

2008-2009

RESIDENCY MANUAL

MUSC MEDICAL CENTER

and

COLLEGE OF PHARMACY

RESIDENCY PROGRAM



TABLE OF CONTENTS

INTRODUCTION	
Letter from Director of Graduate Pharmacy Education	4
Residency Program Organizational Chart	5
College of Pharmacy Organizational Chart	6
Department of Pharmacy Services Organizational Chart	7
THE RESIDENCY EXPERIENCE	
Residency Program Position Descriptions	8
Expectations and Responsibilities of Residents	8
General Residency Requirements	9
Operational Pharmacy Practice	12
Resident Project	13
Resident Seminar Guidelines	14
Continuing Education Approval for Resident Seminars	14
Teaching Responsibilities	15
Resident On-Call Responsibilities	16
Responsibilities of Chief Residents	16
Resident Evaluation Procedures	16
Completion of Program Requirements	20
Resident Disciplinary Action	20
GENERAL INFORMATION	
Residency Overview	21
Qualifications of Resident Applicants	21
Application Information	22
Residency Benefits	22
Employee/Student Identification Cards	22
Vacation, Holiday, Sick and Professional Leave Policies	23
Resident Holidays	24
Secretarial Support	24
Photocopying	24
Mail	25
Residency Binders	25
Resident Parking	25
Keys	25
Pharmacist Licensure for Residents	25
External Employment Policy	26
Use of Paging System	26
DEPARTMENT OF PHARMACY AND CLINICAL SCIENCES	27
MUSC LIBRARY SERVICES	27
DEPARTMENT OF PHARMACY SERVICES	
Mission and Vision Statements	27
Pharmacy Services Facilities	27
Administration	30
Administrative Support	30
Clinical Pharmacy Services	30
Clinical Pharmacy Consult Service	31
MUSC-MC Drug Information Service	31
Pharmacy Web Page	31
Selected Policies and Procedures	31

Department of Pharmacy Services Forms	32
MUSC Medical Center Clinical Policy Manual	32
MUSC Center for Clinical Effectiveness	33
APPENDIX	
Resident Project Approval Form	35
Poster Reimbursement Form	36
Clinical Specialist On-Call Consult Service Documentation Form (Adult)	37
Clinical Specialist On-call Consult Service Weekend Sign-Out Information	38
Pediatric Clinical Pharmacy On-call Report Form	39
Resident Rotation Schedule Change Request Form	40
Travel Expense Report	41
Format for Quarterly Report of Resident	42
Resident Leave Form	46
Request for Replacement Time Form	47
Moonlighting Approval Form	48
Resident Supervision	49
Resident Teaching in the Professional Curriculum	50
Pharmacy Resident On-Call Food Allowance	51
Chief Resident Job Description	52
Administrative Coordinator Job Description	53
Residency Program Director Job Description	54
Associate Director of Graduate Pharmacy Education Job Description	57
Academician Preparation Program	58
Check Out Form	61
Check Out Form for Returning Residents	62
Sample Pharmacy Resident Contract	63



July 1, 2008

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 the largest and one of the 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 in your differentiated area. You will be delegated clinical responsibilities under the preceptorship of a faculty member to develop your practice skills. You will be given teaching responsibilities to further develop 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.

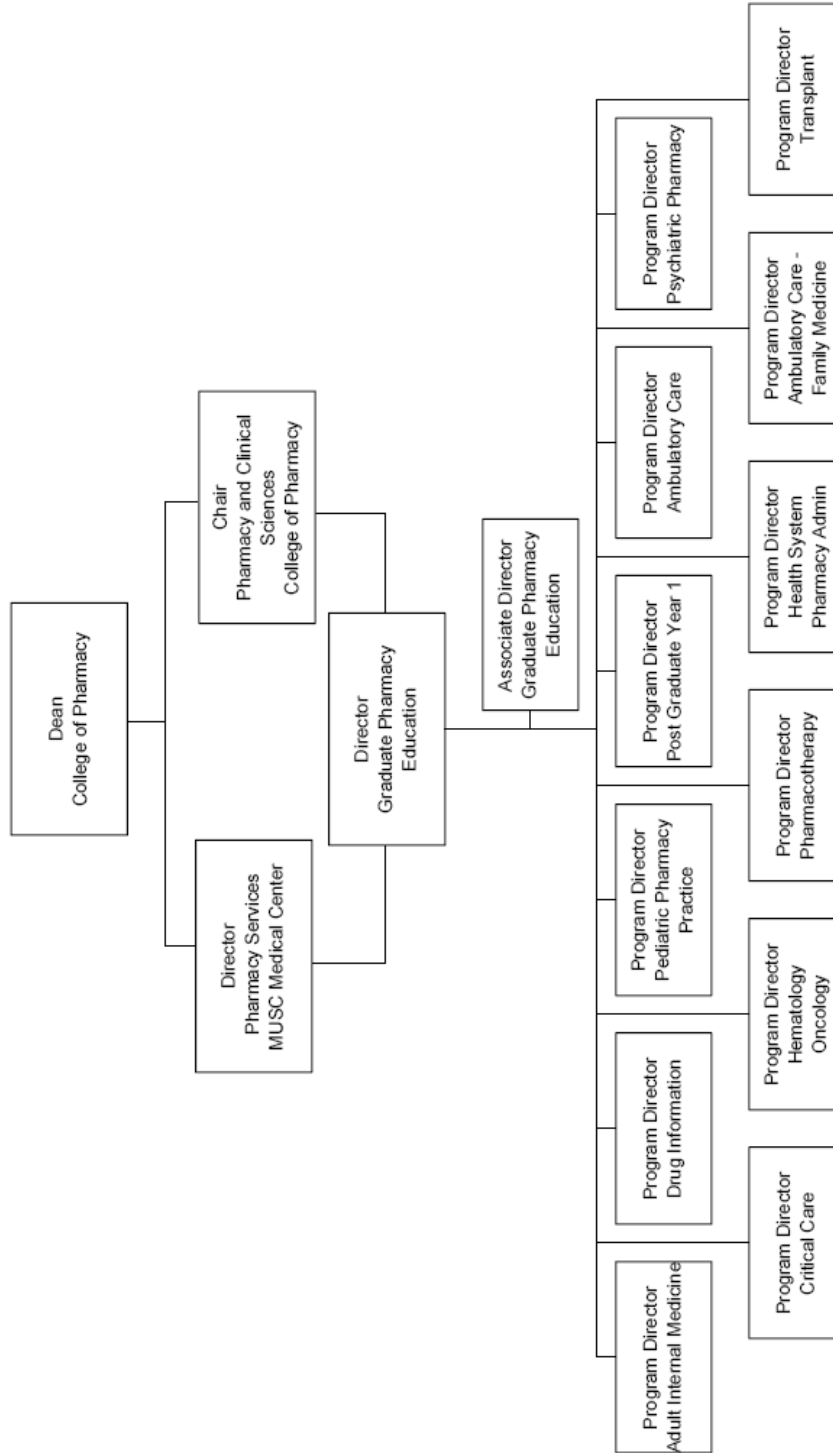
The year ahead of you will be a busy one, but I am confident that you will greatly benefit from the residency program. On a national basis, it is evident that the outstanding practitioners of the future will have completed post-graduate training in addition to their degree in pharmacy. Your investment 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,

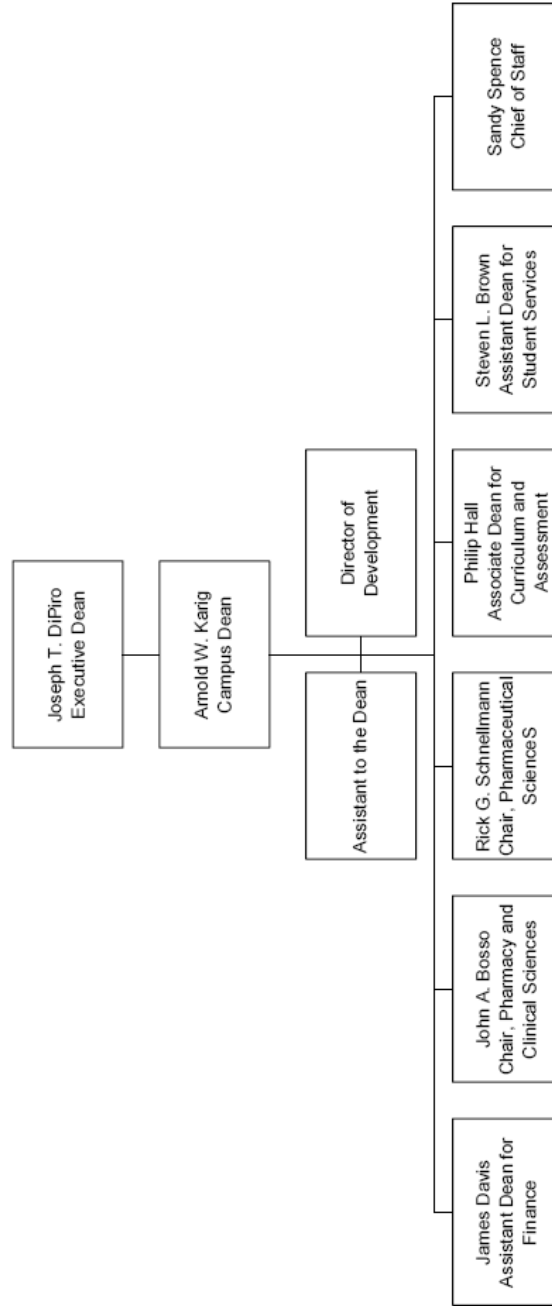
A handwritten signature in black ink that reads "Paul W. Bush". The signature is written in a cursive, flowing style.

Paul W. Bush, Pharm.D., MBA, FASHP
Director of Pharmacy Services
Clinical Associate Dean
Director of Graduate Pharmacy Education

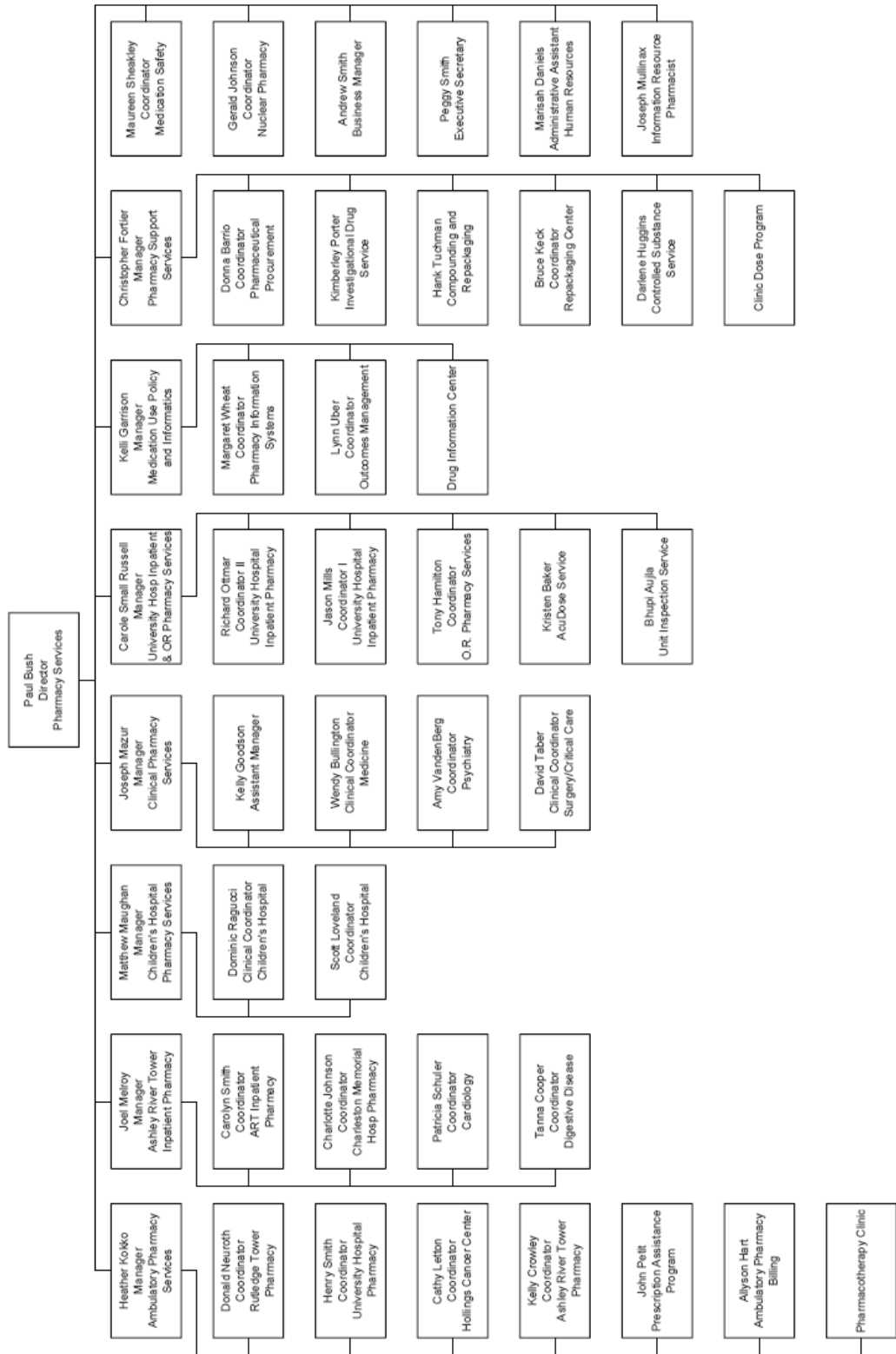
MUSC Medical Center and College of Pharmacy Residency Programs



South Carolina College of Pharmacy
MUSC Campus



Medical University of South Carolina Department of Pharmacy Services



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 Coordinator designates the individual(s) who the PGY 1 Residency Program Director assigns as a personal and/or professional advisor to one or more PGY1 Residents.

