Post-Graduate Year One (PGY1)

Pharmacy Residency Program

Residency Manual

(2025-2026)

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Director of Pharmacy: Julie Wham, PharmD, MBA

Pharmacy Managers: Lee Stabler, PharmD; Richard Brock, PharmD; Jean Goette, PharmD

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I. Selection of Residents

All rules and regulations of the ASHP residency matching program will be strictly followed.

Phase I

Application Requirements:

The candidate must meet at minimum the following criteria to be considered for selection:

- Must be enrolled in or a graduate of an Accreditation Council for Pharmacy Education (ACPE) accredited college or school of pharmacy. We do not except applicants that require international visas
- Must be eligible for licensure in South Carolina by August 1st following graduation from an ACPE accredited college or school of pharmacy.
- Current GPA of ≥ 3.0 on the standardized GPA scale or a "Pass" grade on each class and rotation if from a "Pass/Fail" program
- Registered with National Matching Services Inc. to participate in the ASHP Match

The following application materials must be submitted via PhORCAS by January 2nd:

- PhORCAS Application Form
- Curriculum Vitae
- Official transcripts from all professional pharmacy education
- Three letters of reference via PhORCAS completed by health care professionals who can attest to the applicant's experience and practice abilities
- Letter of intent that addresses the following:
    - Areas of interest in pharmacy practice
    - Short term (2-5 year) and long term (5-10 year) goals
    - Areas of strengths/weaknesses
    - What you hope to gain through residency training at Lexington Medical Center.

Selection for Interviews:

Members of the Residency Interview Committee will review applicants using a program specific rubric. The rubric is comprised of objective criteria free from bias, designed to eliminate implicit bias throughout the continuum of the recruitment, selection, and ranking process.

Each candidate will be reviewed by two preceptors using the designated rubric and assigned an average. The scores will be considered as well as overall program fit. Any applicant with incomplete or late residency applications will not be considered for interviews. On-site or virtual interviews will be extended to 6-8 candidates per resident spot available.

The Residency Interview Committee will be comprised of the Residency Program Director (RPD), five clinical preceptors, and the pharmacy administrative team. Residency Preceptors may serve as an alternate interviewer, in the event a team member is unable to participate due to illness, leaving the organization, or other unavoidable circumstance.

The final selection of candidates for interviews is the responsibility of the RPD. Selected applicants will be required to interview with the departmental leadership, residency program director, and residency preceptors.

Interview and Evaluation of Candidates:

Each member of the Residency Interview Committee will complete a residency candidate rank list. A preliminary overall rank list will be developed from a composite of individual rank lists.

At the conclusion of all interviews, a candidate review session is held to discuss the preliminary rank list and the strengths/weaknesses of each residency candidate. A finalized rank order list will be determined and approved by the Director of Pharmacy. The RPD is responsible for submitting the approved rank order list to the National Matching Service.

Phase II

LMC will participate in the Phase II Match Process and/or Post-Match Process if necessary. The process as describe above will remain largely intact, other than the timeline will be condensed and on-site interviews may not be necessary. A video interview may replace the on-site interview process for non-local candidates. The program seeks to fill all open residency positions each year.

II. Licensure

The resident is encouraged to become licensed to practice pharmacy in the state of South Carolina as soon as possible following graduation from pharmacy school. Each resident should attempt to take the NAPLEX and MPJE prior to beginning direct patient care experiences on August 1st. ASHP Accreditation standards require the resident to be licensed to practice pharmacy in South Carolina within 120 days (17 weeks) after the start of the program to ensure residents complete at least two-thirds of their residency as a licensed pharmacist. The resident is responsible for presenting his/her license to the pharmacy administrative assistant within this timeframe to be displayed in the main pharmacy. Failure to receive pharmacist licensure in South Carolina by this deadline will result in mandatory dismissal from the residency program, unless extenuating circumstances are present as determined by the RPD.

III. Leave or Request for Absence

Leave

The resident will accrue paid-time-off (PTO) based on Lexington Medical Center "PTO Paid Time Off" policy and procedure. PTO is intended to be used for absence from work for sick leave, personal time, vacation, and holidays.

All leave must be approved by the applicable preceptor and the RPD. An "Authorization for Leave" form must be completed by the resident and submitted to the Pharmacy Admin Assistant for final approval by the Director of Pharmacy.

Unexcused Leave: any absence not approved by the program director and properly documented. Disciplinary or remedial action from an unexcused leave shall be at the discretion of the program director.

Vacation Leave: the resident should submit the "Authorization for Leave" form to the residency director at least 2 weeks prior to planned absences

Holiday Leave: the resident will be required to be on-site on Labor Day and Fourth of July if the holiday is encompassed by scheduled duty hours within the first 90 days of beginning the Residency. This reflects Lexington Medical Center's Paid Time Off Policy of work expectations during the 90-day initial probationary period. The need for time off may arise during the initial probationary period, i.e. previously scheduled appointments. In these circumstances, PTO may be used with approval by the RPD and Director of Pharmacy. The resident will also work one winter holiday (Thanksgiving Day, Christmas Day, or New Year's Day). PTO will be used for any holidays not worked if the holiday occurs during a regularly scheduled shift. The resident is responsible for communicating/coordinating this with the respective preceptor for that month.

Professional Leave: the resident will be granted professional leave for required events (ASHP Midyear Clinical Meeting, Southeastern Residency Conference, etc.). Additional days of professional leave may be granted with approval from the RPD and Director of Pharmacy.

Bereavement Leave: allows for a maximum of 24 hours off following the death of an immediate family member. The work hours used for bereavement may not exceed a total of three (3) workdays.

If an extended absence is required by the resident, he/she will follow Lexington Medical Center's "Leave of Absence FMLA" policy and procedure.

Per ASHP standards, a full-time practice commitment is required for a minimum of 12-months (52-weeks). Residents taking a combined total leave greater than (a) 37 days per 52-week training period, (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time), or (c) the paid leave allowed by LMC cannot be awarded a certificate of completion unless that additional leave is made up via extension of the program. The program will be extended on a case-by-case basis with approval from the Human Resource Department, Director of Pharmacy, and subject to the requirements of any applicable federal and/or state laws. If the program is unable to be extended, the resident will not receive a certificate of completion.

