mail or through the paging system is not considered adequate contact. The Departmental Administrative Assistant will assure the resident has turned in a Resident Leave Form. If a
resident is absent for three or more consecutive days, a doctor’s excuse is necessary.

Administrative Leave
Administrative leave may be used for attendance at an educational/professional meeting only. Administrative leave CANNOT be used for interviews. Requests are made using the Resident Leave Form. All sections of the form must be completed. The form should be submitted to the preceptor, the RPD, administrative assistant and Director of Graduate Pharmacy Education for approval in that order. All travel requests for educational meetings and/or funding should be turned in to the departmental administrative assistant at least 3 weeks prior to travel (with brochure and reason for attending). All expenditures for professional leave must be verified by submission of receipts. All travel reimbursement must be submitted within 30 days after the time of travel. Failure to complete these tasks by the deadline may result in funding not being granted. All funding is based on the budget feasibility of the program and may vary from year to year.

Replacement Time
Residents on call will be given replacement time (up to 8 hours per day) for holidays worked. Residents who do work on the designated holiday should note the number of hours spent “in-house” and report this to the departmental administrative assistant. Replacement time is only given for “in house” hours (e.g. not calls answered from home). It is expected that residents who are not on call or assigned as part of the rotation (e.g. IPR or clinical operations) will take the day off. Replacement time for holidays worked is given with approval of the clinical coordinator of the service area. Subsequent to receiving approval, the Request for Leave Form must be completed and submitted within 48 hours of the times worked. The form shall be signed by the clinical coordinator and the Residency Program Director and Director of Graduate Pharmacy Education, and maintained by the departmental administrative assistant. If an individual preceptor asks a resident to work on a holiday to cover a specific service then replacement time must be taken while on that same rotation with the same preceptor.

Long Term Leave
Maternity/Paternity Leave
Maternity/Paternity leave may be taken as sick leave, annual leave and/or leave without pay up to a total of four (4) weeks per twelve months of employment. The duration of total maternity or paternity leave shall be approved by the RPD and Director of Graduate Pharmacy Education. Additional time without pay may be requested and granted at the discretion of the Director of Graduate Pharmacy Education and with approval of the Residency Program Director. The resident will be required to "make-up" time missed in accordance with Residency Program requirements.

Additional Leave
When extenuating circumstances occur, the RPD and the Director of Graduate Pharmacy Education may consider requests for leave without pay. Specific plans will be considered on a case-by-case basis. The resident will be required to "make-up" time missed in accordance with Residency Program requirements.

Duty Hours
The SCCP/MUSC residency programs follow the Pharmacy Specific Duty Hours Requirements For the ASHP Accreditation Standards for Pharmacy Residencies. See http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.aspx

Residents are expected to track their hours and notify the RPD with any anticipated
problems. Monthly, the resident will fill out an attestation in PharmAcademic specifying their adherence to duty hour requirements.

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**Resident Holidays (9)**

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<thead>
<tr>
<th>Holiday</th>
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<tbody>
<tr>
<td>New Year's Day</td>
<td>Memorial Day</td>
<td>Independence Day</td>
</tr>
<tr>
<td>Labor Day</td>
<td>Thanksgiving Day</td>
<td>Day after Thanksgiving</td>
</tr>
<tr>
<td>Christmas Eve</td>
<td>Christmas Day</td>
<td>Day after Christmas</td>
</tr>
</tbody>
</table>

Additional declared holidays may be granted at the discretion of the Director of Graduate Pharmacy Education.

Residents receive replacement time for any of the designated resident holidays he/she works.

Residents will be scheduled to work in the area(s) in which they have trained. Residents may be scheduled to work the weekends preceding Memorial Day and Labor Day. Residents may be scheduled to work Independence Day, Christmas Eve, Christmas Day, the day after Christmas and New Year’s Day if those holidays fall on a weekend. Every effort will be made to coordinate this with the on-call schedule so that residents are not scheduled for more than one major holiday. These schedules will be made as early as possible and it is the responsibility of the resident to trade weekends if necessary. Residents scheduled to be on-call or those completing their operational experience on a holiday will be given replacement time.