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 individuals that act 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).

Administrative Coordinator designates the individual that manages and coordinate the day-to-day administrative functions of the residency program. Responsibilities are outlined in the administrative coordinator job description (Appendix).

EXPECTATIONS AND RESPONSIBILITIES OF RESIDENTS

Professional Practice

Professional Conduct

It is the responsibility of all residents of the Medical University of South Carolina, and the profession of pharmacy to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

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/Coordinator. 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 station on the first floor of the hospital. 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 functions as required by the Residency Committee, the respective Residency Program Director and rotation preceptors. The residents are solely responsible for their assigned operational pharmacy practice and on-call duties, and are responsible for assuring that these service commitments are met in the event of an absence. All leave requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled. An excused absence is defined as annual leave, sick leave, or professional leave discussed with and signed off by the respective rotation preceptor and program director. Residents must attend a minimum of **80%** of seminars and resident interactive teaching experiences (RITE) excluding time missed while on annual, sick or professional leave. Residents that arrive more than 10 minutes late for RITE or Seminar will not receive credit for attendance. If a resident is scheduled for operational pharmacy practice, either as a clinical pharmacist or inpatient pharmacist, and they call in sick they must make up this time (additional weekend or shift) on the subsequent schedule. A weekend shift includes any time after 2 PM on Friday to Monday at 7 AM. A detailed policy regarding absenteeism may be found at <http://mcintranet.musc.edu/hr/documents/POLICY10-ABSENTEEISM.pdf>. A detailed policy regarding tardiness may be found at <http://mcintranet.musc.edu/hr/documents/POLICY11-TARDINESS.pdf>.

GENERAL RESIDENCY REQUIREMENTS

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. In addition to the expectations outlined by the accreditation standards we expect residents to be able to:

describe their personal philosophy of pharmaceutical care that is based on a thorough understanding of emerging health care delivery systems and the role of pharmacy in helping patients and other health professional to achieve optimal patient outcomes.

function as pharmacy generalists.

participate in drug use review and drug policy development.

communicate effectively in writing.

communicate effectively verbally with other team members.

teach others effectively about drug therapy.

participate in quality improvement initiatives.

The following specific activities are designed to achieve these outcomes.

Residents 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.

All residents have a service commitment designed to ensure that residents gain experience and can function as a pharmacy generalist. To achieve this objective, residents are scheduled approximately 16 hours per month as a clinical pharmacist and first-year residents are scheduled for 8 hours per month as an operational pharmacist. 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, Med-U-Way and mandatory in-services.

Residents participate in the Residency Orientation Program and Residency meetings.

Residents complete a medication use evaluation to develop an understanding of the medication use process.

Residents prepare and present an ACPE-approved continuing education seminar.

Residents participate in Resident Interactive Teaching Experiences and Resident Discussion Series

Residents (first year) participate in the Current Topics Discussion Series.

Residents prepare and submit a manuscript suitable for publication.

Residents participate in department service documentation activities.

Residents participate in the teaching activities of the College.

Residents participate in the Clinical Pharmacy On-call Service.

Residents participate in the recruitment efforts of the program.

Residents successfully complete the BLS and ACLS curriculum.

Residents present their project at the Southeastern Residency Conference or at an on-campus program in mid-June.

The following are detailed descriptions of required activities:

Participation in Residency Orientation Program

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. This orientation period is used to introduce the incoming residents to MUSC, the College of Pharmacy, the Medical Center, the Department of Pharmacy and Clinical Sciences, Department of Pharmacy Services and to outline the expectations for the residency year.

Preparation of a Manuscript Acceptable 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 PGY 1 resident's practice related project or PGY 2 resident's pharmacy research 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 1, the first draft of the manuscript must be submitted to the preceptor and RPD by April 1, and the final manuscript must be submitted to the RPD by June 1st.

Active Participation in the Successful Completion of a Medication Use Evaluation

Each resident is required to participate in a Medication Use Evaluation (MUE). Many of these MUEs will be conducted in support of patient care at the Medical Center. 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. Satisfactory performance as determined by the Drug Information Center Manager or his/her designee is required for successful completion of the program.

Participation in Clinical Pharmacy On-Call Program

Each resident will participate in one of the department's on-call programs (Clinical Pharmacy Consult Service (adult and/or pediatrics), Family Medicine, Psychiatry, Administrative, Pharmacotherapy Clinic, or Nuclear Pharmacy on call). 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 faculty back-up with whom individual situations must be discussed before making recommendations. Specific procedures/schedules are outlined in the section entitled *Resident On-Call Responsibilities*.

Participation in Teaching Activities

Resident involvement in the 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 will serve as co-preceptors with faculty members for the for P4 clerkship students, and participate in in-services, didactic lectures, and case studies. In all cases, residents will work with and be evaluated by a preceptor. The

College of Pharmacy policy on resident teaching is included in the appendix.

Evaluation of Pharm.D. Student Grand Rounds

Each resident will serve, along with faculty members, in the role of evaluator of Student Grand Rounds presentations at least four 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 seminar.

Presentation of a Resident Seminar

Each resident will present one ACPE-approved continuing education seminar during the residency program. A seminar presentation schedule will be developed by the Chief Residents and approved by the Residency Committee and CE Coordinator of the College of Pharmacy. Seminars are usually scheduled between September 15th and April 30th. The goal of the seminar is to improve the resident's communication skills and techniques, literature evaluation, and understanding of the continuing education process. The seminar topic will be selected by the resident with guidance from at least one preceptor (selected by the resident), and should involve a therapeutic or practice management controversy, developing clinical or practice management research, or therapeutic area. Please refer to later sections of this manual for additional details. Residents are required to attend 80% of seminar sessions and residents that arrive more than 10 minutes late will not receive credit for attendance.

Participation/presentation in Resident Interactive Teaching Experiences (RITE)

Resident Interactive Teaching Experiences are informal presentations of a patient case, management case study or general topic to students, residents, faculty, and staff. RITE is scheduled for Fridays at noon from August through June. The goal of this experience is to provide a forum for group problem solving and presentation interaction not routinely available to residents via other established activities. Learning objectives for the session, a handout and post-session questions are required. The resident, along with a faculty/preceptor expert in the area, facilitate discussion and interaction throughout the case 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.

Participation in Resident Discussion Series

The Residency Discussion Series is a forum where residents, staff, and preceptors learn about identified topics of interest in the practice of pharmacy. The Resident Discussion Series is held in conjunction with RITE and is scheduled for Fridays at noon from August through June. Residents are required to attend 80% of Resident Discussion Series sessions.

Participation in Current Topics Discussion Series

The Current Topics Discussion Series is a forum for first year residents to meet with the Director of Pharmacy Services. This series is scheduled on Fridays at noon in August, October, December, March, April and June. First year residents are required to attend this series.

Participation in Resident Meetings

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.

Attendance on Residents' Trip

Each year a residents' trip is arranged to provide the group with the opportunity to visit other residency programs in order to learn alternative methods of providing pharmacy services and residency training. Secondly, it affords the residents an opportunity to meet other residents, program directors, and those in pharmacy leadership in a non-professional meeting setting. The itinerary for a site visit typically includes meeting with the residents, residency program directors/preceptors, pharmacy directors, and a tour of the site. In addition to visiting a residency program, the residency trip may also include sites such as the FDA, USP, APhA or ASHP.

A representative of the Residency Committee will accompany the residents. The representative will represent MUSC and facilitate discussions between the MUSC residents and the site, 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. The report should include information on the program visited such

as the administrative structure of the program, funding methods, evaluation system, and special training activities.

It is the responsibility of the chief residents to plan the trip and present the plan to the Residency Committee for approval.

Each resident is expected to submit a brief (1–2 pages) written report to their residency program director discussing the advantages and disadvantages of the program(s) they visited at the conclusion of the trip.

Presentation at the Southeastern Residency Conference

The Southeastern Residency Conference (SERC) is held in the spring of the year and is a forum where residents share experiences and expertise. Each resident will make a brief presentation on their project or MUE which will be evaluated by preceptors and residents attending the conference. The resident will participate in a practice session with MUSC preceptors prior to SERC attendance. First-year residents are required present and second-year residents are encouraged to present at SERC. Second year residents that do not present at SERC will present their project at a special program in mid-June. Information regarding SERC is found at www.sercpharm.com.

Participation in Recruitment Efforts

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.

Successful Completion of BLS and ACLS Curriculum

Each resident is expected to successfully complete the BLS and ACLS curriculum within the first month of the residency. The goal is to ensure the resident is familiar with and capable of providing BLS and ACLS, in the event of an emergency.

Group Participation

Most groups (medicine, critical care, pediatrics, practice management/drug information, ambulatory care, psychiatry, etc) meet on a regular basis to discuss journal articles or topics relevant to that area. Each resident is required to join one of these groups and actively participate throughout the year.

Rotations

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 provide the resident with the “Pharmacy Resident Supervision Form.” This will specify the degree of autonomy the resident will have. 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. The signed form should be maintained in the resident’s binder.

Operational Pharmacy Practice

Goal The goal of the operational 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.
- II. At the conclusion of the basic training period, the preceptor and the resident will mutually determine if the resident is ready to function independently as a pharmacist based on the *Orientation Record Checklist* and area specific items that may be added.
 - A. If the resident is not ready to function independently at the conclusion of the training period, the following actions will occur:
 1. A list of deficiencies will be developed by the preceptor.

2. A specific plan will be outlined by the preceptor and the respective Pharmacy Coordinator to provide additional training/experience in the area(s) of weakness to which the preceptor and the resident will agree.
 3. A copy of this plan will be forwarded to the Manager of the area as well as the resident's program director.
 4. Progress will be re-evaluated on a monthly basis.
- B. Once the resident is deemed competent, he/she will return to the designated patient care unit or pharmacy to function in that area for the remainder of the residency.
- III. Residents will be evaluated by their Operational Pharmacy Experience preceptors on a quarterly basis.
- IV. Each first year resident will gain pharmacy operations experience 8 hours per month or the equivalent during the year as a pharmacist in the inpatient pharmacy. Operations Operational Pharmacy Experience will be scheduled for at least one weekend day and weekdays from 5:00 to 9:00 PM throughout the year.
- V. Each resident will gain clinical experience providing service 16 hours per month or the equivalent throughout the year (including a training weekend during the first month) as a clinical pharmacist. Clinical Operational Pharmacy Experience will be scheduled for weekend shifts (Friday evening through Sunday evening). The following weekends will be excluded from the resident staffing schedule:
- A. weekends when the resident serves as primary Clinical Pharmacy Specialist On-Call.
 - B. the weekend of the residency trip (if the residency trip extends over a weekend).
 - C. the weekend of the Southeastern Residency Conference (if attending)
 - D. the weekend of the ASHP Midyear Clinical Meeting (if attending)
- VI. 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 Day, the day after Christmas and New Years 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 holiday. These schedules will be made at the beginning of the program 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.
- VII. All residents are required to have an active pharmacy license in the state of South Carolina.
- VIII. Residents are permitted to work additional shifts within the Department of Pharmacy Services as a temporary MUHA employee for compensation. These shifts **may not** interfere with any of the resident's rotation or residency requirements. If a resident chooses to work additional shifts, he/she should 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.

Resident Projects

Each resident will complete a service or research project during the residency year. Each resident is provided four hours each month during rotation hours to work on his or her project. This time should be requested on the "Pharmacy Resident Supervision Form" during rotation orientation.

Project selection / Scope of projects/ Approval

Each year a list of potential projects will be generated and distributed to the residents for ranking. This will allow all residents an opportunity to review all potential projects. This is particularly important for residents in Pharmacy Practice who are not assigned to a particular practice area. Projects may be submitted by any College of Pharmacy faculty member, Medical Center Department of Pharmacy Services staff member, resident, or others, as appropriate.

Many of the projects will be conducted in support of the Medical Center Department of Pharmacy Services.

Residents participating in service projects originating in the Department of Pharmacy Services will follow the policies and procedures of the department.