Examples of time away from the program include vacation time, sick time, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave, military leave, parental leave, leave of absence, and extended leave. Conference or education days will also be included in the number of days away from the program. Service commitment/staffing shifts are considered independent of training days and are included in the total service commitment/staffing shifts required to complete the residency program requirements.

IV. Evaluation Definitions

Needs Improvement:

The resident is functioning below the expected level of a resident at this point in the program. Resident requires significant modeling from the preceptor (direct preceptor involvement) and/or clinical work requires regular and significant preceptor review and intervention. The resident does not demonstrate sufficient skill in completing the objective and will not succeed in the residency program if these areas are not improved.

Satisfactory Progress:

The resident is functioning at the expected level of a resident at this point in the program. The preceptor is able to facilitate learning often but the resident still requires some coaching and/or clinical work requires some preceptor review and intervention. In the current learning experience, the resident has progressed at the required rate to attain full ability to perform the goal by the end of the program.

Achieved:

The resident functions with autonomy. The preceptor is able to completely facilitate learning rather than modeling or coaching and/or clinical work requires minimal preceptor review or intervention. The resident demonstrates full capability in completing the objective.

Achieved for Residency (ACHR):

The resident has demonstrated appropriate mastery of the objective, as evidenced by consistent performance or documentation of achievement. No further evaluation is necessary.

Achieved for Residency status for a particular goal will be labeled as such by the RPD when the summative evaluations clearly indicate that the resident has achieved that goal and is approved by the RAC.

V. Evaluation Expectations for Residents and Preceptors

The evaluation process is managed by an electronic, internet-based tool called PharmAcademic. It is designed to provide continuous feedback to the resident and each rotation preceptor to identify weaknesses and improve performance. Ideally, there should be regular and continuous informal verbal feedback between the preceptor and resident on each other's performance. It is important that the resident maintain significant documentation of training activities so that the RPD and preceptors can monitor his/her progress. Some activities may be evaluated in paper form so the resident can receive feedback at that specific time. These paper evaluations will be added to the residents Pharmacy Notebook as soon as possible.

- Formative Feedback
    - The preceptor should verbally evaluate each resident daily and/or weekly with regards to achievement of desired skills, knowledge, abilities, and attitudes for a particular goal

    - At minimum, an informal, midpoint verbal evaluation for a 4-week rotation may be performed by the preceptor
- Summative Evaluation
    - A formal summative evaluation will be completed at the end of the rotation by both the preceptor and the resident
    - Longitudinal rotations that encompass several months or the entire year will be evaluated by the preceptor and the resident quarterly as well as at the end of the rotation as required by the program
    - The resident and preceptor will discuss the preceptor's evaluation in conjunction with the resident's self-evaluation (if applicable)
        - It is the responsibility of the resident to ask questions or clarify comments prior to the preceptor submitting the evaluation into PharmAcademic
        - The resident will co-sign the evaluation in PharmAcademic to indicate the evaluation was discussed with them
    - The following defined rating scale is used for summative evaluations and is aligned with the ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs:
        - Needs Improvement (NI)
        - Satisfactory Progress (SP)
        - Achieved (ACH)
        - Achieved for Residency (ACHR)
        - Not Applicable (NA)
- Learning Experience Evaluation
    - The resident will evaluate the learning experience with the goal of improving the learning experience for future residents
- Preceptor Evaluation
    - The resident will evaluate each preceptor for a learning experience with the goal of improving the learning experience for future residents
    - Each preceptor will co-sign the evaluation in PharmAcademic to indicate the evaluation was discussed with them
- Goal/Objective-Based Residency Evaluation
    - This evaluation is a self-evaluation completed by the PGY1 resident and is due at the end of the residency

All evaluations are to be completed via PharmAcademic by their due date. If an evaluation is not able to be completed on time, it must be completed within 7 days of the due date. Any evaluations needing co-signature by the resident or preceptor should be cosigned within 7 days.

VI. Performance Assessment, Dismissal, and Appeals

Residents are expected to conduct themselves in a professional manner and follow all pertinent departmental and institutional policies and procedures. If a resident fails to present themselves in a professional manner or fails to follow policies and procedures as outlined in this manual, then the appropriate disciplinary actions will be taken. The preceptor should first manage any problem(s) that may arise during the rotation. If the attempts to resolve the problem are unsuccessful, it should be brought to the attention of the RPD. If the problem is still unable to be resolved at the RPD level then the RAC will have the authority to make the final decision.

Definitions

Unsatisfactory Performance:

Unsatisfactory Performance includes, but is not limited to the following:

- Failure to complete an assignment
- Unsatisfactory attendance
- Providing false information on evaluation forms
- Failure to complete an evaluation form as scheduled
- Failure to improve towards proficiency in the skills necessary for clinical pharmacy practice
- One (1) summative performance evaluation of "NEEDS IMPROVEMENT" on any objective

Unacceptable Performance:

Unacceptable Performance includes, but is not limited to the following:

- Repetitive unsatisfactory performance as described above (same or different offense) to include:
    - A summative performance evaluation of "NEEDS IMPROVEMENT" for an objective that has already been evaluated
    - More than 2 summative performance evaluations of "NEEDS IMPROVEMENT" for any objective
- Failure to develop proficiency in the skills necessary for clinical pharmacy practice
- Failure to receive pharmacist licensure in at least one state within 120 days (17 weeks) after the start of the program and following graduation from an ACPE accredited college or school of pharmacy (mandatory dismissal from program unless precluding circumstances are present as determined by RPD)

Unprofessional Conduct:

Unprofessional Conduct includes, but is not limited to the following:

- Patient abuse
- Possession of a firearm, explosives, or other weapon on station
- Possession of illicit drugs or alcohol on government property
- Theft of government property
- Providing false information on application or during an official investigation
- Behavioral misconduct or unethical behavior that may occur on or off station premises
- Mental impairment caused by mental disorder or substance abuse
- Violating Lexington Medical Center's policies and procedures
- Violating ethics or laws of pharmacy practice

Procedures

Unsatisfactory performance is regarded as an early sign that a resident may be unable to meet the requirements of the residency program as established by the ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs and as set forth in the Residency Manual. Early recognition and correction are necessary and not meant to be disciplinary in nature.

If a resident fails to meet the established requirements of the residency program, or if they have repeated unsatisfactory performance, a performance improvement plan may be developed as deemed appropriate by the RPD. Repeated failure to meet the established requirements will lead to possible removal from the program.