**Administrative Support**

**Photocopying**

Residents may use the Department of Clinical Pharmacy and Outcomes Sciences or Department of Pharmacy Services photocopy machines with the following provisions:

a. Machine malfunctions are promptly reported to the administrative assistant in that office.

b. Copies made are for use in the residency program.

c. Paper clips, staples, etc. are kept away from the photocopy machine.

Any questions regarding the operation of the photocopy machine should be directed to the administrative assistant.

**Mail**

Incoming mail will be placed in individual boxes daily. Outgoing mail may be placed in an outgoing mailbox in QE 213 or the Pharmacy Administrative Offices on the 6th floor of Rutledge Tower Annex.

**Electronic Residency Documents**

Residents are required to maintain a record of residency documents for the duration of the residency. All forms and documents will be uploaded into PharmAcademic.
Electronic Resident binders should be updated monthly throughout the residency year. The following documents are required to be uploaded to the resident binder:

- Resident Curriculum Vitae
- Resident Academic and Professional Record
- Drafts and completed assignments and presentations throughout the year (e.g., Seminar, RITE, Lectures, On-Call Experiences, Manuscript, MUE, P&T, Kinetics). Any documents that highlight the learning experience of the resident (e.g., business plans written, chart notes, posters, abstracts, memos).
- Examples of formative evaluations

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Keys

Offices for residents are located in the Quadrangle Building. Your ID badge will serve as a key in most cases. Additional key assignments will be made to residents by the departmental administrative assistant or by the RPD in specific areas. All keys must be returned prior to termination of employment.

Pharmacist Licensure for Residents

All residents must be licensed by the South Carolina Board of Pharmacy by July 1. Information on the licensure process may be accessed at www.llr.state.sc.us/POL/Pharmacy. Questions regarding licensure may be addressed to the Director of Graduate Pharmacy Education or directly to the South Carolina Board of Pharmacy.

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

Residents who have not received their license by August 31st, will have their participation in the residency program reviewed and may be subject to dismissal. Extenuating circumstances will be evaluated.

External Employment Policy

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

External employment, if sought, should be carefully chosen to accommodate variation in service responsibilities to the Medical Center, the resident’s primary priority. Working additional hours for MUHA is considered outside employment. All outside employment must be approved by the Residency Program Director and Director of Graduate Pharmacy Education. Additionally, any moonlighting must also be approved by the rotation preceptor.
before the resident commits. Professional liability insurance provided by the residency program does not cover the resident for additional outside employment. Successful completion of the residency program is a function of successful completion of all the program’s requirements, which dictate the primary schedule of the resident. According to ASHP standards, residents may not exceed 80 hours worked per week, averaged over a four-week period. Residents are permitted to work additional shifts within the Department of Pharmacy Services as a temporary MUHA employee for compensation. These shifts must not interfere with any of the resident’s rotation or residency requirements. If a resident chooses to work additional shifts, he/she must inform his/her Residency Program Director and complete a moonlighting form. Residents may not work additional shifts when they are primary clinician on-call for any service and must review these shifts with their rotation preceptor before signing up. The resident should notify their preceptor and RPD if s/he anticipates the possibility of exceeding duty hours as stated by the ASHP.


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. The laptop will be signed out at the beginning of the residency year and will be returned to the Administrative Coordinator at the end of the residency year. Residents will be held financially responsible for their assigned laptops (in case of loss, breakage due to neglect, etc.).

The resident is responsible for the care and security of the device and upholding data security per the Pharmacy Services Computer Use Policy: http://academicdepartments.musc.edu/pharmacy_services/pnp/H10.pdf policies and procedures of the Office of the CIO (http://www.musc.edu/infoservices/policies.html).

Use of smartphones, tablets, or other devices is allowed in accordance to the policies and procedures from the Office of the CIO.