Some residents may complete their service or research project in other affiliated hospital or clinics or the College of Pharmacy. These projects will be consistent with established policies and procedures.

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

Process/Timeline

July 1 – August 15 The resident, in conjunction with his/her Residency Program Director, Advisor/Coordinator, and potential project preceptor(s), will identify a service project from the list of possible projects provided to the residents. The Resident Project Approval Form must be completed and signed by the project preceptor and submitted to the RPD by August 15th. The Resident Project Approval Form is included in the appendix and can be found in the E*Value Document File.

August 15 - September 15 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.

September 15 - March 15 Projects will be completed. In some cases, projects will not be completed prior to March 15. In these cases, sufficient progress must have been made to allow for submission of an abstract for the Southeastern Residency Conference.

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. A manuscript suitable for publication describing the results of the project must be written and submitted. Residents who do not present their project at Southeastern Residency Conference will present the results at a Department of Pharmacy Services meeting or special program in mid-June. A residency certificate will not be awarded until the project is complete.

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/Coordinator, 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 "preceptor" 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 one hour, with at least 10 minutes of this time reserved for

questions and/or comments from the audience.

Each resident will receive a critique of the seminar from a minimum of two preceptors designated by the resident with input from the seminar preceptor, who will evaluate the presentation 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 provided.

The date, time, location, and title of all the Resident Seminars will be designated by September 1st of each year. Residents will present their seminars during the months of October - April (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.

Continuing Education Approval for Resident Seminars

All residents are required to apply for ACPE (American Council on Pharmacy Education) certification 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 (extension 2-8440 or 2-3113) will assist you in the application process and registration and evaluation documents.

Seminar Instructions

Select a date, topic, title and identify a preceptor for your seminar by September 1st

Develop the objectives for your presentation

- Objectives should be expressed in terms of observable, measurable behaviors (i.e., describe, list, discuss)

Items to be submitted 40 days in advance of your presentation to CE Office (QE 205):

- A one-paragraph explanation or rationale for why you considered the topic you chose for your audience.
- Your curriculum vitae
- Your seminar preceptor's curriculum vitae
- A completed Faculty Disclosure Form
- A completed seminar flyer (template available in E*Value document file)

Obtain your seminar packet from the CE Office five days prior to your seminar:

- Program evaluation forms (40)
- Program sign-in sheets (10)
- Preceptor/evaluator evaluation forms (5)

Prior to your presentation:

- Identify two evaluators and inform the resident Administrative Coordinator and your preceptor who they are
- Make 40 copies of your PowerPoint slides in handout format
- Make 40 copies of a five item multiple choice (objective) participant post-test

After the presentation:

- Meet with your preceptor and two evaluators to receive feedback.
- Review the Program Evaluation Forms with your preceptor.
- Deliver the following documents to the CE Office:
 - Sign in sheets
 - Audience evaluation sheets
 - One copy of your handout
 - One copy of your post test

Teaching Responsibilities

Purpose

Residents will participate in the teaching activities of the Department of Clinical Pharmacy and Outcome Sciences at the MUSC Medical Center and/or the College of Pharmacy. 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 Residency Program Director or Advisor/Coordinator. Each PGY 2 resident is required to present at least one formal didactic lecture during their residency year. 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 Pharm.D. 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 the appendix.

Resident On-Call Responsibilities

Residents will participate in a Pharmacy On-call Service for evening, holiday, weekend and daytime coverage for those services that do not have a clinical pharmacist. 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, consults must be reviewed by the clinical specialist/faculty back-up before recommendations are made.

Primary clinical specialists and residents should "check out" to the appropriate resident on call. The format for consult documentation will be determined by the appropriate clinical service coordinator.

Holidays and vacations coverage will be provided by the Pharmacy On-Call Service. Requests for time-off should be made known to the Clinical Pharmacy Coordinators well in advance (as soon as possible). In all cases, 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 of the change. Last-minute schedule changes (except for emergencies) are not acceptable.

A cellular telephone is available for use while on-call. The telephone and charger for the Adult On-call Service must be signed out from the Pharmacy Administration Office (RTA 618). The resident must return the telephone to the office prior to 9:00 AM on the last day of call. **CELLULAR TELEPHONES ARE TO BE USED ONLY FOR CALLS RELATING TO PATIENT CARE.** Residents will be held financially responsible for the cellular phone while in their possession.

Monthly service (Who's-On-What) and on-call schedules will be published 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.

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 Residency Committee and residents and as a representative of the resident class. Responsibilities are outlined in the chief resident job description (Appendix)

Residency Evaluation Procedures

Resident's Evaluation of Preceptor and Rotation Experience

Each resident will complete an evaluation of the preceptor and rotation experience within three days of the end of the rotation. If two consecutive months are spent in a single area with the same preceptor, only one preceptor/rotation evaluation need be completed for that rotation. For residents spending the entire year with the same preceptor and location, evaluations should be done quarterly.

Preceptor's Evaluation of Resident's Rotation Performance

Each preceptor will complete a criteria-based evaluation of the resident within three days of the end of the rotation. The evaluation is to be discussed with the resident. If more than one consecutive month is spent in a specific area with the same preceptor, only one evaluation form needs to be completed for that rotation. A midpoint evaluation will be completed by the preceptor at the midpoint (after two weeks of a one-month rotation and at the end of the first month of a two-month rotation).

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: snapshots (found in E-Value as on "On The Fly" evaluations), written feedback on notes, inservices/presentations, or Objective Structured Clinical Exams (OSCEs). When completed, the resident will submit the evaluation via E*Value, ResiTrak, or forward the evaluation to the Administrative Coordinator to be retained in the resident's file.

Longitudinal Evaluation Process

The following longitudinal activities will be evaluated at least once per quarter: Clinical Pharmacist Experience, Operational Pharmacy Experience, 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 (template available in the document file of E*Value) and self-assess their progress using the criteria-based goals and learning objectives (E*Value or ResiTrak). 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 (E*Value or ResiTrak) and (2) add their assessment of the resident's progress to the *Resident Quarterly Progress Report*. Upon completion, the RPD and resident will meet to discuss progress, plans for the next quarter and sign the *Resident Quarterly Progress Report*.

The *Resident Quarterly Progress Report*, copies of the resident's and RPD's evaluation of criteria-based goals and learning objectives are then submitted to the Director of Graduate Pharmacy Education (within 30 days of the end of the quarter).

Resident Quarterly Progress Report

All residents will complete a quarterly progress report detailing their residency activities for the designated time period in the following areas:

1. General Requirements
 - A. Project
 - B. Medication Utilization Evaluation
 - C. Pharmacy and Therapeutics Committee Monograph (if applicable)
 - D. Resident Seminar

- E. Manuscript for publication
- F. Southeastern Residency Conference (or staff presentation)
- 2. Clinical Service
 - A. Resident Rotations
 - B. On-call Services
- 3. Teaching
 - A. Didactic Lectures
 - B. Resident Interactive Teaching Experience (RITE)
 - C. Pharmacy Grand Rounds
 - D. Academician Preparation Program (if applicable)
- 4. Writing Experiences
- 5. Presentations
- 6. Miscellaneous Assignments and Projects
- 7. Longitudinal Experiences
- 8. Formative Evaluations/Snapshots
- 9. Regional and National Meeting Attendance
- 10. Self-assessment Goals
- 11. Resident's Summary of Overall Progress
- 12. Major Areas to be Addressed in Upcoming Quarters

Report Due Dates

Quarter	Date Report due to RPD	Date Report due to Director Graduate Pharmacy Education
1st Quarter: July 1 - September 30	October 20	October 30
2nd Quarter: October 1 – December 31	January 20	January 31
3rd Quarter: January 1 - March 31	April 20	April 30
4th Quarter: April 1 - June 30	June 23	June 28

Residency Evaluation Responsibilities

EVALUATION	METHOD	FREQUENCY	RESPONSIBILITY		
			RESIDENT	PRECEPTOR	RPD
ROTATION					
Rotation Midpoint	Narrative			X	
Formative	Snapshots or other	During Rotation	X		
Resident	RLS Outcomes, Goals & Objectives	End of Rotation	X	X	
Preceptor	Likert-scored questions with comments	End of Rotation	X		
QUARTERLY					
Clinical Operations Experience	RLS Outcomes, Goals & Objectives	Quarterly	X	X	
Operations Experience	RLS Outcomes, Goals & Objectives	Quarterly	X	X	
Clinic Experience (longitudinal)	RLS Outcomes, Goals & Objectives	Quarterly	X	X	
Manuscript	RLS Outcomes, Goals & Objectives	3 rd /4 th Quarter	X	X	
Medication Use Evaluation	RLS Outcomes, Goals & Objectives	2 nd /3 rd /4 th Quarter	X	X	
Residency Project	RLS Outcomes, Goals & Objectives	Quarterly	X	X	
Summary of Resident's Progress	RLS Outcomes, Goals & Objectives	Quarterly			X
	Narrative (template lists the required contents)	Quarterly	X		X
OTHER					
Orientation	Likert-scored questions with comments	End of Orientation	X		
Clinical On-call	RLS Outcomes, Goals & Objectives	End of On-call week (Quarterly for Family Medicine, Pediatrics and Psychiatry)		X	
Clinical On-call Preceptor	Likert-scored questions with comments		X		
Seminar Presentation	RLS Outcomes, Goals & Objectives	After Presentation		X	X
Residency Interactive Teaching Experience (RITE) Presentation	RLS Outcomes, Goals & Objectives	After Presentation		X	X
Residency Program Director/Advisor	Likert-scored questions with comments	Midyear	X		
FINAL					
Summary	Narrative and RLS Outcomes, Goals & Objectives	End of Program	X		X
Residency Program Director/Advisor	Likert-scored questions with comments	End of Program	X		
Residency Program	Likert-scored questions with comments	End of Program	X		

Compliance with Established Evaluation Policy

Compliance with this evaluation policy as approved by the Residency Committee and is essential for the professional maturation of the resident and the residency program. Failure to comply with the policy will be addressed by the Director of Graduate Pharmacy Education.

Completion of Program Requirements

Residents are expected to satisfactorily complete all requirements of the MUSC Medical Center and College of Pharmacy Residency Program in general and those specific to the individual residency program. Only those residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion. Evaluation of the resident's progress in completing the requirements is done as part of the quarterly review process. The resident Advisor/Coordinator, in conjunction with the Residency Program Director and the Director of Graduate Pharmacy Education, shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, the following steps shall be taken:

1. Residents shall be given verbal counseling by their Advisor/Coordinator or Residency Program Director. Counseling shall entail suggestions for improvement in meeting requirement deadlines. This counseling shall be documented in their personnel file by the involved Residency Program Director.
2. If the resident continues to fail in their efforts to meet deadlines or objectives, they shall be given a warning in writing and will be counseled on the actions necessary to rectify the situation.
3. If the coordinator or Residency Program Director determines that the resident may not complete the residency program in the usual time frame, a plan to satisfactorily complete the requirements shall be presented and reviewed by the Residency Committee. No action shall be taken against the resident until the Director of Graduate Pharmacy Education reviews the report and recommendations concerning any action.
4. If the Director of Graduate Pharmacy Education feels that the action recommended by the Residency Committee is appropriate, the action will be implemented. Action may include remedial work or termination. A decision for termination may be appealed to the Director of Graduate Pharmacy Education, or to the Chair of the Department of Pharmacy and Clinical Sciences and Director of Pharmacy Services, who may elect to seek input from the Dean of the College of Pharmacy.

Resident Disciplinary Action

Residents are expected to conduct themselves in a professional manner and to follow all pertinent University, Medical Center and Residency Program policies.

Appropriate disciplinary 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 (not to be determined by one rotation evaluation, but rather in a global sense as determined by the Residency Program Director (and Advisor/Coordinator, if applicable), or residency requirement
- Make satisfactory progress towards the completion of a residency requirement (project, manuscript, seminar, etc)

Disciplinary Action Policy

Step 1

When the need for disciplinary action arises, the involved preceptor [inclusive of anyone having contact or involvement with residents and their training], Residency Program Director (and Advisor/Coordinator, if applicable) will:

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

If not involved in Step 1, the Residency Program Director (and Advisor/Coordinator, if applicable) must be informed of the issue and provided with copies of the above documentation.

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/Coordinator, if applicable) will determine a plan and course of action. Steps 1-3 as outlined above must be followed, and the Residency Program Director (and Advisor/Coordinator, if applicable) must be involved at this time.

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/Coordinator, if applicable). The Discipline Advisory Committee will be composed of three individuals from the Residency Committee, not to include 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.

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/Coordinator, if applicable) will determine a plan and course of action, up to and including dismissal from the program. Steps 1-3 as outlined above must be followed. The Residency Committee will be notified of the deficiency, behavior, or action, and the follow-up plan and specific goals for improvement. The DAC is kept informed and remains involved.

When and if dismissal is recommended by the Residency Program Director, 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 Graduate Pharmacy Education, Chair of the Department of Pharmacy and Clinical Sciences and Director of Pharmacy Services, who may elect to seek input from the Dean of the College of Pharmacy.