Residents are responsible for participating in the care of patients as part of a multi-disciplinary team and will be held to a high standard of conduct, cooperation, and service. Any resident who violates these standards in such a manner as to jeopardize patient welfare, the safety of patients and/or staff, or to impair the health-district's ability to provide essential care will be immediately removed. Less serious breaches of conduct will require a performance improvement plan. Repeated offenses will lead to removal from the program.

- First incidence of Unsatisfactory Performance
    - The preceptor(s) and/or RPD will counsel the resident on how to improve performance
- First incidence of Unacceptable Performance
    - A performance improvement plan will be initiated and the preceptor(s) and RPD will determine appropriate actions to be included
- Repeated Unacceptable Performance
    - Residents who have documented repeated unacceptable performance, documented unsatisfactory performance while completing a performance improvement plan, or who do not successfully complete the performance improvement plan will be removed from the program
- First Incidence of Unprofessional Conduct
    - Residents who have documented unprofessional conduct, especially conduct that has potential to adversely affect patient or employee safety, will be removed from the program
    - A performance improvement plan will be initiated for residents with documented unprofessional conduct of a less serious nature
- Repeated Unprofessional Conduct
    - Residents with repeated unprofessional conduct will be removed from the program

At any time, a resident may voluntarily withdraw/resign from the program by providing a four-week notice via submission of a letter of resignation to the RPD.

Performance Improvement Plan

A performance improvement plan will be developed as described above. If a plan must be implemented, necessary improvements should be resolved within 60 days. The process of implementing a performance improvement plan is as follows:

- When a preceptor identifies areas in either the resident's performance and/or conduct which "NEEDS IMPROVEMENT," the preceptor will provide the resident with a written assessment of those goals and objectives needing improvement by the midpoint evaluation
    - The preceptor will provide suggested strategies to improve the performance and/or conduct of the resident
    - Feedback will be sought from the resident concerning their performance and/or conduct

- The preceptor will schedule a follow-up meeting during the rotation block with the resident to evaluate and discuss the resident's progress toward improving performance and/or conduct in the area(s) identified as needing improvement
- If the resident has not demonstrated improvement in performance and/or conduct then a formal process will be implemented to assist the resident in addressing these areas needing improvement
    - The resident's preceptor will meet with the RPD to review the resident's performance evaluation
    - The RPD will then meet with the resident to discuss the areas needing improvement
    - The RPD in conjunction with the preceptor will formulate a performance improvement plan to aid the resident in successfully obtaining the goals and objectives needing improvement
- The performance improvement plan will include specific objectives with related activities and/or conduct to be addressed, plan of improvement, when and how often activities and/or conduct will be evaluated, and target date for successful attainment (defined as "SATISFACTORY PROGRESS" OR "ACHIEVED")
- The resident, preceptor(s), RPD and Clinical Manager will sign thereby acknowledging their commitment to its achievement
- Failure to meet the performance improvement plan on target at a level of at least "SATISFACTORY PROGRESS" may result in the resident's dismissal from the program

VII. Introduction

This manual will serve as a guide for the residency year. It contains information including the program's purpose, general information, required program outcomes, goals and responsibilities of the resident, performance evaluations, and other items related to the residency experience. Detailed information will be provided throughout the year for specific rotations/requirements from the Residency Program Director (RPD), individual rotation preceptor(s), and/or in PharmAcademic.

General Information

Lexington Medical Center is a 607-bed hospital in West Columbia, South Carolina. It anchors a health care network that includes five community medical centers and employs more than 8,000 health care professionals. The network includes a cardiovascular program recognized by the American College of Cardiology as South Carolina's first HeartCARE Center™ and an accredited Cancer Center of Excellence affiliated with MUSC Hollings Cancer Center for research and education. The network also has an occupational health center, the largest skilled nursing facility in the Carolinas, an Alzheimer's care center and over 70 physician practices. Lexington Medical Center operates one of the busiest Emergency departments in South Carolina, treating nearly 100,000 patients each year. The hospital delivers more than 4,000 babies each year and performs more than 25,000 surgeries. Lexington Medical Center has a reputation for the highest quality care.

Purpose:

Post-graduate year one (PGY1) pharmacy residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skill, and abilities as defined in the educational competency areas, goals and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e. BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

Lexington Medical Center's PGY1 pharmacy training program develops licensed pharmacists into clinical specialists responsible for improving patient care. The training program is a minimum 12-month (52-week) practice commitment. At our hospital, PGY1 pharmacy residents provide direct patient care through activities including pharmacokinetic consults, formulary management, patient and health care provider education, and a longitudinal research project. Residents have the option to obtain a teaching certificate and have the opportunity to be an Affiliate faculty member with the University of South Carolina College of Pharmacy. We aim to develop the resident's interest and customize the residency year to meet individual needs.

Mission:
To provide quality health services that meets the needs of our community.

Vision:
A coordinated health care delivery system that is accessible and affordable and that continually improves the health status of our community.

Our Values:
- Quality
- Compassion
- Responsibility
- Integrity
- Working with others to serve a common goal

Service Expectations:

All employees are to follow the guidelines outlined in the "Service Expectations" policy and procedure in order to foster favorable relations between employee and patients, patients' families, fellow employees, and the medical staff.

- Appearance/Presentation
    - This includes what to wear as well as what to do/what not to do around patients and visitors
    - Smile, make eye contact and demonstration friendliness
- Atmosphere/Environment
    - This includes departments, common areas, and patient rooms
    - Each employee can influence our environment
    - Don't assume someone else will take care of it
- Communication

    - Introduce yourself to the patient and any family or visitors
    - Keep our patients informed
    - Use plain language that our patients can understand
    - Use good phone etiquette
    - Communicate with empathy
- Confidentiality/Privacy
    - Go beyond maintaining privacy to protecting our patients self-esteem
    - Knock and ask permission to enter
    - Do not discuss patients or other staff in public areas
    - Close doors and pull curtains when appropriate
- Respect/Appreciation
    - This applies to patients, family, visitors, and staff
    - Make our customers feel important and special
    - Call the patient by his or her preferred name
    - Provide emotional support
    - Respect co-workers and their abilities

Pharmacy Department Leadership:

- Director of Pharmacy: Julie Wham, PharmD, MBA
- Pharmacy Managers: Lee Stabler, PharmD; Richard Brock, PharmD; Jean Goette, PharmD
- Administrative Assistant: Sandy Turner
- Residency Program Director: Sean Tran, PharmD

VIII. Residency Structure

Residency Program Roles

Residency Program Director:

The Residency Program Director (RPD) is a licensed pharmacist, who has completed an ASHP-accredited PGY1 residency and three years of pharmacy practice experience, has completed an ASHP-accredited PGY1 and PGY2 residency and one year of pharmacy practice experience or has five years of pharmacy practice experience with the mastery of skills, knowledge, attitudes, and abilities of someone who has completed a residency program.

