

**2018 - 2019
FY19**

RESIDENCY MANUAL



TABLE OF CONTENTS

INTRODUCTION

[Letter from Director of Graduate Pharmacy Education](#)

Residency Program Structure

[Residency Program Organizational Chart](#)

THE RESIDENCY EXPERIENCE

[Residency Program Position Descriptions](#)

[Role of the Residency Committee](#)

[Expectations and Responsibilities of Residents](#)

[Expectations and Responsibilities of Preceptors](#)

General Residency Activities

[Operational Pharmacy Practice](#)

[Resident Project](#)

[Resident Presentation Guidelines](#)

[Teaching Responsibilities](#)

[Resident On-Call Responsibilities](#)

[Code Pager Responsibilities](#)

[Responsibilities of Chief Residents](#)

[Resident Self-assessment](#)

[Resident Development Plan](#)

[Resident Evaluation Procedures](#)

[Resident Disciplinary Action/Failure to Progress](#)

GENERAL INFORMATION

[Qualifications of Resident Applicants](#)

Application Information

[Residency Benefits](#)

[Leave Policies](#)

[Resident Holidays](#)

[Administrative Support](#)

Photocopying

Mail

[Residency Binders](#)

[Resident Parking](#)

[Keys](#)

[Pharmacist Licensure for Residents](#)

[External Employment Policy](#)

DEPARTMENT OF PHARMACY AND CLINICAL SCIENCES

[MUSC LIBRARY SERVICES](#)

[DEPARTMENT OF PHARMACY SERVICES](#)

Pharmacy Services Facilities

Administration

APPENDICIES

A. [Academician Preparation Training Program](#)

B. [Resident Teaching in the Professional Curriculum](#)

C. [Mentor Program](#)

D. [Chief Resident Job Description](#)

E. [Residency Program Director Job Description](#)

F. [Associate Director of Graduate Pharmacy Education Job Description](#)

G. [Policy on Publications](#)

FORMS (AVAILABLE ON THE RESIDENCY U DRIVE)

Resident Project Approval Form
Poster Reimbursement Form
Clinical Specialist On-Call Consult Service Documentation Form (Adult)
Clinical Specialist On-call Consult Service Weekend Sign-Out Information
Pediatric Clinical Pharmacy On-call Report Form
Resident Rotation Schedule Change Request Form
Travel Expense Report
Format for Quarterly Report of Resident
Resident Leave Form
Request for Replacement Time Form
Moonlighting Approval Form
Learning Experience Introduction Form
Residency Program Continuing Education Form
Pharmacy Resident On-Call Food Allowance
Check Out Form
Check Out Form for Returning Residents



July 1, 2018

Dear Residents:

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

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

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

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

Sincerely,

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

Residency Program Structure

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

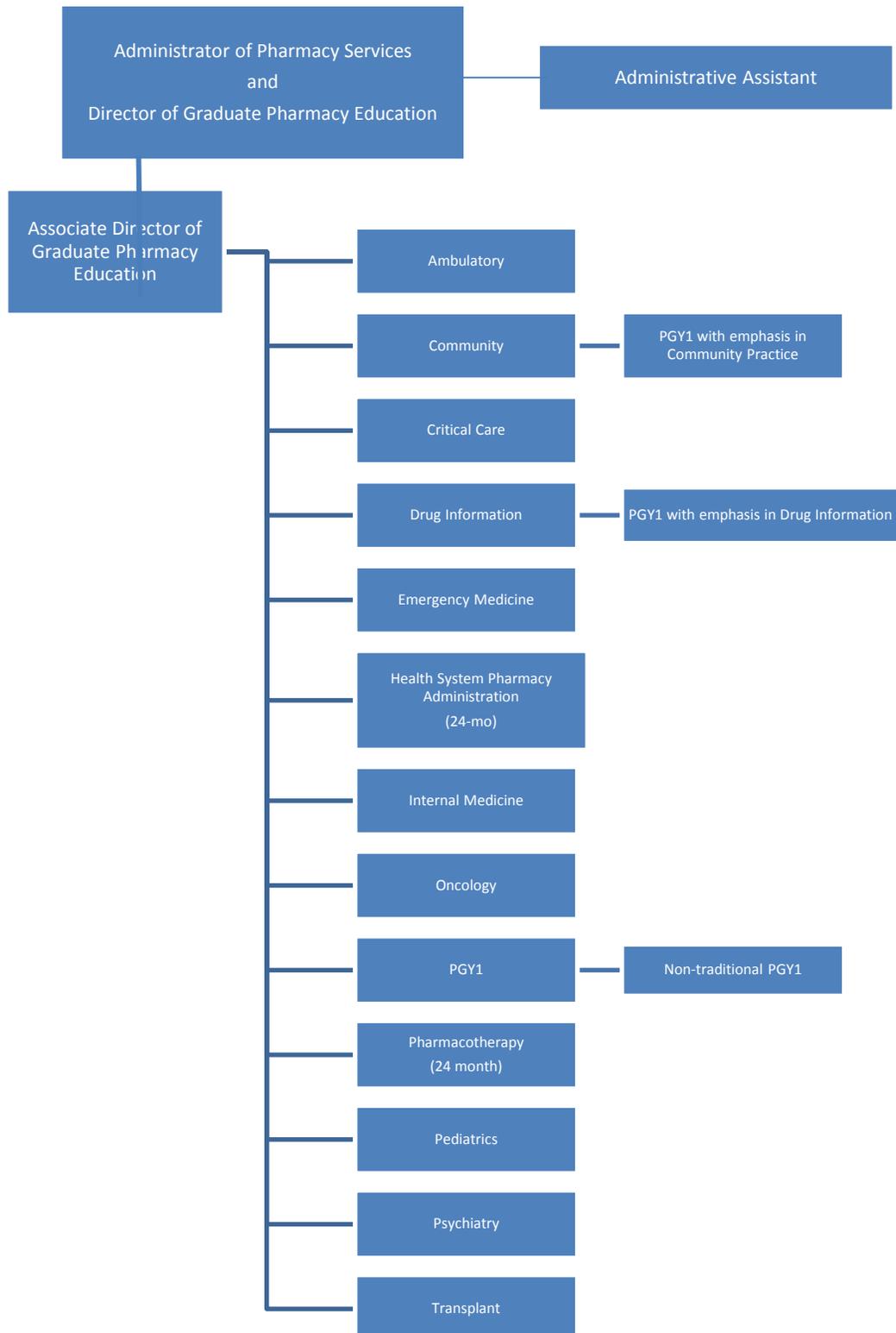
The on-going administrative oversight of the program is delegated to the Administrator of the Pharmacy Services Integrated Center of Clinical Excellence (ICCE) for the Medical Center. The on-going operation and coordination of the program is delegated to the Director of the Graduate Pharmacy Education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

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

The MUSC Health Pharmacy Residency program is funded solely by the Medical Center. The University conducts some administrative duties for the residency program, however, the program is overseen by the Medical Center with the primary focus being on the clinical services provided to patients of MUSC Health. . The close relationship between the MUSC Medical Center and the College of Pharmacy is appreciated as we believe this relationship strengthens the program for the residents and the faculty and staff.

Residency Program Organizational Chart

[Top of the Document](#)



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 F).

Residency Program Director designates the individual responsible for directing the activities of a particular residency program and is responsible for completion of the Competencies, Goals and Objectives, quarterly development plans and final evaluations.

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

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

Preceptor-in-Training designates the individual assigned to educate, train and evaluate the resident within their practice area or area of expertise, but does not meet qualifications for residency preceptor (Appendix C).