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DEPARTMENT OF CLINICAL PHARMACY AND OUTCOME SCIENCES

Departmental Faculty Meetings
The Faculty of the Clinical Pharmacy and Outcome Sciences meet regularly. All residents are invited to attend these meetings. Provision is made for discussion of matters confidential to faculty members by including a closed meeting period, at which time residents are asked to leave the meeting.

Coursework Available to Residents
Residents interested in attending didactic lectures should notify the faculty member presenting the lecture of interest.
Any participation in coursework during scheduled rotation hours must be approved in advance by the rotation preceptor.

MEDICAL UNIVERSITY OF SOUTH CAROLINA LIBRARY

The primary purpose of the Medical University Library is to meet the information needs of faculty, staff, residents and students, and to support the curriculum, research, and patient care goals of the
University and the Medical Center. The Library is located on the second floor in the Education Center/Library Building. It has an extensive collection of books and journals and provides access to eBooks, eJournals, Knowledge Bases, and other databases. Library resources can be accessed via the internet at http://www.library.musc.edu.

DEPARTMENT OF PHARMACY SERVICES

Department of Pharmacy Services

Mission
The Mission Statement of MUSC Health Pharmacy Enterprise is to work collaboratively with other healthcare professionals to provide optimal pharmaceutical care to all patients, to advance pharmaceutical knowledge through educational and scholarly activities, and to promote positive patient outcomes.

Vision
The MUSC Health Pharmacy Enterprise will provide optimal patient care and improve patient outcomes for the lives we touch. Pharmacy team members will work together to create an exceptional work environment and advance the profession of pharmacy through outreach and accessibility. The enterprise will be recognized locally, nationally and globally for quality and diversity, professional leadership, educational excellence, and innovation.

Administration

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>Area of Practice</th>
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<tr>
<td>Dr. Heather Easterling</td>
<td>Administration</td>
<td>2-5691</td>
<td>13300</td>
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<tr>
<td>Dr. Kelly Crowley</td>
<td>Administration, Ambulatory Services</td>
<td>2-1009</td>
<td>12944</td>
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<tr>
<td>Dr. Jason Mills</td>
<td>Administration, Pharmacy Supply Chain</td>
<td>2-7354</td>
<td>11219</td>
</tr>
<tr>
<td>Dr. Jeff Brittain</td>
<td>Administration, Medication Use Policy/Informatics</td>
<td>2-4682</td>
<td>11599</td>
</tr>
<tr>
<td>Dr. Joseph Mazur</td>
<td>Administration, Clinical Services</td>
<td>2-5686</td>
<td>11169</td>
</tr>
<tr>
<td>Dr. Joel Melroy</td>
<td>Administration, Ashley River Tower</td>
<td>6-5933</td>
<td>11732</td>
</tr>
<tr>
<td>Dr. Dominic Ragucci</td>
<td>Administration, Children's Hospital Pharmacy Services</td>
<td>2-9746</td>
<td>13613</td>
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<tr>
<td>Dr. Maureen Sheakley</td>
<td>Medication Safety Coordinator</td>
<td>2-9236</td>
<td>11663</td>
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<tr>
<td>Dr. Carolyn Bondarenka</td>
<td>Administration, Oncology Pharmacy Services</td>
<td>6-5946</td>
<td>13710</td>
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<tr>
<td>Dr. David Cruse</td>
<td>Administration, Specialty Pharmacy Services</td>
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<tr>
<td>Mr. Donald Willis</td>
<td>Business Manager</td>
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Administrative Support

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<tbody>
<tr>
<td>Ms. Karri Anderson</td>
<td>Administrative Assistant, Residency Program</td>
<td>2-7626</td>
</tr>
<tr>
<td>Ms. Allison Slyby</td>
<td>Administrative Assistant/Human Resources</td>
<td>2-6446</td>
</tr>
<tr>
<td>Ms. Peggy Smith</td>
<td>Administrative Coordinator</td>
<td>2-5691</td>
</tr>
</tbody>
</table>