Responsibilities (per ASHP Standard 4.4):

- Organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues
- Oversight of the progression of residents within the program and documentation of completed requirements
- Conducting a formal program evaluation annually and implementing improvements identified
- Implementing use of criteria for appointment and reappointment of preceptors
- Evaluation, skills assessment, and development of preceptors in the program
- Continuous residency program improvement in conjunction with the residency advisory committee and working with pharmacy administration

Preceptor:

A preceptor is a licensed pharmacist, who has completed an ASHP-accredited PGY1 residency and one year of pharmacy practice experience, has completed an ASHP-accredited PGY1 and PGY2 residency and 6 months of pharmacy practice experience or has three years of pharmacy practice experience with the mastery of skills, knowledge, attitudes, and abilities of someone who has completed a residency program.

Responsibilities (per ASHP Standard 4.5, 4.6 and 4.7):

- Contribute to the success of residents and the program
- Provide learning experiences in accordance with ASHP Standard 3
- Participate actively in the residency program's continuous quality improvement processes
- Demonstrate practice expertise, preceptor skills, and strive to continuously improve
- Adhere to residency program and department policies pertaining to residents and services
- Demonstrate commitment to advancing the residency program and pharmacy services

Preceptors-in-Training:

Pharmacists new to precepting who do not meet the qualifications for residency preceptors listed above must*:*

- Be assigned an advisor or coach who is a qualified preceptor
- Have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years

Non-pharmacist Preceptors *(per ASHP Standard 4.8)*:

When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:

- The learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice
- A pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience

Residency Advisory Committee (RAC):

The Residency Advisory Committee will provide general oversight and guide the direction and operation of the PGY1 pharmacy residency program. Members will engage in the on-going process of assessing the residency program including a formal annual program evaluation.
Meetings will be held every other month. Additional meetings will occur as necessary throughout the year as requested by the chair.

Membership:

- Residency Program Director *(Chair)*
- Director of Pharmacy
- Managers of Pharmacy
- Required Rotations Clinical Preceptors
- Elective Rotation Clinical Preceptors *(Optional)*

Responsibilities:

- Provide direction and oversight to the residency program
- Review the content of the program on an ongoing basis to ensure that ASHP standards are met
- Provide a forum for discussion of residency program issues arising at individual experiences
- Promote innovation in the curriculum and learning strategies used in the residency program
- Monitor the progress of the residents towards completion of the program and advise on corrective and supportive measures if difficulties are identified
- The Residency Program Director will be responsible for:
    - Identifying critical elements of the residency program that need to be reviewed by the RAC
    - Developing the agenda for the meeting and sending to members one week prior to all meetings
    - Transcribing minutes for the RAC meeting and reporting to all members
    - Communicating the RAC minutes to all preceptors in the pharmacy, as necessary
    - Reporting changes involving the *ASHP Regulations on Accreditation of Pharmacy Residencies* and ensuring compliance
    - Conducting quarterly reviews of the program to report to the RAC during scheduled meeting times
    - Serving as the RAC representative to accreditation surveyteams
    - Notifying all members of any unscheduled meetings with regards to any emergent actions involving current resident
- Council members will be responsible for:
    - Participating in RAC meetings when they occur
    - Assisting the resident with research/project development
    - Contributing to the progression and leadership of the residency program
    - Serving as the interview panel and voting members for the residency application and ranking process

Quality Improvement:

The RPD and preceptors are responsible for quality improvement of the residency program. The program undergoes continuous improvement and at the end of the residency year, the resident will complete a survey in order to provide feedback and recommendations for improvement of the program. The survey results are strictly used to improve the program and responses will be seen only by the RPD. Plans for improvement will then be developed and implemented by the RPD.

Rotation/Learning Experiences

The resident will complete the required rotations as well as the required longitudinal rotations. The resident will be able to choose several elective rotations throughout the year. An individualized rotation schedule will be created by the RPD based on resident interest. The RPD will ensure 2/3 of the residency year is spent in direct patient care activities and that no more than 1/3 of the residency year deals with a specific patient disease state and population. The schedule is flexible and may be changed due to resident interests or preceptor availability with RPD approval.

- Rotation: learning experience over one month in a focused area
- Longitudinal: learning experience over twelve months in a focused area

Required Rotations (1-month):

- Orientation
- Antimicrobial Stewardship
- Internal Medicine I – Medical/Surgical
- Internal Medicine I – Intermediate ICU
- Medical Intensive Care Unit (MICU)
- Clinical Project Development
- Cardiology

Elective Rotations (1-month):

- Emergency Medicine
- Emergency Medicine II
- Infectious Disease (ID)
- Internal Medicine II – Medical/Surgical
- Internal Medicine II – Intermediate ICU
- Surgical Intensive Care Unit (SICU)
- Inpatient Oncology
- Informatics
- Pharmacy Administration
- Critical Care – CCU/ED
- Critical Care – CCU/SICU

Required Longitudinal Experiences (12-months):

- Operations
- Management and Leadership
- Research Project
- Clinical Education
- Clinical Teaching Certificate (Optional)

Example Resident Schedule

July	August	September	October	November	December
Orientation	Antimicrobial Stewardship	Cardiology	MICU	Internal Medicine I – Med/Surg	Clinical Project Development ***ASHP Midyear***

January	February	March	April	May	June
Internal Medicine I - IICU	Pharmacy Administration	SICU *(preceptor for student 1)*	Inpatient Oncology ***SERC***	ID *(preceptor for student 2)*	Informatics

Example: For a resident interested in a PGY2 in Emergency Medicine or Critical Care, those rotations are scheduled prior to the ASHP Midyear Clinical Meeting.