If residents participate in institutions other than MUSC, they are expected to abide by the policies of the institution.

GENERAL INFORMATION

Residency Overview

Purpose of PGY 1 Residencies

Residents in PGY1 residency programs are provided the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. PGY1 residents acquire substantial knowledge required for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment. The instructional emphasis is on the progressive development of clinical judgment, a process begun in the advanced pharmacy practice experiences (APPE or clerkships) of the professional school years but requiring further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance. The residency year provides a fertile environment for accelerating growth beyond entry-level professional competence through supervised practice under the guidance of model practitioners. Specifically, residents will be held responsible and accountable for acquiring these outcome competencies: managing and improving the medication-use process; providing evidence-based, patient-centered medication therapy management with interdisciplinary teams; exercising leadership and practice management; demonstrating project management skills; providing medication and practice-related education/training; and utilizing medical informatics.

Purpose of PGY2 Residencies

PGY2 residency programs are designed to develop accountability; practice patterns; habits; and expert knowledge, skills, attitudes, and abilities in the respective advanced area of pharmacy practice. PGY2 residencies build upon the broad-based

competencies achieved in a PGY1 residency, deepening the resident's ability to provide care in the most complex of cases or in the support of care through practice leadership. Therefore, PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and transforming both into improved medication therapy for patients. A resident who completes successfully an accredited PGY2 residency should possess competencies that enable attainment of board certification in the practice area, where board certification for the practice area exists.

Qualifications of Resident Applicants

Applicants must possess a Pharm.D. degree from an ACPE-accredited college or school of pharmacy and must be eligible for licensure as a pharmacist in the State of South Carolina. Applicants for PGY 2 residencies will have completed a PGY 1 residency. 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. Candidates are selected for interviews based on criteria approved by the Residency Program Committee. The approved criteria are available in the E-Value Document File.

Application Information

Applications are accepted beginning July 1st and the application deadline (postmark) is January 5th. Programs may interview qualified applicants with complete application files after October 1st.

Application materials must include:

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

Residency Benefits

- a. Resident Stipends: PGY1 - \$44,280, PGY2 - \$45,829
- b. Annual leave: 15 work days (120 hours). Annual leave will accrue at a rate of 10 hours per month.
- c. Holidays: Residents are not expected to work on designated holidays, unless scheduled to be on-call or those completing their operational experience. Residents will be given replacement time for those holidays.
- d. Replacement Time: Residents who are scheduled to be on-call or who are completing their operational experience during a designated holiday will be given a compensatory day of leave. The compensatory day of leave may be taken at any time during the remainder of the residency year. The Request for Replacement Time form must be completed to document the holiday worked and compensatory time earned.
- e. Professional Leave: Residents will be allowed 5 work days (40 hours) of professional leave for attendance at professional meetings. Residents are provided a stipend to assist with the expense for attendance at professional organization meetings
- f. Sick Leave: 5 days (40 hours). If a resident is sick for 3 or more consecutive days a doctor's excuse is required and annual leave will be deducted for any additional days, greater than 5.
- g. Bereavement Leave: Up to 3 days may be taken for bereavement of an immediate family member.
- h. Annual, sick and professional leave cannot be carried over to a second year.
- i. Health Insurance: Health insurance (medical and dental) is available on a group rate basis.
- j. Parking: Available for a monthly charge.
- k. Taxes: Federal, State and F.I.C.A. taxes will automatically be deducted from paychecks.
- l. 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 poster template (located in the E-Value Document File), with Arial font and white text boxes. The Residency Program Administrative Coordinator will arrange for the poster to be printed (3

- feet by 5 feet, color and laminated). The residency program utilizes www.makesigns.com for posters.
- m. On-Call Food Allowance: Residents who are assigned on-call responsibilities may use a STAR card to purchase meals at the MUSC cafeteria, Subway and A La Carte during their on-call weeks. The card may be used after hours during the week and at any time on the weekend. The procedure for usage of the on-call food allowance is included in the appendix.

Employee Identification Cards

Purpose

Identification of MUSC employees is necessary in order to promote communications among employees, students, patients and visitors, and to insure that only authorized personnel have access to MUSC facilities.

Policy

While at MUSC, all employees/students are required to wear identification cards in a manner such that name, picture, and department are clearly visible. The ID card issued by the Department of Public Safety is the official ID card for all employees, and the employee is the only individual authorized to wear his/her ID card. It is the responsibility of an employee losing his/her ID to have it replaced, and any employee reporting to work without his/her official MUSC ID card must obtain a temporary ID card. The ID card is the property of MUSC, and must be relinquished upon termination of employment.

Procedures

Employees are required to promptly report the loss of their identification cards to the Department of Public Safety. Employee identification cards will be replaced by the Department of Public Safety of a cost of \$5.00; this cost will be incurred by the employee/student losing the card--not by his/her department. An employee requiring replacement of his/her I.D. card must report to the Department of Public Safety and be prepared to pay the \$5.00 replacement fee.

Any employee reporting to work at MUSC without his/her official I.D. card must promptly obtain a temporary I.D. card at the Department of Public Safety or the Hospital's Public Safety substation located on the first floor of the Medical University Hospital in the North Tower lobby area. Proof of identification (e.g., current driver's license or credit card) must be presented in order to obtain a temporary card.

Upon the employee's separation (resignation, retirement, reduction-in-force, transfer, etc.) from MUSC, his/her identification card must be returned promptly to the Department of Public Safety.

Public Safety officers as well as Hospital administrative/supervisory personnel will scrutinize "unidentified" individuals, particularly in patient care areas, and may request proof of identification. Any such individuals who are identified as University employees/students will be reported to Hospital Administration. If MUSC (non-hospital) employee or students are among those reported, Hospital Administration will notify the appropriate academic department head.

Disciplinary Action

Any MUSC employee discovered not wearing his/her MUSC I.D. card in a clearly visible manner while on the MUSC campus may be subject to disciplinary action. Any individual discovered to be wearing an employee I.D. card other than his/her own may be subject to disciplinary action. Likewise, any employee allowing another person to wear his/her I.D. card may be subject to disciplinary action. Failure to comply with this policy is a breach of the Medical University Code of Conduct as set forth by the Department of Human Resources.

Vacation, Holiday, Sick, and Professional Leave Policies

Residents are assigned 15 days of annual leave and 5 days of professional leave during the twelve-month residency program. In addition, the resident receives replacement time for any of the designated resident holidays he/she is scheduled to work. 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 10 hours per month.

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 Administrative Coordinator and Director of Graduate Pharmacy Education. The resident is allowed to take no more than 40 hours of annual leave before actual accrual, and no more than 40 hours in one month unless there are extenuating circumstances. A copy of the leave request form will be returned to the resident. Residents are not permitted to terminate while on annual leave (you must be present on the final day of your residency).

Professional Leave

Professional leave may be used for attendance at an educational/professional meeting only. Requests are made using the Resident Leave Form. All sections of the form must be completed. The form should be submitted to the Administrative Coordinator then Residency Program Director and Director of Graduate Pharmacy Education for approval only after the preceptor has been notified. All travel requests for educational meetings and/or funding should be turned in to the 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.

Sick Leave

If a resident needs to take any of the allotted 5 days of sick leave, the resident must speak directly to the preceptor **and** the Residency Administrative Coordinator must be directly contacted. Leaving a message on voice mail Audix or through the paging system is not considered adequate contact. The Residency Administrative Coordinator will assure a sick leave form has been turned in by the resident. If more than the allotted number of sick days is used, the resident must use annual leave. If a resident is absent for three or more consecutive days, a doctor’s excuse is necessary.

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 Administrative Coordinator. It is expected that residents who are not on call 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 Administrative Coordinator. 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.

Resident Holidays (8)

- | | | |
|-----------------|----------------------|------------------------|
| *New Year's Day | Memorial Day | *Independence Day |
| Labor Day | Thanksgiving Day | Day after Thanksgiving |
| *Christmas Day | *Day after Christmas | |

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.

Administrative Support

The residency program Administrative Coordinator will provide administrative support to the Director and Associate Director of Graduate Pharmacy Education, Residency Program Directors and Residents.

Photocopying

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

- a. Machine malfunctions are promptly reported to the Administrative Coordinator.
- b. Copies made are for use in the residency program.
- c. Paper clips, staples, etc. are kept away from the photocopier machine.

Any questions regarding the operation of the photocopier machine should be directed to the Administrative Coordinator.

Mail

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

Residency Binders

Residents are required to maintain a record of residency documents for the duration of the residency. The binder is retained by the residency program at the completion of the program. Residents should request a 3-ring binder for this purpose from the Administrative Coordinator in July.

Resident Parking

The Medical University of South Carolina Medical Center provides limited number of reserved parking spaces for residents. These spaces are assigned on a first-come, first-served basis by the Department of Parking Management. Each parking space requires payment of a monthly fee by the assigned user.

Employee, staff and resident parking is not permitted in the MUSC Medical Center visitor/patient parking garage on Jonathan Lucas Boulevard and Bee Street unless you have a personal medical appointment at the Medical Center complex, or you are called back in for an emergency after normal working hours. If you are called in at night for an emergency you may park either in G lot or Parking Garage 1.

After-hours parking is available for employees, students and residents working regular shifts that fall between 4:30 p.m. and 7:00 a.m. Monday through Friday or whose regular shifts include Saturdays and Sundays may park free in the employee parking garage (Lot E) at 91 President Street.

Parking and traffic regulations are approved by the President and Board of Trustees of the Medical University. These regulations are posted and published. The resident should contact Parking Management, 792-3665 or review the Parking Management web site <http://academicdepartments.musc.edu/vpfa/operations/Parking/index.htm> for assistance and answers to questions regarding parking matters. Their office is located on the 2nd floor of the President Street parking garage.

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 Administrative Coordinator or by the Residency Program Director in specific areas. All keys must be returned prior to termination of employment.

Pharmacy 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
Telephone: (803) 896-4700

Fax: (803) 896-4596

If you have not received your license by August 1st, your participation in the residency program will be reviewed and you may be subject to dismissal.

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 (i.e. weekends, evenings) are necessary to insure high quality of pharmacy services to MUSC Medical Center. Fluctuations in workload, cross-coverage, change of service, unusual service demands 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 (see "Moonlighting Approval Form" in appendix). 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.

Use of Paging System

The Simon paging system is utilized at MUSC. Residents will be provided a Simon text pager during orientation.

1. To page through the Simon System using a telephone:
 - A. Dial 2-0590
 - B. The recording will ask you to enter the ID to page ID
 - C. The recording will then ask you to enter the extension you are calling from and instruct you to hang up.
2. To page through Simon Web using a computer or PDA:
 - A. MUSC workstations: <http://simonweb.musc.edu/>
 - B. Off-campus: <https://simonproxy.musc.edu/>.
3. To page through the paging operator:
 - A. Dial 792-2123
 - B. When operator answers, give her the name of the party you are paging and she will page for a return call to you.

Residents will be held financially responsible for their assigned pagers (in case of loss, breakage due to neglect, etc.). Pagers must be turned in at the termination of the residency.

DEPARTMENT OF CLINICAL PHARMACY AND OUTCOME SCIENCES

Departmental Faculty Meetings

The Faculty of the Clinical Pharmacy and Outcome Sciences meet monthly on the first Thursday at 12:00 noon to discuss academic and administrative issues relevant to the Department. 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 of the 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

MUSC Medical Center www.musc.edu/pharmacyservices

Mission Statement

The mission of the Medical Center of the Medical University of South Carolina is to provide excellence in patient care, teaching, and research in an environment that is respectful of others, adaptive to change, and accountable for outcomes.

Values

The Medical Center relies upon a core set of values to achieve its stated mission: Accountability, Respect, Excellence, and Adaptability.

Department of Pharmacy Services

Mission

The Mission Statement of the Department of Pharmacy Services 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 Department of Pharmacy Services will provide optimal patient care and improve patient outcomes to meet or exceed customer expectations. The department will be recognized for quality and diversity of services, professional leadership, and educational excellence. We will advance the accessibility of pharmacy services through the innovative use of personnel and technology. Employees will work together to create an exceptional work environment.

Pharmacy Services Facilities

<u>Pharmacy Areas</u>	<u>Area Served/Services</u>	<u>Hours of Service</u>
<i>Administration</i>		
Departmental Offices Rutledge Tower Annex 3 rd , 5th and 6th floor 792-2665	Department of Pharmacy	Monday - Friday 8:00 AM- 5:00 PM.