Pharmacy Web Page
The Department of Pharmacy Services web page is available at the following URL:
http://academicdepartments.musc.edu/pharmacy_services/
Residency Completion

Residents completing all requirements noted above will receive a residency certificate on the last business day of June. Residents may be asked to participate in follow-up surveys after completion of the program. These surveys may request information regarding evaluation of the program as preparation for practice, practice demographic/profiles and satisfaction data.
Appendix A

SCCP Academician Preparation Program

The South Carolina College of Pharmacy offers an optional certificate to residents throughout the state of South Carolina who are interested in enhancing skills needed in an academic environment. Residents are assigned a full-time faculty member as their mentor for this program. Many of requirements for this certificate are already present in many residency programs. Listed below are the details.

Goals and Objectives

The purpose of the South Carolina College of Pharmacy’s “Academician Preparation Program (APP)” is to prepare pharmacy residents to serve as educators, either in full-time or adjunct faculty positions.

Upon completion of the program, the resident should be able to:

- Describe the responsibility of pharmacy educators
  - Describe different teaching environments
  - Define scholarship
  - Develop a teaching portfolio
  - Understand the differences among various types of faculty positions for practice, teaching, scholarship and service
- Demonstrate use of varied teaching methods
  - Compare and contrast various teaching methods used in unique learning settings (for example, small group facilitation vs. large classroom didactic lecture)
  - Understand and, when appropriate, utilize principles of active learning
- Evaluate student performance
  - Demonstrate skill in constructing multiple choice exam questions
  - Provide constructive feedback for a defined learning experience
  - Demonstrate the characteristics of an effective role model when engaged in activities with pharmacy students
  - Employ effective preceptor strategies for motivating pharmacy students

Learning Activities/Requirements

1. Each resident will be assigned a faculty mentor from the South Carolina College of Pharmacy (SCCP) to work with during the year. They will review experiences used to fulfill learning activities and evaluate the residents’ progress.
   - Residents and mentors will meet quarterly.

2. Provide two contact hours of didactic lecture
   - At least one lecture should utilize active learning methods.
   - Lectures may be completed on the SCCP MUSC, USC, or Greenville campus or the institution where the resident practices.
   - Mentors or their designee will evaluate the residents’ lectures.
   - Lectures completed at institutions as part of their residency requirement can meet this requirement.
   - In addition the resident will need to have the following information in their portfolio:
     1. Presentation title, date given
     2. Audience (~ number that will attend)
     3. Final slide set
     4. Final evaluation forms (copy of each form received)
• All resident seminar presentations will be evaluated utilizing the same APP evaluation form. Mentors or their designee will evaluate the residents.

• All lectures must have at least five multiple choice test question per hour of lecture that evaluate the learner’s comprehension/application of the material. The test questions should relate to the learning objectives. The preceptor that the resident is working with should review these.

• The questions/answers with explanation and learning objectives should also be emailed to Dr. Jean Nappi (nappijm@musc.edu)

3. Facilitate five small group discussions and/or laboratory exercises

• These sessions are designed for the resident to evaluate student presentations or other skills.

• Residents are strongly encouraged to participate in laboratory and clinical assessment courses. Many of these use small group facilitation and residents may become more familiar with additional educational techniques including OSCEs using standardized patients and human patient simulation.

• These can be completed at the resident’s practice site; however, each experience used for small group facilitation needs to be approved by your mentor prior to performing. Examples of small group opportunities include but are not limited to: pharmacy student disease state discussions, pharmacy student patient case presentations, or helping in one of the laboratory based courses in the SCCP. If the mentor is not able to evaluate the resident, another preceptor must be identified.

• All small group facilitations will be evaluated utilizing the same evaluation form. Mentors will evaluate the residents performing small groups facilitations at the MUSC, USC or Greenville campuses. If residents choose to perform activity at their practice site, a preceptor must agree to evaluate.