Orientation

The resident will attend the hospital's New Employee Orientation immediately prior to July 1st and then will begin orienting to the pharmacy and residency program. Orientation will encompass training in pharmacy operations (order processing, dispensing, medication reconciliation, etc.) and technology (electronic health record, pharmacy inventory system, etc.). The resident will complete the Pharmacist Orientation Checklist as well as the Pre-Residency Assessment. In addition, the residents will be required to complete Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and *optional* Pediatric Advanced Life Support (PALS).

The residents will also meet with the RPD to review residency specific information:

- Review of the residency manual
- Hospital and departmental policies
- Personal internet, telephone, and email use
- PharmAcademic
- Pharmacy notebook
- Initial interest and self-assessment forms
- Schedules
- Duty hours and leave process
- Required meetings
- ASHP standards for respective program
- Performance standards

IX. Resident Information

General

Stipend: $45,000

Parking: Free parking is available on site with decal (registered through Public Safety)

Food: Employee discount in hospital cafeterias

Membership to Professional Organization: Reimbursement for membership to ASHP

Attendance at Professional Meetings: Reimbursement for registration/travel to the ASHP Midyear Clinical Meeting and the Southeastern Residency Conference. Residents wishing to attend more than one national meeting may be able to attend at their own expense pending RPD approval.

Health Insurance: Medical, dental, and vision benefits as a full-time pharmacist. Plan details will be provided by Human Resources.

Other Benefits:

- One monogrammed lab coat
- Business cards

Duty Hours

The ASHP duty hour requirements for pharmacy residency programs must be followed by the program and the residents.

Duty hours are defined as all scheduled clinical and academic activities related to the residency program and include inpatient and outpatient care, administrative duties, and scheduled or assigned activities such as conferences or committee meetings that are required to meet the goals and objectives of the residency program. Duty hours do NOT include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the RPD or a preceptor. Duty hours and moonlighting hours are not to exceed a weekly average of 80 hours.

Moonlighting hours are defined as voluntary, compensated, pharmacy-related work performed outside the organization. Internal moonlighting is not available at Lexington Medical Center. Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. All moonlighting hours must be counted toward the 80-hour maximum weekly hour limit. The resident needs to ensure sufficient time off between outside employment working hours and residency working hours.

Resident duty hours will be Monday through Friday, 7:00 AM to 3:30 PM; however, residents may be required to come in earlier or stay later depending on the specific rotation. Duty hours will also include working a minimum of one weekend every 3 weeks. The resident will staff one night per week (4-8 PM) and the Friday (4-8 PM) prior to their weekend.

- **Maximum Hours of Work per Week and Duty-Free Times:**
    - Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and all moonlighting.
    - Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. All moonlighting activities must be authorized via email by the RPD.
        - Moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
        - Moonlighting hours must be documented as described above:
            - External moonlighting is not recommended. Maximum moonlighting would be 16 hours per week.
            - If a pharmacist believes the resident is exhibiting signs of fatigue (excessive yawning or sedation), the resident should be relieved of their

duty. The pharmacist and resident will notify the RPD and the resident will be prohibited from moonlighting for a minimum of 4 weeks.
    - Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
    - Residents must have at a minimum 8 hours between scheduled duty hours (as defined above).
- **Moonlighting:**
    - After licensure and as training, research, and patient care responsibilities permit, pharmacy residents may be able to participate in external moonlighting. Internal moonlighting is not permitted. The resident is required to receive permission from the RPD prior to any moonlighting activities.
- **Duty Hours Tracking:**
    - The resident MUST track their hours worked, including any external moonlighting.
    - An evaluation will be assigned in PharmAcademic to the resident on a monthly basis.
    - If extra hours are submitted, the RPD will discuss with the resident to ensure the duty hours are not exceeded in the future.

Burnout Prevention Investigational Group

Lexington Medical Center recognizes that Pharmacy Residents are at an increased risk of burnout and depression. Our program is in agreement with ASHP's Statement on Well-Being and Resilience, provided within the Duty Hour Requirements for Pharmacy Residencies (https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf.)

In an effort to take a proactive approach to early burnout identification and prevention, the Pharmacy Department has developed the Burnout Prevention Investigational Group. This group consists of representatives from within the Pharmacy Department and meets monthly to serve as an open forum to discuss topics such as (but not limited to) morale, well-being, and burnout. All Residents will serve as members of this group during the Residency year. Each Resident is required to attend half of all scheduled meetings but encouraged to attend as many as possible.

Dress Code

The resident is expected to adhere to the dress code set forth in the "Dress Code – Pharmacy" policy and procedure. Dress is business casual with white coat for rotations. Scrubs may be permitted based on rotation and preceptor approval.

Patient Confidentiality

All patient specific documents and electronic access will be given confidentiality. Any consultations or records concerning patients will be protected and handled with the utmost concern for the patient and family member's protection.

X. Resident Requirements for Graduation

General

Operations Responsibilities:

The resident will staff in main pharmacy on the Friday prior to his/her weekend from 4-8 PM. The resident will staff one night every week from 4-8 PM. Staffing shifts can be swapped between the residents to maintain consistent scheduling and prevent unbalanced staffing coverage.

The goal is for the resident to function as an independent pharmacist well versed in the daily functions of responsibility of the Main Pharmacy. The resident is expected to attend Department of Pharmacy Staff Meetings and/or mandatory in-services/training for employees.

Weekend Responsibilities:

Residents will work every 3rd weekend. The resident will begin staffing in main pharmacy until deemed ready to transition to clinical services on the weekend.

Clinical weekend responsibilities include but are not limited to:

- Pharmacy consults
- Medication reconciliation
- Discharge counseling

Research Project/Manuscript:

The resident is required to complete a research project during the residency year. The goal is for the resident to enhance their ability to interpret, design, and implement projects related to pharmacy. The project can involve any area of hospital practice but should contribute to the progress and development of the pharmacy profession. The resident will: select a project, develop a protocol, gain IRB approval, collect data, collate results, and give a formal presentation at the Southeastern Residency Conference (SERC). The resident will adhere to the deadlines set forth by the learning experience description. The resident will prepare and submit a manuscript suitable for publication based on this completed research project. Submission for publication is optional.

Southeastern Residency Conference (SERC):

The resident will present their research project at this meeting. The resident is required to attend all sessions provided on that day in their area(s) of interest.

Grand Rounds Presentations:

The resident will present two hour-long continuing education presentations during the residency year. The topic may be selected by the resident with approval from the Education preceptor.