Inpatient Pharmacy Services

Ashley River Tower Inpatient Pharmacy 876-5588	Inpatients	24-Hour Service
Ashley River Tower Operating Room 876-5205	Operating Room Recovery Room	Monday-Friday 6:00 AM – 4:30 PM M-F
Charleston Memorial Hospital Pharmacy 326 Calhoun Street 876-8739	Emergency Center Transitional Care Unit Kindred Hospital	Monday - Friday 8:30 AM - 6:00 PM Saturday - Sunday 9:00 AM - 1:00 PM
Children's Hospital Pharmacy Room 620 CH 792-2800, 792-2179	Pediatrics and Obstetrics	24-Hour Service
Institute of Psychiatry Pharmacy (IOP) Room 448 IOP 792-5952, 792-5953	Institute of Psychiatry	Monday-Friday 8:30 AM - 7:00 PM Saturday-Sunday 9:00 AM – 1:00 PM
University Hospital Inpatient Pharmacy Room 462 MUH 792-2179	University Hospital	24-Hour Service
University Hospital Operating Room Pharmacy 792-9683	Operating Room Recovery Room	Monday-Friday 6:00 AM. - 9:00 PM Saturday 6:30 AM - 3:00 PM
Rutledge Tower Operating Room Pharmacy 876-0251	Ambulatory Surgery	Monday - Friday 6:15 AM - 4:45 PM

Ambulatory Pharmacy Services

Ashley River Tower Pharmacy 876-5585	Discharged patients, outpatients employees and students	Monday - Friday 8:30 AM – 6:30 PM
University Hospital Pharmacy MH 149 792-5220	Discharged patients, outpatients employees and students	Monday - Friday 8:30 AM – 6:30 PM
Family Practice Pharmacy 792-3026 792-3064	Family Medicine Center patients and employees. Clinic and outpatient prescriptions	Monday - Friday 9:00 AM - 5:00 PM Saturday 9:00 AM - 12 noon.
Hollings Cancer Center (HCC) 792-6440	HCC patients Day Treatment and outpatient	Monday - Friday 8:30 AM - 5:00 PM Saturday and Sunday

	prescription	8 AM - 12 noon
Hollings Cancer Center – East Cooper Pharmacy 849-2175	HCC patients Day Treatment	Monday - Friday 8:30 AM - 5:00 PM
Rutledge Tower Pharmacy Room 106 RT 876-0199	Outpatients, students, and university employees; Outpatient investigational drugs.	Monday - Friday 8:30 AM - 5:30 PM Saturday 9:00 AM - 1:00 PM
<i>Pharmacy Support Services</i>		
Pharmacy Distribution Center Investigational Drug Service Compounding and Repackaging Room H 161 792-4568	Pharmacy Services	Monday - Friday 8:00 AM - 5:00 PM
Repackaging Service MUH 7 th Floor 792-7042	Pharmacy Services	Monday – Friday 8:00 AM – 5:00 PM
<i>Other Medical Center Pharmacy Areas</i>		
Drug Information Center Rutledge Tower Annex 792-3896, 792-7625	Medical Center	Monday - Friday 9:00 AM - 5:30 PM
Nuclear Pharmacy Room H309 MUH 792-3238	Medical Center	Monday - Friday 7:00 AM - 5:00 PM
Pharmacotherapy Clinic Room 106 RT 792-3377	Medical Center	Monday - Friday 8:30 AM – 4:30 PM
Pharmacotherapy Clinic – EC East Cooper Medical Arts		Monday 8 AM– 4:30 PM Tuesday 8 AM – 11:30 AM Wednesday 8 AM – 4:30 PM

Decentralized Pharmacies	Area of Coverage	Phone	Pager
3 rd ART Pharmacy	Ashley River Tower		
4 th ART Pharmacy	Ashley River Tower	876- 5601	17235
5 th ART Pharmacy	Ashley River Tower	876-4193	17310
6 th ART Pharmacy	Ashley River Tower		
4 th MUH Pharmacy	Medical University Hospital	792-6688	17090
6 th MUH Pharmacy	Medical University Hospital	792-6026	17979
7 th MUH Pharmacy	Medical University Hospital	792-1706	18135
8 th MUH Pharmacy	Medical University Hospital	792-6042	17978
9 th MUH Pharmacy	Medical University Hospital	792-0604	17943
10 th MUH Pharmacy	Medical University Hospital	792-8633	17063
7 th -floor Children's Pharmacy	Children's Hospital	792-6556	17977
8 th -floor Children's Pharmacy	Children's Hospital	792-6307	17089

Administration

<u>Preceptor</u>	<u>Area of Practice</u>	<u>Phone</u>	<u>Pager</u>
Paul Bush	Administration	2-5691	14557
Christopher Fortier	Administration, Support Services	2-7354	11219
Kelli Garrison	Administration, Medication Use Policy/Informatics	2-4682	11599
Heather Kokko	Administration, Ambulatory Services	2-1009	13300
Matthew Maughan	Administration, Children's Hospital Pharmacy Services	2-2185	13613
Joseph Mazur	Administration, Clinical Services	2-5686	11169
Joel Melroy	Administration, Ashley River Tower	6-5933	11732
Maureen Sheakley	Medication Safety Coordinator	2-9236	11663
Carole Small-Russell	Administration, Inpatient Services	2-3539	11026

Administrative Support

<u>Staff</u>	<u>Area of Responsibility</u>	<u>Phone</u>
Andrew Smith	Business Coordinator	2-6844
Marisah Daniels	Administrative Assistant/Human Resources	2-4666
	Residency Program Administrative Coordinator	
Peggy Smith	Executive Secretary	2-5691

Clinical Pharmacy Services

Clinical pharmacists are available to provide consultations concerning treatment plans, drug dosing, adverse drug effects, etc. In addition, the Drug Information Center can be contacted to obtain additional drug information. The following clinical pharmacists are available:

<u>Clinical Faculty</u>	<u>Area of Practice</u>	<u>Phone</u>	<u>Pager</u>
John Bosso	Infectious Disease	2-8501	12045
Larry Buie	Hematology/Oncology Service	2-7523	13269
Kathy Chessman	Pediatric Surgery Service	2-7524	11054
Shannon Drayton	Psychiatry Service	2-5570	12011
Sandra Garner	Pediatric Service	2-1142	11108
Philip Hall	Hematology/Oncology Service	2-8979	11942
Larry Buie	Hematology/Oncology Service	2-7523	11168
Kelly Ragucci	Family Medicine Service	2-1674	13005
Sarah Shrader	Family Medicine Service	2-3624	12991
Patricia Schuler	Cardiology/Internal Medicine	2-7963	11070
Amy Thompson	Ambulatory Care Service	2-2354	11709
Wayne Weart	Family Medicine Service	2-3606	11392
Roger White	Infectious Disease	2-8462	11400
Donald Wiest	Pediatric Service	2-8444	11402

<u>Clinical Specialists</u>	<u>Area of Practice</u>	<u>Phone</u>	<u>Pager</u>
Nicole Bohm	Internal Medicine	2-5861	13172
Wendy Bullington	Pulmonary/Emergency Medicine	2-7351	11807
Toby Cox	NICU/Pediatric Service	2-4239	12445
Tracie Delay	Nephrology	2-7518	11004
Kathy Hogan	Ambulatory Oncology	2-9231	11228
Jennifer Mazur	Ambulatory Care Service	6-8817	12327
Joseph Mazur	Critical Care	2-5686	11169
Pamela Mazyck	Pharmacotherapy Clinic	2-3377	11330
Ron Neyens	Neurosciences	2-9647	13173
Dominic Ragucci	Pediatric Hematology Oncology	2-4214	12276
David Taber	Transplant	2-8532	11137

Jill Thompson	PICU/Pediatrics Service	2-5850	12767
Lynn Uber	Outcomes Management/Ambulatory Care	2-8496	11379
Walt Uber	Cardiothoracic Surgery/Transplant Service	2-7935	11380
Amy Vandenberg	Psychiatry Service	2-0179	12818
Nicole Weimert	Transplant Service	6-1390	13092
Cathy Worrall	Trauma ICU	2-8289	12328

Clinical Pharmacy Consult Service

The Department of Pharmacy Services provides a clinician on-call service to the MUSC Medical Center. This service makes clinical pharmacy services available to health professionals and patients of the MUSC Medical Center 24 hours a day. Please refer to the Clinician On-Call Policy and Procedure for details.

MUSC-MC Drug Information Service

The Drug Information Service is a division of the Department of Pharmacy Services. The goal of the service is to provide accurate, unbiased drug information that is directly applicable to patient care. The Drug Information Center is staffed by drug information specialists, residents, and students. Our services include the following:

- * Prepare evidence-based responses to medication-related questions for healthcare professionals and consumers
- * Maintain the Virtual Drug Information Database
- * Provide support to the Pharmacy and Therapeutics Committee and its subcommittees
- * Procure electronic and text resources for the Department of Pharmacy Services
- * Prepare institution-specific resources and medication use guidelines
- * Publish the *Pharmacy and Therapeutics Committee Update: Drug Information for Healthcare Professionals*
- * Coordinate and participate in medication use evaluations for the department and the residency program
- * Manage the Adverse Drug Reaction Detection and Surveillance Program
- * Provide pharmacy support for the development, implementation, and maintenance of the computerized physician order entry (CPOE) system
- * Provide a training site for PGY1 pharmacy residents and 4th-year pharmacy students

The Center is open Monday through Friday from 9:00 AM to 5:30 PM. The telephone number is 792-3896.

Drug Information Center Web Page <http://www.musc.edu/pharmacyservices/DI/DIK0115.htm>

Pharmacy Web Page

The Department of Pharmacy Services web page is available at the following URL:

<http://www.musc.edu/pharmacyservices>

Selected Policies and Procedures

Pharmacy Services Policy Manual

Departmental policies are available on the Department of Pharmacy web page:

B8	Poster Approval
B9	Pharmacy Review of Preprinted Forms
B14	Disaster Plan
B19	Automatic Therapeutic Substitution (ATS)
B20	Non-Formulary Medication Use at MUSC-MC
B21	New Technology Agents
B25	Clinician On-call
B26	Departmental Dress Code
B30	Conflict of Interest for P&T Committee and Subcommittee membership
D8	Pharmacist Documentation in the Medical record

- E2 Recalls
- F4 Pharmacotherapy Clinic
- F6 Preparation and Handling of Cytotoxic Chemotherapeutic Agents
- F8 Verbal Orders: Outpatient Pharmacies
- F11b Dispensing 23.4% NaCl
- F25 Parenteral Nutrition
- G1 Medication Use Evaluation
- G2 Medication Occurrences: Reporting, Review, Resolution
- G4 Second Level Review of High Cost Medications
- G8 Product Checking Procedures prior to Dispensing
- G9 Order Entry Safety Measures and Clarification Procedures
- G10 High Alert Medications
- G11 Restricted Medications Order Process
- H10 Pharmacy Services Computer Use

Department of Pharmacy Services Forms are also available on the Pharmacy Services web site.

MUSC Medical Center Clinical Policy Manual

<http://www.musc.edu/medcenter/policy/Med/clintoc.html>

- A15 Account/Vendor Representatives
- C21 Use of Abbreviations
- C24 Adverse Drug Reactions
- C26 Medication Samples
- C27 Confidentiality of Patient Information and Medical Records Security
- C49 Sentinel Events
- C56 Verbal orders
- C61 Medication Administration (Note: Medications from home section)
- C68 Standing Orders
- C76 Patient Safety
- C78 Medication Orders
- C82 Formulary System
- C88 Chemotherapy Administration
- C89 Food-Drug Interactions
- C100 Collaborative Drug Therapy Management
- C101 Electrolyte-Potassium and Phosphorus
- C102 Calcium Policy
- C103 Magnesium Policy
- C104 Electrolyte – 3% Sodium Chloride
- C105 Clinical Staff Professionalism
- C106 Adult Hypoglycemia Protocol
- C109 Chain of Command and Physician Notification
- C112 Prescriptions Called to Non-MUSC Pharmacies
- C129 Research involving investigational medications conducted within MUSC-MC
- C136 Investigational Drug Service
- C141 Natural Products and Drug Interactions
- C144 Ordering Parenteral Nutrition
- C146 Medication Reconciliation
- C151 Intravenous Push Medication Administration for Adults and Pediatric Patients
- C154 Use of Sedative and Opioid Reversal Agents

C155 Handling and Disposal of Hazardous Drugs

MUSC Center for Clinical Effectiveness and Patient Safety

<http://www.musc.edu/cce/ORDERMS/>

Clinician Order Forms

Clinical Resources

Guidelines for Writing Medication Orders

Appendix

MUSC MEDICAL CENTER AND COLLEGE OF PHARMACY
RESIDENCY PROGRAM

RESIDENT PROJECT APPROVAL FORM

Project Title: _____

Resident: _____

Project Advisor(s): _____

Project objective(s) including primary and secondary endpoints, if applicable:

Methods to be used to complete project including patient population and number of subjects, if applicable:

Timeline for completion:

Plan for publication:

Signatures:

Resident: _____

Date: _____

Project Advisor: _____

Date: _____

Residency Program Director: _____

Date: _____

Clinical Coordinator (if applicable): _____

Date: _____

Director, Graduate Pharmacy Education _____

Date _____

**MUSC MEDICAL CENTER AND COLLEGE OF PHARMACY
RESIDENCY PROGRAM**

POSTER REIMBURSEMENT FORM

Poster Title: _____

Resident: _____

Educational/Professional Meeting: _____

Cost: _____

Please attach the original receipt and a copy of the poster (8½ x 11).