4. Precept pharmacy students during two (month long) rotations

• A preceptor at the resident’s institution needs to agree to allow the resident to assist precepting the student. Minimum requirements for this interaction include: providing an orientation to the student for the month long experience, review patients and discuss disease states and drug therapies, evaluate student-team interactions, and evaluate student-patient interactions. Must be able to perform verbal and written midpoint and final evaluations along with the student’s preceptor.

• Provide written evaluation of pharmacy students at midpoint and final using the evaluation form on evalue.

5. Evaluate at least five pharmacy student oral presentations (examples include but are not limited to: pharmacy student seminar or Grand Rounds presentations, clinical applications presentations)

6. Prepare a manuscript suitable for peer review and publication

• This can be completed with preceptors from the resident’s practice site; however, it needs to be reviewed and approved by your mentor. It must meet these minimum requirements:
  a. Publication subject is of appropriate depth / scope and is relatable for the respective postgraduate year of training
  b. The publication should be suitable for submission to a peer review journal
7. Prepare an abstract suitable for submission for a professional meeting on a local, state or national level
   • The abstract can be written with other preceptors; however, it will need to be included in your portfolio. The abstract must include results and conclusion.

8. Attend 80% of academic seminar series
   • Residents need to attend the seminar series. These will be provided via distance education to the Charleston, Columbia and Greenville campuses. Residents in Florence will be able to receive these through distance education technology. There will be ~ 6 hours of additional seminars during the first half of the year in August, September and October.

9. Prepare a teaching portfolio
   • This will contain all of your learning activities and evaluations. This will need to be turned into your mentor to review prior to completion of program. This will need to be completed by **June 1st.**
Appendix B

DEPARTMENT OF CLINICAL PHARMACY & OUTCOME SCIENCES
POLICY
RESIDENT TEACHING IN THE PROFESSIONAL CURRICULUM

Providing teaching opportunities for pharmacy residents is encouraged as a method to foster professional development, acquire teaching skills, and assist residents in earning the Academic Preparation Certificate from the College of Pharmacy. As a rule, residents may participate in clinical and/or didactic teaching. In each case/teaching event, a faculty member who will be responsible for the resident’s performance must be identified. In general, this will be the faculty member of record/responsible for a given clerkship, didactic class, or small group session. The duties/expectations of the responsible faculty member are as follows:

1. Assist the resident in preparing for the teaching session. In the case of didactic lectures and small group sessions, this includes:
   a. ensuring that the resident is fully aware of the objectives of the session, what material is to be covered, and what level of detail/depth is expected
   b. ensuring that the content prepared by the resident is appropriate
   c. confirming that all handout material is acceptable in format and content
   d. ensuring that the resident is fully capable in the use of any audiovisual equipment to be used during the session
   e. attending the session in its entirety to provide content expertise as necessary
   f. reviewing/revising examination questions prior to and after the exam
   g. providing the resident with a structured evaluation of performance/feedback after the class session

2. In the case of clinical teaching, the faculty member is expected to:
   a. clarify for the resident exactly what teaching opportunities/responsibilities are entailed (ongoing throughout clerkship and ad hoc)
   b. observe an adequate amount of teaching so that meaningful evaluation/feedback on teaching technique can be provided to the resident
   c. ensure opportunities for the resident to provide written feedback to students in the clerkship student evaluation process
   d. solicit input from students regarding the quality of resident’s teaching such that this may be reflected in this component of the resident’s clerkship duties.
Appendix C

MENTOR PROGRAM FOR PRECEPTORS IN TRAINING

Objective: The pharmacy residency mentor program is designed to allow new preceptors (less than 2 years out of their training) the opportunity to work with more senior clinical specialists/preceptors in order to gain additional knowledge and skills and become proficient at precepting pharmacy residents.

It is expected that mutual benefits will be derived from the relationship between mentor and mentee and that no conflicts of interest will exist. Although the program is formally designed for the first year of precepting, the hope would be that these relationships continue long-term. Mentors/mentees will be assigned by the Director/Associate Director of the residency program, after discussion with potential preceptors. In the event that a mentor leaves MUSC or job functions change significantly, changes will be made accordingly so that there is continuity for the mentee.