Journal Clubs:

The resident will lead scheduled journal club presentations during the residency year. The topic may be selected by the resident with approval from the Education preceptor.

Medication Use Evaluation:

The resident will be responsible for completing at least one medication use evaluation during the residency year. This requirement will be overseen by a preceptor(s).

Pharmacy & Therapeutics (P&T) Participation:

The resident will attend all P&T meetings. The resident will actively participate by presenting drug monographs, medication use evaluations, and other projects completed throughout the year. After the first meeting, the resident(s) will be responsible for taking minutes in conjunction with a pharmacy manager.

Recruitment Events:

The resident will assist and attend all recruitment events or residency showcases the program participates in (ASHP Midyear Clinical Meeting, SCSHP, etc.). The resident will participate in the interview process by providing hospital tours and active participation in answering questions from candidates.

Pharmacy Notebook:

The resident is required to maintain a record of residency documents for the duration of the residency. The resident will maintain a residency notebook that will be turned in at the completion of the residency program. The resident is responsible for ensuring all documents of activities (i.e. in-services, journal clubs, presentations, etc.) for each rotation are included within the notebook in a timely manner. An electronic copy will be reviewed periodically by the RPD stored on the R-drive and a physical copy will be submitted at the end of the residency year.

The pharmacy notebook should include but is not limited to:

- Curriculum Vitae
- Self-assessments
- Residency Development Plans
- All completed assignments (Grand Rounds, Research Project, etc.)

See Appendix for the Requirements for Completion of PGY1 Pharmacy Residency Checklist.

PharmAcademic

Pre-Residency Form

An interest form and an objective-based self-evaluation form will be sent to the resident via PharmAcademic prior to the residency start date to assess their incoming knowledge, skills, and abilities as well as to evaluate each resident's strengths and weaknesses in order to tailor the residency to meet the individual goals and requirements of the resident. This information will be used to develop a customized residency development plan for each resident and will be reviewed quarterly with the RPD.

Residency Development Plan

The customized resident development plan is required by the accreditation standards developed by ASHP. The RPD will customize the training program for the resident based upon an assessment of the resident's pre-interest assessment and evaluations. This plan will be re-evaluated on a quarterly basis by the resident and then updated by the RPD to ensure appropriate assessment and successful completion of goals and objectives by the end of the residency. **It is also the responsibility of the resident to review the goals and objectives regularly to ensure they are being accomplished.** These plans will be uploaded to PharmAcademic after discussion with the resident.

Preceptor and/or other health care professional evaluations and comments will be discussed at these quarterly evaluations with the RPD. Observations are based on adherence to and completion of the goals and objectives as established in the resident outline and as discussed with the resident during their summative evaluations. The process of continual evaluation is an important part of the residency program and should be viewed as a mutually beneficial and constructive process.

Additionally, the resident will meet with their RPD at the end of the residency for an exit interview to discuss:

- Self-rated achievement of residency goals and objectives
- Review of requirements for successful completion of the residency
- Status of post-residency plans
- Recording current forwarding address, email address and/or phone number, and documenting permission to send a one-year post-residency survey

Outcomes

If any of the above requirements are not successfully completed by the end of the residency year, the resident will not have successfully completed the residency program and will not receive a residency certificate. If a resident is unable to complete a scheduled activity at its scheduled time, it is the resident's responsibility to reschedule that activity to ensure successful completion of all residency requirements.

Competency Areas, Goals, and Objectives

Competency Areas:

The following competency areas must be associated with all educational goals and objectives:

- Patient care
    - The resident will provide care to a diverse range of patients, including those with multiple comorbidities and high-risk medication regimens, during the patient care process. The resident will learn to accept responsibility for patients' drug therapy; identify, resolve and prevent drug-related problems; and facilitate safe and appropriate drug therapy independently and as part of a multidisciplinary team. The resident will become proficient in preparing and dispensing medications following both best practices and Lexington Medical Center's policies and procedures.
- Practice Advancement

    - The resident will demonstrate leadership and management skills of understanding and improving the organization's medication use system. The resident will demonstrate an ability to integrate medical informatics into medication use and decision processes.
- Leadership
    - The resident will demonstrate leadership through innovation, mentoring, management, team building, and organizational skills.
- Teaching and Education
    - The resident will demonstrate the communication skills and commitment to educate him or herself, other healthcare providers, and patients. The resident will demonstrate project and time management skills to conduct and complete a practice related project.

Responsibilities

The resident will:

- Follow all policies and procedures pertaining to all personnel at Lexington Medical Center and of the Pharmacy Department, in addition to the requirements for the residency program as set forth in this residency manual
- Document adequate performance if a performance improvement plan has been issued

The preceptor will:

- Document unsatisfactory performance, unacceptable performance, or unprofessional conduct in writing and review with the resident immediately as well as at the summative evaluation
- Document in writing any actions the resident may have taken that places a patient at risk or causes endangerment to any patient or personnel
- Submit above documentation to the RPD after reviewing with the resident

The RPD will:

- Meet with the preceptor and resident to discuss documented incidences of unsatisfactory performance, unacceptable performance, or unprofessional conduct
- If needed, will work with both the preceptor and the resident on a performance improvement plan and monitor the resident's progress
- If removal of the resident is required, the RAC will work with Human Resources and will notify the resident verbally and in writing of the plan for dismissal
    - If documented conduct violated federal or state laws or board of pharmacy regulations, the RPD and/or RAC may be obligated to report such activity to the appropriate authority

See Appendix for Resident Manual Acknowledgement Form. Please complete and return to RPD.

XI. Preceptor Selection, Development, and Expectations Policy

Purpose

To delineate the methods by which the RPD or designee will select and develop highly qualified preceptors for the residency program. The intent of the following procedures are to ensure all preceptors for the program meet the eligibility, responsibility, and qualification requirements of ASHP Standards for PGY1 Residency Programs, as well as to identify and address any individual or global preceptor development needs.