Signatures:

Resident: _____

Date: _____

Residency Program Director: _____

Date: _____

Director, Graduate Pharmacy Education: _____

Date: _____

**CLINICAL SPECIALIST ON-CALL CONSULT SERVICE
DOCUMENTATION FORM**

Date _____ Time _____ (24 hour clock) (patient stamp)

Resident _____

Self-Initiated _____ Caller _____

RPh	PharmD	MD RN	Other	
Surg	Med	Psych	Other	
PKs	Nutrition	Therapeutics	ADR	Dosing

Problem requiring clinical specialist consultation:

Describe all that apply and attach references used:

(1) Answer to the question; (2) Therapeutic recommendations made; (3) Dosing adjustments (show calculations necessary); (4) ADR advice

Total time involved _____ Faculty consulted _____ Note written? Y N
Reviewed by _____ (faculty back-up)

MUST BE SIGNED BY FACULTY BACK-UP WITHIN 24 HOURS WEEKDAYS, 72 HOURS WEEKENDS.

3 Adult Pharmacy On-Call Service Form
 CLINICAL SPECIALIST ON-CALL CONSULT SERVICE
 WEEKEND SIGN-OUT INFORMATION

Date _____

Patient Information:

Name _____ MR# _____ Room # _____ Age _____
 Gender _____ Hgt _____ Wgt _____ Dosing Wgt _____ Estm CrCl _____

Patient History:

Monitored Drugs:

	Drug/Dose/Route/Frequency	Levels Drawn (time, date)	Peak/Trough Goals
1.			
2.			
3.			

Pharmacokinetic Parameters:

	Drug/Dose	Date of Levels	Peak	Trough	Ke	Vd	t1/2	
1.								<input type="checkbox"/> Estm <input type="checkbox"/> Calc
2.								<input type="checkbox"/> Estm <input type="checkbox"/> Calc
3.								<input type="checkbox"/> Estm <input type="checkbox"/> Calc

Labs:

--	--

Pertinent Cultures:

	Date/Site	Organism	Sensitivities
1.			
2.			
3.			

Additional Clinical Pharmacy Services Requested: (other labs, medications or cultures to be monitored/addressed; please describe specifics and actions to be taken)

Person Requesting Consult _____ Pager # _____
 MD/Service to Contact with Recommendations _____ Pager # _____

DESCRIBE ACTIONS TAKEN ON "CLINICAL SPECIALIST ON-CALL" DOCUMENTATION FORM.

PEDIATRIC CLINICAL PHARMACY ON-CALL REPORT FORM

Date _____ Time _____ AM PM Weekend (Fri 5pm - Mon 8am)
 Weekday

Initiated by: Sign-out Self Page by Pharmacist MD RN Other _____

TYPE OF CALL: P'kin Dosing ADR Nutrition Therapeutic Other _____

PATIENT DATA: Name: _____ MRN: _____ Age: _____
EGA (for neonates): _____ wks Wt: _____ kg Dosing Wt (if different): _____ kg Ht: _____ cm
Service: _____ Room number: _____ Allergies: _____
MD to contact with recommendation: _____ Pager: _____

Reason for Clinical Pharmacy Consult:

PERTINENT PATIENT INFORMATION (info required to complete consult - use back if needed):

Briefly describe intervention: (may use back of form for calculations and other information)

Note written in patient's chart?*: Yes No
Total time required to complete consult: _____ In-house time: _____
Faculty back-up consulted: _____
Further follow-up required?* Yes No
Person completing consult: _____
Reviewed by: _____ (Faculty Back-Up)

(Must be signed by faculty back-up during next working day.)

Return original to Pediatric Clinical Coordinator after faculty back-up has signed off.

*If follow-up is required, the appropriate clinical pharmacist should be contacted ASAP on the next working day.

**Written notes should be left in the patient's chart to document interventions.

**MUSC MEDICAL CENTER AND COLLEGE OF PHARMACY
RESIDENCY PROGRAM**

RESIDENT ROTATION SCHEDULE CHANGE REQUEST FORM

Name _____

I would like to make the following change in my rotation schedule:

Month of rotation _____

From: _____

To: _____

APPROVED BY:

_____	Current Preceptor
_____	Desired Preceptor
_____	Residency Program Director
_____	Director of Graduate Pharmacy Education

Change must be requested at least 1 month prior to start of desired rotation change.

Change must be approved in the order indicated on this form. **DO NOT** forward to the next co-signer until approval is obtained from previous individuals.

Give copy to clinical coordinator(s) affected by the change and Residency Program Director (and Advisor/Coordinator, if applicable).

Return completed form to Administrative Coordinator

**MUSC MEDICAL CENTER AND COLLEGE OF PHARMACY
RESIDENCY PROGRAM**

QUARTERLY REPORT OF RESIDENT

Resident: _____ **Date:** _____

This document should be completed by the resident and resident's coordinator or advisor. Be advised that how the resident is doing and not just what they are doing should be included. Comments should be made regarding the resident's progress and performance in the following areas:

1. General Requirements

A. Service/Research Project

1. Title

- Title
- Project Advisor

2. Description

- Narrative

3. Project Timeline

4. Progress Report

B. Medication Utilization Evaluation

- Progress with MUE – narrative

C. Pharmacy and Therapeutics Committee Monograph (if applicable)

- Monograph topic
- Date of final draft
- Date presented to Pharmacy and Therapeutics Committee

D. Resident Seminar

- Topic
- Timeline
- Progress to date

E. Manuscript for publication

- Topic
- Timeline
- Progress to date

G. Southeastern Residency Conference (if applicable)

- Topic
- Progress to date

2. Clinical Service

A. Resident Rotations

- Rotation Site: date

- Preceptor Name
- Summary of the month and the resident's progress
- Midpoint completion date
- Final evaluation completion date

B. On call services

- Adult On-call
 - Date
 - Specialist backup
 - Evaluation of progress
- Pediatric On-call
 - Date
 - Specialist backup
 - Evaluation of progress

3. Teaching

A. Didactic Lectures

- Description of experience

B. Resident Interactive Teaching Experience (RITE)

- Topic
- Date
- Description of presentation

C. Preceptor: Professional Experience Unit – PharmD Students

- Rotation
- Dates

D. Pharmacy Grand Rounds

- Student
- Date
- Title of Presentation

4. Writing Experiences

5. Presentations

- Inservices
- Poster Sessions
- Other presentations outside of seminar, RITE, and SERC

6. Miscellaneous Assignments and Projects

7. Longitudinal experiences

- **Operational Pharmacy Experience - (Clinical, if applicable)**

- Narrative of progress
 - Plan for next quarter
- **Operational Pharmacy Experience - (Operations, if applicable)**
 - Narrative of progress
 - Plan for next quarter
- **Clinic (if applicable)**
 - Narrative of progress
 - Plan for next quarter

8. Formative Evaluations/Snapshots - (if applicable)

- Description of each evaluation accomplished

9. Regional and National Meeting Attendance

10. Self Assessment Goals

- A. **Goals** (list from initial self assessment)
- B. **Progress toward Self Assessment Goals**

End of First Quarter:

End of Second Quarter:

End of Third Quarter:

11. Resident's Summary of Overall Progress

First Quarter

Second Quarter

Third Quarter

Fourth Quarter

12. Major areas to be addressed in upcoming quarters

Provide specific goals and objectives that will be accomplished for the next quarter. Also include timeline items that should be accomplished in the next quarter.

Second Quarter Plan

Third Quarter Plan

Fourth Quarter Plan

13. Residency Program Director's Summary of Overall Progress

First Quarter

Second Quarter

Third Quarter

Fourth Quarter

Attach a copy of the following items:

- **RLS self-assessment**
- **Residency Program Director's Assessment**

Resident's Signature/Date

Coordinator/Advisor's Signature/Date

Residency Program Director's Signature/Date

Director of Graduate Pharmacy Education - Signature/Date

_____ For filing to resident's departmental file

**MUSC MEDICAL CENTER AND COLLEGE OF PHARMACY
RESIDENCY PROGRAM**

RESIDENT LEAVE FORM

Name _____

From _____ Thru _____
Date Time Date Time

Number of Hours (inclusive) _____

Purpose: () Annual Leave () Professional Leave
 () Sick Leave () Other describe below (i.e.; Residency Trip, SERC, Bereavement)

In case of emergency, I can be reached at: _____

If Professional Leave, describe meeting, location and projected reimbursable expenses: _____

_____ Resident Signature

APPROVALS:

_____ Preceptor

_____ Residency Program Director

For Office Use Only:				

Date Posted	Posted by	Annual Remaining	Professional Remaining	Sick Remaining

_____ Director, Graduate Pharmacy Education

CC: Resident and Residency Program Director

**MUSC MEDICAL CENTER AND COLLEGE OF PHARMACY
RESIDENCY PROGRAM**

REQUEST FOR REPLACEMENT TIME

This form must be completed within 48 hours after the worked holiday.

Resident Name: _____

I hereby request _____ hours be added to my accumulated annual leave time in compensation for hours worked on the following holiday(s):

1. Holiday(s) worked: _____
Date
From _____ AM/PM To _____ AM/PM

2. Holiday(s) worked: _____
Date
From _____ AM/PM To _____ AM/PM

Resident Signature: _____ Date: _____

APPROVED:

Clinical Coordinator: _____ Date: _____

Residency Program Director: _____ Date: _____

**MUSC MEDICAL CENTER AND COLLEGE OF PHARMACY
RESIDENCY PROGRAM**

RESIDENT SUPERVISION

Resident: _____ **Service:** _____ **Preceptor:** _____

Recommendations:

- Recommendations will be approved by preceptor prior to dissemination of information.
- Recommendations may be made by resident without first verifying with preceptor.
- Other

Explanation of Other or Comments:

Entries into patient chart:

- Notes written in patient's chart will be approved by preceptor prior to writing in chart.
- Notes written in a patient's chart will be co-signed by preceptor.
- Verbal orders must be approved by preceptor prior to writing in patient's chart.
- Verbal orders must be co-signed by preceptor.
- Verbal orders may be written without being co-signed by preceptor.
- Other

Explanation of Other or Comments:

Presentations:

- Presentations given to healthcare providers will be reviewed by preceptor prior to presentation.
- Presentations may be given to healthcare providers without prior review by preceptor.
- Other

Time off for project (date and time) _____

Explanation of Other or Comments:

Resident Signature _____ Date _____

Preceptor Signature _____ Date _____

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. insuring 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 enough 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.

Number & Title: Pharmacy Resident On-Call Food Allowance

Owner: MUSC Medical Center/COP Residency Program

Dates:

Location/File Name: Residency Manual/On-call Food Allowance

Originated: 03/07

Reviewed: 04/0907

Legal Review: N/A

Revised:

Purpose: To establish the policy and procedures for usage of the on-call food allowance.

Policy: Residents who are assigned on-call responsibilities may use a STAR card to purchase meals at the MUSC cafeteria, Subway and A La Carte during their on-call weeks. The card may be used after hours during the week and at any time during the weekend.

Procedure:

1. The Administrative Coordinator for the residency program is responsible for maintaining approximately 6 STAR cards for use by pharmacy residents during their on-call weeks. Each card will initially have a \$50 credit placed on it.
2. The Administrative Coordinator is responsible for coordinating the initial and subsequent credit on the card. Credits are requested on an intra-institutional transfer (IIT). After appropriate administrative approval of the IIT, the Administrative Coordinator delivers the STAR card and IIT to Nutrition Services for processing.
3. At the beginning of a call week, the resident on adult call and the resident on pediatric call should obtain a STAR card from the Administrative Coordinator. The resident must sign a log when the card is obtained and then must sign the log again at the end of the call week signifying its return.
4. The card may be used Monday through Friday for evening meals if the resident is required to remain in the hospital due to call responsibilities. The card may be used as needed for meals on the weekend while the resident is in house working on call responsibilities. The card may not be used for meals if the resident is in house working on other responsibilities.
5. Residents must save all receipts for meals purchased with the STAR card during their call week. The receipts must be submitted to the Administrative Coordinator at the time the STAR card is returned. Residents are personally responsible for expenses not covered by receipts.

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. Assisting in the scheduling and coordinating of Seminar and Resident Interactive Teaching Experiences (RITE)
3. Scheduling and coordinating resident meeting and meetings with the Director of Graduate Pharmacy Education
4. Disseminating information of interest to all residents and coordinating resident activities
5. Representing residents at departmental and university functions.
6. Providing leadership and motivation to all residents as a colleague in clinical practice.
7. Coordinating the residency trip and visits from other residency programs.
8. Coordinating resident participation in the recruitment process at the ASHP Midyear Clinical Meeting
9. Coordinating resident involvement in the Southeastern Residency Conference (SERC)
10. Responsibility for sign-in sheet at resident interactive teaching experience (RITE) and seminar. Sign-in sheet should be forwarded to the Administrative Coordinator.
11. 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.
12. Chairing the Preceptor Award Committee

MINIMUM JOB REQUIREMENTS

PGY-1 Chief Resident: Must be currently completing a PGY-1 residency at MUSC

PGY-2 Chief Resident: Must be currently completing a PGY-2 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

JOB DESCRIPTION

Job Code/Title: / Administrative Coordinator

JOB PURPOSE

Manage and coordinate the day-to-day administrative functions of the MUSC Medical Center and College of Pharmacy Residency Program.