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

RESIDENCY COMMITTEE RESPONSIBILITIES

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

Membership

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

Meeting Times

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

EXPECTATIONS AND RESPONSIBILITIES OF RESIDENTS

Professional Practice

Professional Conduct

It is the responsibility of all residents to adhere to the MUSC Health Standards of Professional Behavior policy which may be found at the following webaddress:

<http://musc.edu/medcenter/hr/documents/POLICY12-STANDARDSOFBEHAVIOR.pdf>

Professional Dress

All residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of MUSC (including project days). Clean, pressed white lab coats of full length will be worn at all times in patient care areas (excluding Psychiatry and Pediatrics or other areas deemed to be inappropriate by the attending). Any specific problems with dress will be addressed by the resident's

Advisor/Program Director. A detailed policy may be found at

<http://www.musc.edu/medcenter/policy/Med/A04.htm> and

<http://www.musc.edu/pharmacyservices/PnP/b26.pdf>.

Employee Badges

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

Patient Confidentiality

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

Attendance

Residents are expected to attend all work functions on time. All leave requests should be discussed in advance with the involved preceptor to assure that service responsibilities can be fulfilled. Leave requests may be denied based on the needs for delivery of patient care. Rotation Switches: Ideally any changes to the rotation schedule will be made one month prior to the requested change. Forms will be signed by the appropriate preceptors, RPD and resident and submitted to the residency program assistant.

[Top of the Document](#)

EXPECTATIONS AND RESPONSIBILITIES OF PRECEPTORS

Pharmacists or non-pharmacists of MUSC Health may participate as preceptors for pharmacy residents. The preceptor must show willingness to precept and be a proficient in the field in which they will teach. Preceptors are expected to give regular feedback to the resident highlighting the resident's strengths and areas of opportunity. Feedback should be specific and qualitative in nature so the resident may improve his or her performance. Formal evaluations in a timely manner are also mandatory for all preceptors. Preceptors are encouraged to give all formal evaluations no later than the last day of the learning experience or quarterly if the experience is longitudinal. Evaluations should be given at the latest within 7 days of the end of the experience. Preceptors will be expected to meet the criteria outlined by ASHP standards for preceptors.

The Residency Committee requires all preceptors to pursue at minimum 4 hours of education in preceptor development every two years. The administrative assistant for the residency program will keep track of the education (via sign in sheets, CE credit, email messages or other methods approved by the Director of Graduate

Pharmacy Education). At times the RC may hold a preceptor development program to address issues or concerns of the program. The purpose of this requirement is to ensure our preceptors can provide high quality training and education to our residents and to comply with the ASHP accreditation standards. In addition, the RC supports the attendance of our RPDs to the ASHP Preceptor Conference which is held annually (including a day at the Midyear). Attendees should be prepared to share their learnings with the group when they return.

[Top of the Document](#)

GENERAL RESIDENCY ACTIVITIES

Residents in all residency programs will be required to perform or participate in a number of activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined by the residency accreditation standards. The table below specifies required and additional activities. Requirements which must be met to receive a certificate in the residency program are indicated under “Required Activities” below.

Required Activities (to receive a residency certificate)	Additional Activities
All residents entering a PGY2 program will have their PGY1 residency verified.	Residents will attend scheduled resident meetings to discuss upcoming resident events, other issues pertaining to the residency program, and actions/recommendations made at residency committee meetings, etc. Meetings will be scheduled by the Director of Graduate Pharmacy Education or the Chief Resident(s).
Participation in the Residency Orientation Program and Residency meetings. A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions. Returning residents may be excused from many of the scheduled sessions.	Be present at a minimum of 80% of departmental staff meetings.
Function as pharmacy clinician as determined by the Residency Program Director’s review of the portfolio of resident work. Attain an “achieved” on 95% of the RLS objectives as assessed by the RPD on the last quarterly evaluation. Specific objectives as indicated by the RPD of each program may be required to be marked as achieved. Individual RPDs may also require a more rigorous achievement of goals than stated above. This requirement will be discussed at the beginning of the residency year and documented in the RPD’s Program Description. No NI’s may be present upon graduation of the program.	Be present at a minimum of 80% of academic lectures (e.g. RITE and seminar).
Participate in medication use evaluations and medication policy development. Each PGY1 resident is required to participate in a Medication Use Evaluation (MUE), which will be conducted in support of patient care at the Medical	Participate in Resident Interactive Teaching Experiences as determined by the RPD.