Expectations of Mentor: As a role model, the mentor will teach, sponsor, encourage, counsel and befriend a less experienced/skilled person for the purpose of promoting their professional development in the area of resident precepting. Mentors will be expected to utilize interpersonal skills in order to aid individuals in growth and development. Specifically, the mentor will be expected to:
- Meet with the mentee at the beginning of the first month of precepting (or at commencement of the mentor program) and sit in on the orientation process
- Meet with the mentee at the end of the first month of precepting and sit in on the evaluation process
- Be available to the mentee at any time during rotation experiences, when questions arise or advice is needed
- Meet with the mentee at least once per quarter in order to follow up on precepting progress, growth/development
- Attend the annual Preceptor’s Conference each Fall
- Evaluate at least one small group discussion/teaching experience that the mentee facilitates throughout the year

Expectations of Mentee: As a protégé, the mentee will be open-minded and proactive when it comes to meeting with their mentor and will be expected to self-assess throughout the process. Mentees will be expected have a willingness to assume responsibility for their own growth and development, with aid from their mentor. Specifically, the mentee will be expected to:
- Meet with the mentor at the beginning of the first month of precepting/orientation process (or at commencement of the mentor program) and be receptive to feedback/constructive criticism
- Meet with the mentor at the end of the first month of precepting/evaluation process and be receptive to feedback/constructive criticism
- Proactively contact the mentor throughout the year when questions arise or advice is needed
- Meet with the mentor at least once per quarter in order to follow up on precepting progress, growth/development
- Attend the annual Preceptor’s Conference each Fall
- Attend individual Academic Preparation Program (APP) sessions throughout the year related to precepting.
Appendix D

JOB DESCRIPTION

Job Code/Title: Chief Resident, Pharmacy

JOB PURPOSE

Acts as intermediary between Residency Committee and residents and as a representative of the resident class. Schedules and organizes various residency class activities.

JOB FUNCTIONS

1. Representing residents and serving as voting members of the Residency Committee
2. Take minutes the RCM and distribute approved minutes to the committee members and residents
3. Assisting in the scheduling and coordinating of Seminar and Resident Interactive Teaching Experiences (RITE). Sending out morning emails and pages as reminders for these conferences to include the subject, presenter, time and location.
4. Scheduling and coordinating resident meeting and meetings with the Director of Graduate Pharmacy Education
5. Compiling the Who’s on What document and disseminating it monthly
6. Disseminating information of interest to all residents and coordinating resident activities
7. Representing residents at departmental and university functions.
8. Providing leadership and motivation to all residents as a colleague in clinical practice.
9. Coordinating the residency trip and visits from other residency programs.
10. Coordinating resident participation in the recruitment process at the ASHP Midyear Clinical Meeting
11. Coordinating resident involvement in the Southeastern Residency Conference (SERC)
12. Responsibility for sign-in sheet at resident interactive teaching experience (RITE) and seminar. Sign-in sheet should be forwarded to the Administrative Coordinator.
13. Coordinating and facilitating a residency retreat to obtain feedback regarding the residency program, prior to the revision of the Residency manual. The results of these retreats are to be presented to the residency committee.
14. Chairing the Preceptor Award Committee
15. Completing a Resident Alumni Newsletter annually
16. Other duties as assigned

MINIMUM JOB REQUIREMENTS

PGY1 Chief Resident: Must be currently completing a PGY1 residency at MUSC
PGY2 Chief Resident: Must be currently completing a PGY2 residency at MUSC

KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED

- Ability to communicate effectively, both orally and in writing
- Skill in organizing participation in meetings and visits with other programs
- Skill in examining and implementing new strategies and procedures
- Ability to exercise leadership skills within the pharmacy department and among peers
EVALUATION

The chief residents will be evaluated yearly by the GPE and/or the Associate GPE. The evaluation will take into consideration feedback from the residency class on the performance of the chief residents.
JOB DESCRIPTION

JOB TITLE: Residency Program Director (RPD)

JOB PURPOSE

The program director is responsible for general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, advancement of residents, evaluation and development of preceptors, and the maintenance of records related to program accreditation.