JOB FUNCTIONS

Coordinates all activities of the Residency Committee. Schedules and staffs the meetings. Responsible for preparatory duties: audio-visual, computer, handouts, etc. Prepares informational packets and distributes all necessary materials to Residency Committee members. Responsible for the preparation and distribution of minutes. Maintains attendance records.

Coordinates the Orientation Program, Preceptor's Conference, Seminar, Residency Interactive Learning Experience (RITE), Residency Discussion Series and Current Topics. Schedules and provides assistance to guest speakers. Makes room assignments for each session. Responsible for preparatory duties: audio-visual, computer, handouts, etc. Maintains attendance records.

Coordinates resident compliance in regard to licensure, HIPAA, OSHA, etc. Works closely with Pharmacy Services, MUHA and MUSC Compliance Offices to ensure each resident obtains and maintains the required compliance training to satisfy Joint Commission, state, and federal regulations.

Assists the program directors with the recruitment process, which includes, but is not limited to: application processing, interview, itinerary, and travel scheduling.

Works closely with the chief residents to troubleshoot issues and solve problems that may arise.

Manages the E*Value electronic scheduling and evaluation system.

Manages and maintains the residency rotation schedule.

Manages resident personnel and training files.

Coordinates travel arrangements for residents and residency program directors to attend national meetings. Manages and monitors the residency travel budget.

Monitors resident leave status and notifies residency program directors of leave deficit, when applicable.

Coordinates the Residency Certificate Ceremony and Farewell Party.

Prepares departmental correspondence, reports, and forms for assigned faculty and residents. Assists faculty in the development of lectures, course outlines and exams.

Prepares office accounts payables using UMS, Smartstream and InfoSpan. Prepares the monthly bankcard reconciliation.

JOB DESCRIPTION

JOB TITLE: Residency Program Director

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.

PGY 1 PROGRAM DIRECTOR REQUIREMENTS

- 5.1 RPDs must be licensed pharmacists who have completed an ASHP-accredited residency and have a minimum of three years of pharmacy practice experience. Alternatively, the RPD may be a licensed pharmacist with five or more years of practice experience with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a residency.
- 5.2 RPDs serve as leaders of programs, responsible not only for precepting residents, but also for the evaluation and development of all other preceptors in their programs. Therefore, RPDs must have documented evidence of their own ability to teach effectively in the clinical practice environment (e.g., through student and/or resident evaluations).
- 5.3 Each residency program must have a single RPD who must be a pharmacist from a practice site involved in the program or from a sponsoring organization.
- 5.4 A single RPD must be designated for multiple-site residencies or for a residency offered by a sponsoring organization in cooperation with one or more practice sites. The responsibilities of the RPD must be defined clearly, including lines of accountability for the residency and to the residency training site. Further, the designation of this individual to be RPD must be agreed to in writing by responsible representatives of each participating organization.
- 5.5 RPDs must have demonstrated their ability to direct and manage a pharmacy residency (e.g., previous involvement as a preceptor in an ASHP-accredited residency program, management experience, previous academic experience as a course coordinator).
- 5.6 RPDs must have a sustained record of contribution and commitment to pharmacy practice that must be characterized by a minimum of four of the following:
 - a. Documented record of improvements in and contributions to pharmacy practice.
 - b. Appointments to appropriate drug policy and other committees of the organization.
 - c. Formal recognition by peers as a model practitioner (e.g., board certification, fellow status).
 - d. A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.
 - e. Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.
 - f. Demonstrated leadership in advancing the profession of pharmacy through active service in professional organizations at the local, state, and national levels.
 - g. Demonstrated effectiveness in teaching (e.g., through student and/or resident

evaluations, teaching awards).

PGY 2 PROGRAM DIRECTOR REQUIREMENTS

- 5.1 RPDs must be licensed pharmacists with demonstrated expertise in the chosen area of advanced practice, as substantiated by all of the following: (a.) an ASHP-accredited PGY2 residency in the advanced practice area, followed by a minimum of three years of practice experience or equivalent in the advanced practice area [i.e., five years of practice experience in the advanced area with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency]; (b.) board certification in the specialty [when certification is offered in that specific advanced area of practice]; and, (c.) maintenance of an active practice in the respective advanced practice area.
- Interpretation of Requirement 5.1: For the purposes of the board certification obligation of this requirement, specialties are those recognized by the Board of Pharmaceutical Specialties (BPS), i.e., nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pharmacotherapy, psychiatric pharmacy, and those designated with added qualifications. Thus, a residency program director of a PGY2 pharmacotherapy residency must be a board certified pharmacotherapy specialist (BCPS) and a residency program director of a PGY2 oncology pharmacy residency program must be a board certified oncology pharmacist (BCOP).
- 5.2 RPDs serve as leaders of programs, responsible not only for precepting residents, but also for the evaluation and development of all other preceptors in their programs. Therefore, RPDs must have documented evidence of their own ability to teach effectively in the clinical practice environment (e.g., through student and/or resident evaluations).
- 5.3 Each residency program must have a single RPD who must be a pharmacist from a practice site involved in the program or from a sponsoring organization.
- 5.4 A single RPD must be designated for multiple-site residencies or for a residency offered by a sponsoring organization in cooperation with one or more practice sites. The responsibilities of the RPD must be defined clearly, including lines of accountability for the residency and to the residency training site. Further, the designation of this individual to be RPD must be agreed to in writing by responsible representatives of each participating organization.
- 5.5 RPDs must have demonstrated their ability to direct and manage a pharmacy residency (e.g., previous involvement as a preceptor in an ASHP-accredited residency program, management experience, previous academic experience as a course coordinator).
- 5.6 RPDs must have a sustained record of contribution and commitment to pharmacy practice that must be characterized by a minimum of four of the following:
- a. Documented record of improvements in and contributions to the respective area of advanced pharmacy practice.
 - b. Appointments to appropriate drug policy and other committees of the organization.
 - c. Formal recognition by peers as a model practitioner (e.g., board certification, fellow status).
 - d. A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.
 - e. Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.
 - f. Demonstrated leadership in advancing the profession of pharmacy through active service in professional organizations at the local, state, and national levels.

- g. Demonstrated effectiveness in teaching (e.g., through student and/or resident evaluations, teaching awards).

EVALUATION

Assessment by Residents

Residents will provide an assessment of their RPDs performance twice annually through the Residency Program Director Evaluation. The key aspects of performance assessed include:

- Evaluations and Feedback
- Program Director Availability
- Motivation
- Interaction
- Instruction
- Support for goal achievement
- Participation in resident activities
- Assistance with professional growth
- Supervision of preceptors
- Understanding of pharmacy practice
- Self-direction
- Organizational ability
- Leadership
- Expected skills

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)
- Preceptors a minimum of four rotations per year

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.

SOUTH CAROLINA COLLEGE OF PHARMACY

ACADEMICIAN PREPARATION PROGRAM

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 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

- Each resident will be assigned a faculty mentor from the South Carolina College of Pharmacy (SCCP) to work with during the year. They will approve experiences used to fulfill learning activities and evaluate the residents' progress.
 - Residents and mentors will meet quarterly.
- Provide 3 contact hours of didactic lecture
 - At least one lecture should utilize active learning methods.
 - Lectures need to be completed either on the SCCP USC or MUSC campus. Mentors will evaluate the residents' lectures.
 - Seminars completed at institutions as part of their residency requirement can account for one contact hour.
 - The resident will need to obtain approval from their mentor. In addition the resident will need to submit the following information:
 - Presentation Title
 - Date to be Given
 - Location

- Audience (specify to whom this presentation will be given and ~ number that will attend)
 - Final slide set
 - Final evaluation forms (copy of each form received)
 - Final mentor evaluation form (should include summation of all evaluations received)
- All resident seminar presentations will be evaluated utilizing the same evaluation form. Mentors will evaluate the residents on the SCCP USC or MUSC campus during their seminars. If the resident is not on the USC or MUSC campus, a preceptor at that institution needs to agree to evaluate the resident.
- Facilitate 3 small group discussions
 - These can be completed at the resident's practice site; however, each experience used for small group facilitation need to be reviewed and 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, technician disease state or practice guideline presentations (ex. education for implementation of a practice guideline content and procedure), or pharmacist educational discussions. The resident should submit the teaching plan for approval prior to the activity. The plan should include the following information:
 - Discussion title
 - Participants
 - Key discussion concepts
 - Time required or allotted for this activity
 - Preparation required by facilitator
 - Evaluation tool to measure participants
 - Mentor responsible for oversight and evaluation of the resident
 - All small group facilitations will be evaluated utilizing the same evaluation form. Mentors will evaluate the residents performing small groups facilitations at the SCCP USC or MUSC campus. If residents choose to perform activity at their practice site, a preceptor must agree to evaluate.
 - There are many opportunities on the SCCP USC and MUSC campus.
- Precept pharmacy students during two month long rotations
 - This experience needs to be reviewed and approved by your mentor prior to performing. A preceptor at the resident's institution needs to agree to evaluate the resident on this experience. 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, review team interactions, review patient interactions. Must be able to perform verbal and written midpoint and final evaluations.
- Provide evaluation of pharmacy students
 - Evaluate pharmacy students on two rotation experience (see above bullet)

- This experience needs to be reviewed and approved by your mentor prior to performing. A preceptor at the resident's institution needs to agree to evaluate the resident on this experience.
 - Evaluate at least 5 pharmacy student oral presentations (ex. Include but are not limited to: pharmacy student seminar presentations, clinical applications presentations, clinical assessment patient presentations)
 - This needs to be completed on the SCCP USC or MUSC campus.
- 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:
 - Publication subject is of appropriate depth / scope and is relatable for the respective postgraduate year of training
 - The resident should develop a time line to include the following items: topic, preceptor, journal, 1st draft, 2nd draft, submission date
 - The publication should be submittable to a peer review journal
- Prepare an abstract suitable for submission for a professional meeting on a local, state or national level
 - Identification of the abstract subject matter, related organization where the abstract will be submitted and potential authors needs to be reviewed and approved by your mentor prior to performing. The abstract can be written with other preceptors; however, it will need to be included in your portfolio.
- Attend 80% of academic seminar series
 - Resident will need to attend the seminar series. These will be provided via distance education to the Charleston and Columbia campus. Residents off Charleston and Columbia campus will be able to receive these through distance education; however, they will be required to travel to Charleston or Columbia campus for a few of them (~25%). There will be at least one to two seminars a month for approximately one hour in length.
- 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 May 15th.

**MUSC MEDICAL CENTER AND COLLEGE OF PHARMACY
RESIDENCY PROGRAM**

RESIDENCY CHECK OUT FORM

Residents must complete and return this form to the Resident Program Office prior to the end of the business day on June 30th. *No information from your official record will be released, including whether you have completed your program, until this form is completed and returned.*

Resident Name _____

Forwarding address _____

Forwarding telephone number _____ Forwarding email address _____

Position after Residency _____

Institution _____

<u>ACTION NEEDED</u>	<u>OFFICE</u>	<u>LOCATION</u>	<u>SIGNATURE/DATE</u>
Service Project (Attach copy)	Project Advisor		_____
MUE completion	Drug Information	RTA 604	_____
No overdue books charges	Library	Education/Library Bldg.	_____
ID badge returned	Public Safety	101 Doughty Street	_____
Parking garage card returned	Parking Management	President & Bee Street	_____
Pager returned	Communications	NT 232	_____
Keys/ Swipe Card	Resident Office	RTA 611	_____
Close IRB File	Research Integrity	165 Cannon Street, Room 501 http://research.musc.edu/ori/irb/irbrnap.doc	_____
Manuscript (Attach copy)	Manuscript Advisor		_____
Evaluations and Exit Survey Complete	Administrative Coordinator	RTA 611	_____
Approval for Program Completion and Certificate	Director of Graduate Pharmacy Education		_____

**MUSC MEDICAL CENTER AND COLLEGE OF PHARMACY
RESIDENCY PROGRAM**

RESIDENCY CHECK OUT FORM FOR RETURNING RESIDENTS

Residents must complete and return this form to the Resident Program Office prior to the end of the business day on June 30th. *No information from your official record will be released, including whether you have completed your program, until this form is completed and returned.*

Resident Name _____

<u>ACTION NEEDED</u>	<u>OFFICE</u>	<u>SIGNATURE/DATE</u>
Service Project (Attach copy)	Project Advisor	_____
MUE completion	Drug Information	_____
Manuscript (Attach copy)	Manuscript Advisor	_____
Evaluations and Exit Survey Complete	Administrative Coordinator	_____
Approval for Program Completion and Certificate	Director of Graduate Pharmacy Education	_____

**MEDICAL UNIVERSITY OF SOUTH CAROLINA MEDICAL CENTER/COLLEGE OF PHARMACY
2008-2009 PHARMACY RESIDENT CONTRACT**

This AGREEMENT is made as of _____, 2008, and entered into by and between the MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM and, _____ for the period July 1, 2008 to June 30, 2009.