<p>Center. PGY2 residents may also be required by their RPD to participate in an MUE as well based on the resident's development plan. Residents participating in MUEs originating in the MUSC-MC Department of Pharmacy Service will follow the policies and procedures determined by the Drug Information Service through Policy G1 (http://academicdepartments.musc.edu/pharmacy_services/pnp/g01.pdf). Satisfactory performance as determined by Manager of Medication Use Policy and Informatics or his/her designee is required for successful completion of the program.</p>	
<p>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.</p>	<p>Participate in the teaching activities and evaluate Grand Rounds of the College and Medical Center.</p> <p>Resident involvement in teaching activities fosters development and refinement of the resident's communication skills, builds confidence and promotes the effectiveness of the resident as a teacher. Residents may serve as co-preceptors (if deemed appropriate and capable) with faculty members for P4 clerkship students and participate in in-services. Residents will work with and be evaluated by a preceptor. The College of Pharmacy policy on resident teaching is included in the appendix.</p> <p>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 presentation.</p>
<p>Provide a service commitment which is designed to ensure that residents gain experience and can function as a pharmacy generalist. To achieve this objective, all residents are scheduled to work as a clinical pharmacist in an operational area as identified by the Director of Graduate Pharmacy Education and the Residency Program Director. All PGY1 residents (with the exception of the PGY1 in Community Practice) will also participate in a Clinical Generalist Rotation. In order to maintain competence in this role, residents are expected to attend monthly Department of Pharmacy Services Staff Meetings, Department of Pharmacy Services Education Meetings, and mandatory in-services.</p>	<p>Participate in the recruitment efforts of the program.</p> <p>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.</p>

	<p>Participate in group activities</p> <p>Most groups (e.g., medicine, critical care, pediatrics, practice management, drug information, ambulatory care, psychiatry, and oncology) meet on a regular basis to discuss journal articles or topics relevant to that area. Each resident is encouraged but not required to join one of these groups and actively participate throughout the year.</p>
<p>Prepare and present an ACPE-approved continuing education seminar.</p>	
<p>Prepare a manuscript suitable for publication.</p> <p>All residents write at least one manuscript suitable for publication in a peer-reviewed biomedical journal. One manuscript must be a report of the resident's research or practice-related project. Editorial assistance by a preceptor is required. The topic and timeline for the manuscript must be reported to the preceptor and RPD by January 1st, the first draft of the manuscript must be submitted to the preceptor and RPD by April 1st, and the final manuscript must be submitted to the RPD by June 1st. More details regarding publication can be found in Appendix G.</p>	
<p>Participate in the Pharmacy On-call Service.</p> <p>Each resident will participate in one of the department's on-call programs as assigned by the RPD of the resident's program. The goal is for the resident to gain experience in evaluating and making therapeutic recommendations for patients outside of their assigned services. Each resident will have a preceptor back-up with whom individual situations may be discussed before making recommendations. Specific procedures/schedules are outlined in the policy.</p>	
<p>As is applicable to the specific residency program, residents will complete the ACLS/PALS curriculum and participate in medical emergencies.</p> <p>Each resident is expected to come to the first day of residency orientation with BLS completed. During the orientation month, the resident is expected to successfully complete the ACLS or PALS curriculum as appropriate. The goal is to ensure that the resident is familiar with and capable of providing BLS and ACLS/PALS in the event of an emergency.</p>	
<p>Present their project at an approved local, national, regional or state meeting.</p>	