Procedures

1. **Preceptor Development Planning**
    a. The RPD/RAC will identify preceptor development needs for the residency programs and plan opportunities to address these needs, aiming for a minimum of one hour of preceptor development per year

2. **Initial Appointment of Residency Preceptors:**
    a. Potential preceptors for the residency program may be identified by the RPD, by the Residency Advisory Committee (RAC), or may self-identify as interested in becoming a residency preceptor
    b. Prior to precepting any residents or residency learning experiences, all potential preceptors will undergo the initial appointment process to determine that all ASHP requirements and qualifications are met and to identify/address any preceptor development needs for the preceptor
        i. The Residency Preceptor Appointment/Reappointment form will be used to guide the process and document the outcomes of the review
        ii. Potential preceptors must submit all documents listed on the form to the RPD for review
    c. During this review, it will be determined if the potential preceptor will be appointed as a Qualified Preceptor or as a Preceptor in Training
        i. If appointed as Qualified Preceptor:
            1. The preceptor may independently precept residents and appropriate learning experiences
            2. All Qualified Preceptors will undergo annual reappointment as described below
        ii. If appointed as a Preceptor-in-Training:
            1. The Preceptor-in-Training may co-precept residents and appropriate learning experiences
            2. A Preceptor Advisor will be assigned
            3. A documented Preceptor Development Plan will be created and completed within two years of this appointment
            4. The Preceptor-in-Training will meet with the Preceptor Advisor regularly to monitor progress
            5. The Preceptor-in-Training may be appointed as a Qualified Preceptor at any point during the 2-year Development Plan once all criteria are fully met

3. **Ongoing Assessment and Reappointment of Residency Preceptors:**
    a. All preceptors will undergo an annual reappointment process to determine that all ASHP requirements and qualifications are maintained, and to identify and address any preceptor development needs.

i. The Residency Preceptor Appointment/Reappointment Form (Appendix) will be used to guide the process and document the outcomes of the review
ii. Preceptors must submit all documents listed annually (by November 1)

b. The RPD or designee will review all materials and determine if the preceptor can be reappointed as a Qualified Preceptor or if further action is needed

4. Probation of Preceptor Appointment

a. If it is found that preceptor qualifications are no longer met or if significant precepting deficiencies are found, the RPD may place the preceptor on a probationary period (not to exceed 6 months) that will entail the following:
   i. The preceptor may only serve as co-preceptor during the probation period
   ii. The preceptor will develop and complete a remediation plan to address all deficiencies
   iii. A meeting with the RPD will be held at the end of the probation period to review outcomes of the remediation plan and determine final reappointment status

5. Revocation of Preceptor Appointment

a. If a preceptor fails to complete the remediation plan within the allotted time frame, he/she will have their preceptor appointment revoked for a minimum of one year
   i. During this time they will be removed from RAC and inactivated as a preceptor for any learning experiences
   ii. After this time frame, the pharmacist may request consideration for reappointment as a preceptor. If granted, the pharmacist must complete the full appointment process as listed above

XII. Appendix

Resident Manual Acknowledgement Form

This residency manual is to be used as a resource for the resident. It contains valuable information about this program including the schedule, policies, and requirements for successful completion of the program.

Please carefully review this residency manual and ask your residency program director (RPD) any questions you may have about the information contained in this document. It is your responsibility to ensure that you understand the information in this document, comply with the policies and procedures at Lexington Medical Center, and meet the program requirements for successful completion of the residency.

By signing this form voluntarily, I agree that I have read this manual or have had it read to me. I understand the information in this manual and any questions I have about policies and procedures or program requirements have been answered to my satisfaction.

_____	_____
Resident's Name	RPD
_____	_____
Resident Signature	RPD's Signature
_____	_____
Date	Date

Requirements for Completion of PGY1 Pharmacy Residency Checklist

Requirement	Date Completed	Resident's Initials	Preceptors Initials
Orientation			
Obtain SC Pharmacist License			
Complete Hospital Orientation			
Complete Epic Training			
Complete Pharmacy Orientation			
Complete Pre-Survey by July 15th			
Objectives – *Achieved for Residency (ACHR)*			
"ACHR" in 100% of patient care objectives			
"ACHR" in 100% of other required objectives			
Research			
Completion of research project			
Completion of manuscript			
Presentations			
Presentation of Grand Rounds (1)			
Presentation of Grand Rounds (2)			
Presentation at SERC			
Presentation of ASHP Midyear Clinical Pearls			
Journal Club (1)			
Journal Club (2)			
Journal Club (3)			
Journal Club (4)			
Formulary Management			
Completion of MUE			
P&T Attendance/Participation			
Recruitment			
Participation at SCSHP Residency Showcase			
Participation at ASHP Midyear Residency Showcase			
Participation during onsite interviews			
Operations			
Completion of weekly staffing requirements			
Completion of staffing weekend requirements			
Completion of clinical weekend requirements			
Pharmacy Notebook			
Completion of an electronic and printed version			
Clinical Teaching Certification (CTC) - *Optional*			
Completion of CTC requirements			

This chart is included in the Resident Development Plan for tracking throughout the year. PRECEPTOR NAME:
DATE:

Residency Preceptor Appointment/Reappointment Form

☐ **Initial Appointment** ☐ **Reappointment**

Objective	Activity	Assessment	Verified By
Section A: Program-specific Preceptor/Potential Preceptor Requirements			
Academic and Professional Record (APR)	☐ Completed/Updated	Date:	
Evidence of Preceptor Development - 1 hour per year specific to precepting residents	☐ Submit proof of webinars, conference, meeting attendance, etc.		
Update ALL Learning Experience Descriptions - Potential preceptors will write or update a Learning Experience Description for their proposed rotation(s) in Word template	☐ Updated in PharmAcademic ☐ Word document (initial only)	Date:	
Section B: Eligibility and Qualifications Review			
Eligibility (Standard 4.5): ☐ PGY1 + 1 year of experience ☐ PGY1 + PGY2 + 6 months of experience ☐ ≥ 3 year of experience	Review of APR	☐ Not eligible ☐ Eligible	
Qualifications (Standard 4.6): ☐ Content knowledge/expertise in the area(s) of pharmacy practice precepted ☐ Contribution to pharmacy practice in the area precepted ☐ Role modeling ongoing professional engagement: at least 3 types of activities (per ASHP Guidance Document) ☐ Preceptors who do not meet qualifications have a documented individualized preceptor development plan to achieve qualifications within two years.	Review: - PharmAcademic evaluations - APR	☐ Recommend as Preceptor-in-Training ☐ Recommend as Qualified Preceptor ☐ Recommend Probation	

Final Recommendation:

☐ Appointment/reappoint as a Qualified Preceptor undergo reappointment review by the RPD or designee in 1 year

☐ Appoint as a Preceptor-in-Training who may serve as co-preceptor for rotations

- Preceptor Advisor assigned:_____
- To complete a Preceptor Development Plan within two years of this appointment
- To meet with the Preceptor Advisor regularly to monitor progress
- May be appointed as a Qualified Preceptor at any point during the 2 year Development Plan once all criteria are fully met

☐ Place on a probationary period (not to exceed 6 months) who may serve as co-preceptor for rotations

- Must develop and complete a Remediation Plan to address all deficiencies within the probation time period
- To meet with the RPD at the end of the probation period to review outcomes of the remediation plan and determine final reappointment status

☐ Revoke preceptor appointment for a minimum of 1 year

- To be removed from RAC and inactivated in PharmAcademic
- May request reappointment 1 year from this date

Deficiencies:

Action Plan:

Follow-Up Date(s):

Comments:

RPD Signature: _____

Date: _____

PRECEPTOR NAME: DATE:

Residency Preceptor (Non-Pharmacist) Appointment/Reappointment Form

☐ **Initial Appointment** ☐ **Reappointment**

Objective	Activity	Assessment	Verified By
Section A: Program-specific Preceptor/Potential Preceptor Requirements			
Update ALL Learning Experience Descriptions - Potential preceptors will write or update a Learning Experience Description for their proposed rotation(s) in Word template	☐ Updated in PharmAcademic ☐ Word document (initial only)	Date:	
Section B: Eligibility and Qualifications Review			
Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice.	Review of PharmAcademic	☐ Not eligible ☐ Eligible	
The RPD, designee, or other pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational objectives and activities for the learning experience.	Review: - Learning Experience Description - PharmAcademic	☐ Not eligible ☐ Eligible	
The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience.	Review: - Learning Experience Description - PharmAcademic	☐ Not eligible ☐ Eligible	
At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.	Review of PharmAcademic	☐ Not eligible ☐ Eligible	

Final Recommendation:

☐ Appointment/reappoint as a Qualified Preceptor undergo reappointment review by the RPD or designee in 1 year

☐ Appoint as a Preceptor-in-Training who may serve as co-preceptor for rotations

- Preceptor Advisor assigned:_____
- To complete a Preceptor Development Plan within two years of this appointment
- To meet with the Preceptor Advisor regularly to monitor progress
- May be appointed as a Qualified Preceptor at any point during the 2 year Development Plan once all criteria are fully met

☐ Place on a probationary period (not to exceed 6 months) who may serve as co-preceptor for rotations

- Must develop and complete a Remediation Plan to address all deficiencies within the probation time period
- To meet with the RPD at the end of the probation period to review outcomes of the remediation plan and determine final reappointment status

☐ Revoke preceptor appointment for a minimum of 1 year

- To be removed from RAC and inactivated in PharmAcademic
- May request reappointment 1 year from this date

Deficiencies:

Action Plan:

Follow-Up Date(s):

Comments:

RPD Signature: _____

Date: _____

PRECEPTOR NAME: DATE:

Residency Preceptor (RPD) Appointment/Reappointment Form

☐ **Initial Appointment** ☐ **Reappointment**

Objective	Activity	Assessment	Verified By
Section A: Program-specific Preceptor/Potential Preceptor Requirements			
Academic and Professional Record (APR) - PharmAcademic for current preceptors - Word document for potential preceptors	☐ Completed/Updated	Date:	
Evidence of Preceptor Development - 1 hour per year specific to precepting residents	☐ Submit proof of webinars, conference, meeting attendance, etc.		
Update ALL Learning Experience Descriptions - Potential preceptors will write or update a Learning Experience Description for their proposed rotation(s) in Word template	☐ Updated in PharmAcademic ☐ Word document (initial only)	Date:	
Section B: Eligibility and Qualifications Review			
Eligibility (Standard 4.5): ☐ PGY1 + 1 year of experience ☐ PGY1 + PGY2 + 6 months of experience ☐ ≥ 3 year of experience	Review of APR	☐ Not eligible ☐ Eligible	
Qualifications (Standard 4.6): ☐ Content knowledge/expertise in the area(s) of pharmacy practice precepted ☐ Contribution to pharmacy practice in the area precepted ☐ Role modeling ongoing professional engagement: at least 3 types of activities (per ASHP Guidance Document) ☐ Preceptors who do not meet qualifications have a documented individualized preceptor development plan to achieve qualifications within two years.	Review: - PharmAcademic evaluations - APR	☐ Recommend as Preceptor-in-Training ☐ Recommend as Qualified Preceptor ☐ Recommend Probation	
RPD Qualifications (Standard 4.3): ☐ BPS certification in the specialty area when certification is offered in that specific advanced area of practice (PGY2 RPDs only) ☐ Contribution to pharmacy practice. For PGY2 RPD's, this must be demonstrated relative to the RPD's PGY2 practice area ☐ Ongoing participation in drug policy or other committees/workgroups of the organization or enterprise ☐ Ongoing professional engagement. ☐ Modeling and creating an environment that promotes outstanding professionalism. ☐ Maintaining regular and ongoing responsibilities in the advanced practice area in which they serve as RPDs (PGY2 RPDs only)	Review of APR	☐ Not eligible ☐ Eligible	

Final Recommendation:

☐ Appointment/reappoint as a Qualified Preceptor undergo reappointment review by the RPD or designee in 1 year

☐ Appoint as a Preceptor-in-Training who may serve as co-preceptor for rotations

- Preceptor Advisor assigned:_____
- To complete a Preceptor Development Plan within two years of this appointment
- To meet with the Preceptor Advisor regularly to monitor progress
- May be appointed as a Qualified Preceptor at any point during the 2 year Development Plan once all criteria are fully met

☐ Place on a probationary period (not to exceed 6 months) who may serve as co-preceptor for rotations

- Must develop and complete a Remediation Plan to address all deficiencies within the probation time period
- To meet with the RPD at the end of the probation period to review outcomes of the remediation plan and determine final reappointment status

☐ Revoke preceptor appointment for a minimum of 1 year

- To be removed from RAC and inactivated in PharmAcademic
- May request reappointment 1 year from this date

Deficiencies:

Action Plan:

Follow-Up Date(s):

Comments:

RPD Signature: _____

Date: _____