WITNESSETH

ARTICLE I

By virtue of this AGREEMENT, the above-indicated individual is recognized as a Resident of the MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM. The Resident agrees to abide by the policies, procedures, rules, and regulations of the Medical University of South Carolina and the MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM, as these policies, procedures, rules and regulations currently exist and may, from time to time, be amended.

ARTICLE II

The Resident's title is as follows:

Name, Pharm.D
Pharmacy Resident
(*PGY I or II*)

The following pay level for the period, July 1, 2008 through June 30, 2009 has been established:

<u>LEVEL</u>	<u>SALARY</u>
PG - 1	\$44,280
PG - 2	\$45,829

ARTICLE III

RESIDENT OBLIGATIONS AND RESPONSIBILITIES:

1. The Resident must meet the qualifications for resident eligibility as determined by the American Society of Health System Pharmacists (hereinafter "ASHP") and the Board of Pharmacy of the State of South Carolina. The resident must submit to a criminal background check and drug screen test in accordance with MUSC and MUHA requirements. Unsatisfactory results in either the criminal background check or the drug screen test will result in rescinding the offer of a residency training position. Commencement of the Resident's training is contingent on securing and maintaining a license without restriction in the State of South Carolina. Commencement of the Resident's training is further contingent upon proof of U.S. citizenship or legal immigrant status, and proper work authorization or J-1 or H-1B approval as determined by the Director of Graduate Pharmacy Education. The Resident agrees to provide proper documentation of these registrations to the Residency Program at the time of issue and renewal. Failure to maintain proper credentials may result in suspension or termination from the program and possible penalties and/or fines.

2. The Resident agrees to perform the duties and responsibilities required of him/her within the regular hours of work and the on-call hours as determined by the Director of Graduate Pharmacy Education.

3. The Resident agrees to perform stated duties and responsibilities to the best of his/her abilities at a satisfactory level of competence as determined by the Director of Graduate Pharmacy Education and the Residency Program's Director through a continuous, confidential evaluation of the Resident's performance.

4. The Resident agrees to comply with all applicable policies, procedures, rules and regulations of the Medical University Hospital Authority, as the same may exist from time to time, including any rules and regulations described in the MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM'S

**MEDICAL UNIVERSITY OF SOUTH CAROLINA MEDICAL CENTER/COLLEGE OF PHARMACY
2008-2009 PHARMACY RESIDENT CONTRACT**

Resident Handbook.

5. The Resident agrees to meet the requirements of MUSC Employee Health Services relating to pre-placement clearance prior to starting the residency program, which includes satisfactory results of the drug screen test, and periodic evaluation of the Resident's ability to perform the duties and responsibilities required hereunder.

6. The Resident agrees to provide patient care commensurate with his/her level of knowledge and skill under a combination of direct supervision and progressive independence based upon demonstrated competence and abilities. The Resident agrees to provide safe, effective, and compassionate care based upon the best evidence available. The Resident will develop an understanding of ethical, socioeconomic/cultural and medical-legal issues that affect patient care and will learn to apply appropriate cost-containment measures in the provision of care.

7. The Resident agrees to participate in all educational activities of the residency program and those required by the Residency Committee. The Resident agrees to participate in any institutional committees or councils to which the resident is appointed, assigned, or selected. The Resident agrees to participate in teaching and supervising pharmacy students and other residents and, when called upon, render an evaluation of the performance of these individuals. The Resident's performance as a clinical teacher will be considered as part of the overall review when contracts are renewed.

8. The Resident agrees to act in a professional manner and present professional appearance while engaged in any and all residency program activities. Recurrent, ongoing, and continuing failure to behave or dress professionally may result in suspension or termination from the program.

ARTICLE IV

MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM OBLIGATION AND RESPONSIBILITIES:

1. MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM agrees to provide, through its facilities and affiliated facilities, an education and training program that is fully accredited by the ASHP and its various residency review committees. The education and training will take place in facilities that are approved by the Joint Commission or other recognized healthcare accrediting agencies.

2. MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM agrees to provide policies and procedures whereby complaints of sexual harassment or other forms of discriminatory practices may be addressed in a manner consistent with Title VII of the Civil Rights Act. The program further agrees to provide special training for all residents in the areas of sexual harassment and cultural diversity.

3. MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM agrees to provide counseling to those residents in need of such services in accordance with the policies and procedures described in the Resident Handbook.

4. MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM agrees to provide residents with "due process" where actions are contemplated which could result in dismissal from the program or could adversely affect a resident's intended career development. The specific policies and procedures for "due process" can be found in the Resident Handbook.

**MEDICAL UNIVERSITY OF SOUTH CAROLINA MEDICAL CENTER/COLLEGE OF PHARMACY
2008-2009 PHARMACY RESIDENT CONTRACT**

ARTICLE V

COMPENSATION AND BENEFITS:

MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM agrees to provide compensation and benefits to the Resident as the sole consideration for the services provided hereunder. For more *specific* details about each benefit, refer to the Resident Handbook.

1. ANNUAL SALARY commensurate with the level of training shall be paid to the Resident in monthly installments (less applicable taxes).
2. VACATION TIME of three (3) weeks, consisting of a maximum of fifteen (15) working days (Monday-Friday), with pay shall be given per twelve months of employment, excluding holidays, meetings and conferences. Residents are not granted compensation time for working on legal holidays unless specifically provided by the Director of Graduate Pharmacy Education according to Program policy. Time off for job interviews and board exams must be taken as annual leave. Vacation leave is granted at the discretion of the Residency Program Director and must be approved, in writing, by the Director of Graduate Pharmacy Education (or his/her Designee) in advance.
3. SICK LEAVE of five days (40 hours), with pay shall be given per twelve months of employment. Three or more consecutive sick days must be verified by a letter from the primary treating physician. Under certain circumstances, additional sick leave (e.g., Family Medical Leave Act) without pay may be granted with the approval of the Residency Program Director and Director of Graduate Pharmacy Education. The Resident may be required to "make-up" any time missed in accordance with Residency Program requirements.
4. BEREAVEMENT LEAVE of three (3) days with pay shall be given per death of an immediate family member (i.e., parents, siblings, grandparents, children or spouse). The Resident may be required to "make-up" the time missed in accordance with Residency Program requirements.
5. MATERNITY/PATERNITY LEAVE may be taken as sick leave and/or vacation time 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 Residency Program Director and Director of Graduate Pharmacy Education. The Resident may be required to "make-up" time missed in accordance with Residency Program requirements.
6. INSURANCE COVERAGE shall be available to the Resident through:
 - A. Health Insurance - The Resident will receive health (including hospitalization) and dental at nominal cost. Dependents are covered at the Resident's expense.
 - B. Life Insurance - The Resident will receive a sum equal to the annual salary plus \$3,000 life insurance on an individual with double indemnity for accidental death or dismemberment (provided by the State).
 - C. Workman's Compensation - All MUSC employees, including Residents, are covered by Workers' Compensation, which is designed to provide benefits for employee who have incurred medical expenses or are unable to work due to bona fide occupational injuries or illnesses.
 - D. Disability Insurance - The Resident will receive disability insurance under a group loan that is portable upon graduation and provides tail coverage.
 - E. Professional Liability Coverage - The Resident will be covered for malpractice liability at all times while performing duties and responsibilities in the PROGRAM. The policy provides \$300,000/\$600,000 per occurrence and the coverage will extend beyond the time in residency from incidents that occurred during their training (i.e., "tail coverage").

**MEDICAL UNIVERSITY OF SOUTH CAROLINA MEDICAL CENTER/COLLEGE OF PHARMACY
2008-2009 PHARMACY RESIDENT CONTRACT**

7. PROFESSIONAL LEAVE OF ABSENCE of 5 days (40 hours) is available to attend professional meetings and will be approved on an individual case-by-case basis by the Residency Program Director and Director of Graduate Pharmacy Education.

8. WORKING CONDITIONS for the Resident will include: a) elected representatives on the Residency Committee, b) a security patrolled parking facility; c) a meal allowance for on-call days; d) one new white clinic lab coat each year of training; e) assistance with handling loan deferments; and e) an office for the exclusive use by the residents. The MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM does not provide laundry service for residents. While the MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM does not provide a housing service, assistance is available about housing in the Charleston area.

ARTICLE VI

MOONLIGHTING AND OUTSIDE ACTIVITIES:

MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM subscribes to the belief that residency training is a full-time experience. Residents have a primary responsibility to achieve maximum performance in their educational endeavors and provide optimal care to the patients charged to them. Therefore, the Resident may not participate or engage in any outside remunerative work of any kind or nature unless the Resident has a permanent license to practice pharmacy in South Carolina and the Resident acknowledges that while engaging in any "moonlighting" activities, the Resident is not acting as an employee or agent of the MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM. The Resident malpractice insurance through the South Carolina Insurance Reserve Fund does not cover "moonlighting" activities. The Resident may "moonlight" in any MUSC facility or major affiliate of his/her residency program provided that: a) such activity does not violate the rules and regulations of any federal agency (e.g. Health Care Finance Administration (HCFA), accrediting organization (e.g. Joint Commission, and/or the hospitals credentialing policies and b) the Resident has the written approval of the Director of Graduate Pharmacy Education to engage in such activity.

A Residency Program Director may prohibit the Resident from any "moonlighting activity" if it is deemed to interfere with the Resident's obligations under this AGREEMENT or the Resident's performance in the residency program.

Residents working under J-1 sponsorship or H-1B are prohibited from engaging in outside remunerative work of any kind or nature whatsoever in accordance with ECFMG and INS regulations. Both J-1 and H-1B petitions are employer specific. Residents in violation are immediately considered in violation of status and are subject to disciplinary action up to and including termination from their program and deportation.

ARTICLE VII

TERMINATION:

All matters pertaining to the Resident's performance under the terms of the AGREEMENT will be handled by the Residency Program Director in collaboration with the Director of Graduate Pharmacy Education. Employment during the period of this AGREEMENT is expressly conditioned upon satisfactory performance by the resident during the entire term of the AGREEMENT presently in effect at the time the AGREEMENT is executed.

In the event that the Residency Program Director, with input from the Preceptors, judges that the Resident has not performed satisfactorily or has violated the terms of this AGREEMENT, it shall become void and the Resident will be dismissed. The MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM will not terminate this AGREEMENT without providing the Resident with written notice and an opportunity to discuss with the Director of Graduate Pharmacy Education, Director of Pharmacy Services and Chair of Pharmacy and Clinical Science the reasons for the termination. The Resident may request a grievance hearing in accordance with the procedure described in the Resident

**MEDICAL UNIVERSITY OF SOUTH CAROLINA MEDICAL CENTER/COLLEGE OF PHARMACY
2008-2009 PHARMACY RESIDENT CONTRACT**

Handbook. If the AGREEMENT is terminated in accordance with this paragraph prior to its expiration date, each party, at this option, may submit an explanatory statement to the ASHP.

The Resident further acknowledges by signing this AGREEMENT that evaluations of his/her work and progress in the training program are an integral part of the residency experience. As such, information from these evaluations may be furnished to certification boards, credentials/privileging committees, prospective employers and/or other program directors. In instances where this information is shared, the Resident will indemnify and hold harmless the MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM and its employees for any damages arising therefrom. Any information regarding a resident's performance that is required by federal or state law will be released immediately to the proper authorities.

ARTICLE VIII

MISCELLANEOUS:

1. This AGREEMENT constitutes the entire agreement of the parties. All prior agreements between the parties, whether written or oral, are merged herein and shall be of no force or effect. The paragraph headings used herein are for convenience only and shall not be used in the construction or interpretation of this AGREEMENT. Any reference to the masculine, feminine or neuter gender shall be deemed to include the other.

2. The Resident may not assign any of his/her rights, powers, duties or obligations hereunder without express prior written approval of the MUSC MEDICAL CENTER/COLLEGE OF PHARMACY RESIDENCY PROGRAM.

3. The Resident agrees to participate in follow-up surveys after completion of the residency program. These surveys will request information regarding evaluation of the residency program as preparation for practice, practice demographic/profiles and patient satisfaction data. The surveys will be sent at periodic intervals after completion of the PROGRAM.

In Witness Whereof, the parties have executed this AGREEMENT:

Signature: _____ Date: _____
(name), Pharm.D
Resident

Signature: _____ Date: _____
Paul W. Bush, Pharm.D.
Director of Graduate Pharmacy Education

Signature: _____ Date: _____
Arnold W. Karig, Ph.D.
Dean, College of Pharmacy