RPDs must meet the ASHP standard for program directors.

EVALUATION

Assessment by Supervisor

Job Task: Residency Program Director

Weight: 5%

Success Criteria

- Acts as a mentor and pharmacy role model for all residents
- Meets with resident(s) on a monthly basis (minimum) and as needed to review resident goals and discuss their progress with the program
- Completes all quarterly assessments by the designated date
- Regularly attends resident presentations (RITE, seminar, lectures)
- Contributes to the list of resident project ideas at the beginning of the residency calendar year
- Contributes to the MUE program
- Serves as an advisor to either a residency project(s) or a MUE (if applicable)
- Precepts a minimum of four residents per year
Appendix F

JOB DESCRIPTION

Job Title: Associate Director of Graduate Pharmacy Education

JOB PURPOSE

The Associate Director of Graduate Pharmacy Education serves as the liaison between the College of Pharmacy and Medical Center on issues related to the residency program. This individual collaborates with the Director of Graduate Pharmacy Education on issues related to the administration and coordination of the residency program and acts on behalf of the Director of Graduate Pharmacy Education in his/her absence.

JOB FUNCTIONS

1. Serves as the liaison between the College of Pharmacy and the Medical Center on issues related to the residency program.
2. Collaborates with the Director of Graduate Pharmacy Education on issues related to the administration and coordination of the residency program.
3. Acts on behalf of the Director of Graduate Pharmacy Education in his/her absence.
4. Attends Residency Committee meetings as a voting member.
5. Assumes lead role in coordinating selected residency program activities (e.g., recruitment, orientation, project/manuscript activity oversight, preceptor development, evaluation, certificate ceremony) as determined mutually by the Director and Associate Director.
Appendix G

Policy for presentation/publication of residency service/research projects

Participation in and completion of a service or research project as well as preparation of a manuscript suitable for publication is a requirement for successful completion of ASHP-accredited pharmacy residencies. Opportunities for presentation of project results at regional or national meetings may also arise. Although residents may propose and pursue their own research ideas to meet this requirement, it is likely that residents participate in a project pre-defined by a residency preceptor or RPD. These projects are usually part of the preceptor’s/RPD’s research program. Often, residents are afforded the opportunity to be the lead investigator on such projects and thus be lead presenter/author on the resulting presentation and publication. Conditions for this opportunity will be defined by the preceptor or RPD proposing the project and directing the resident’s participation.

General Policy & Conditions for First Authorship

Whether referring to a formal poster or platform presentation at a professional or scientific meeting (beyond SERC) or a manuscript submitted for publication in a professional or scientific journal, the resident must play a lead role in conducting the project. This normally means involvement in protocol preparation, obtaining necessary administrative approvals (e.g., Institutional Review Board), data collection, analysis and interpretation, as well as preparation of necessary presentation materials (e.g., slide presentation or poster) and, in the case of a manuscript, lead writer.

Time Limits

Opportunities for first authorship (assuming the above conditions or others defined by the preceptor are met) are time-limited. The time limit on the role of first-listed presenter on a contributed presentation will be determined/defined by the project preceptor and may vary depending on timing of project completion, proposed meetings and abstract deadlines. In the case of manuscripts, submission must take place no later than 4 months from residency completion. Should the resident not submit the manuscript within that timeframe, they will be moved from first author to another authorship position at the discretion of the preceptor. If the resident has not prepared/submitted a suitable publication within 8 months of completing the residency they may forfeit authorship altogether, again at the discretion of the preceptor. At the same time, if the resident is moving forward according to the above schedule in the preparation/submission of the manuscript and the preceptor is failing to make their contributions, the resident may move forward with the process independently.