Clinical and Operational Pharmacy Practice

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

Description

- I. Each resident will train with a preceptor as assigned. Basic training will take place during the first month of the residency. Returning PGY2 residents may have different requirements for training as decided by the RPD and management team of the department.
- II. At the conclusion of the basic training period, the Competency Based Orientation Checklist is expected to be completed. Incoming PGY2 residents are expected to complete the Competency Based Orientation Checklist by the end of the first quarter.
- III. Residents will be formally evaluated by their Clinical and Operational Pharmacy Experience preceptors not less than quarterly throughout the year. Feedback will be given continuously.
- IV. Each resident will gain clinical experience providing service throughout the year as a clinical pharmacist. The hours required and make up of that service requirement are residency-specific and can be addressed by the Residency Program Director.
- VII. Residents are permitted to work additional shifts within the Pharmacy Services ICCE as a temporary MUHA employee for compensation. These shifts **must not** interfere with any of the resident's rotation or residency requirements or exceed duty hour policies. If a resident chooses to work additional shifts, he/she must inform his/her Residency Program Director and complete a moonlighting form. Residents may not work additional shifts when they are primary clinician on-call for any service and must review these shifts with their rotation preceptor before signing up. The resident should notify their preceptor and RPD if s/he anticipates the possibility of exceeding duty hours as stated by the ASHP. <http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.aspx>.

Resident Projects

Each resident will complete a service or research project during the residency year. The resident will present the results of the project at local, state, regional or national meeting. A manuscript suitable for submission and publication describing the results of the project must be written.

Residents are provided one working day each month during rotation hours (with the exception of the Clinical Generalist rotation) to work on the project. This time should be requested on the "Learning Experience Introduction Form" during rotation orientation and discussed with the preceptor. Project days may be taken from home or on campus and are counted as one of the 15 working days of each rotation.

Project selection / Scope of projects/ Approval

Each year a list of potential projects will be generated by the staff and faculty of MUSC. A vetting process will take place to ensure the project is feasible and fits with the organizational goals. The vetting group will be made up of a member of the residency committee, a member of the management team, a departmental

expert in analytics and data, a departmental expert in project design and a statistician. The vetted list will be distributed to the residents for ranking. All residents will have an opportunity to review potential projects.

The Residency Committee will recommend a list of potential projects to the Pharmacy Management Team for approval before it is distributed to the residents. Below, a recommended timeline is strongly encouraged. Changes to the timeline can be made with the approval of the project advisor, RPD and resident.

Process/Timeline

July 1 – July 31st	The resident, in conjunction with his/her Residency Program Director, Advisor/Coordinator, and potential project preceptor(s), will identify a project from the list of possible projects provided to the residents. The resident will review the list of projects and meet with the project coordinators of the projects he/she is interested in pursuing. The resident will rank 3 or more projects and submit for selection on or around July 25th. Once the project is ranked and awarded by the Associate Director of Graduate Pharmacy Education, the Resident Project Approval Form must be completed and signed by the project preceptor and submitted to the RPD by July 31st. The Resident Project Approval Form is located in Box.
July 31 – Sept 1	The resident with guidance of the Residency Program Director will submit the completed project form to the resident's Advisor/Coordinator, and 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.
By March 15	Projects should be completed. In the event a project is not completed prior to March 15, sufficient progress must have been made to allow for submission of an abstract to a local, state, regional or national meeting.

Status Reports

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

Project Completion

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

[Top of the Document](#)

Resident Presentation Guidelines

Residents are required to attend 80% of Seminar and RITE sessions and residents that arrive more than 10 minutes late will not receive credit for attendance.

Scheduling of RITE and Seminar

During the orientation period, the dates for RITE and Seminar presentations throughout the residency year will be scheduled for each resident under coordination of the Chief Residents. The resident should carefully select their presentation dates around rotation and other residency requirements as to ensure that they will be able to meet all

deadlines. RITE and Seminar are not able to be rescheduled unless the resident requests a switch in date due to an unforeseeable circumstance such as a death in the family, or personal emergency, or if discussion has been had with the RPD in a suitable period of time as deemed appropriate by the RPD and RCM. The resident must formally request a switch using the approved form.

Resident Seminar Requirements

Each resident will present one formal seminar during the residency program. The goal of the seminar is to expand the resident's communication skills, presentation techniques, and expand knowledge in a topic of their choosing. The seminar topic will be chosen by the resident, with guidance from their RPD and Advisor, and should involve a therapeutic or practice management controversy, developing clinical or practice management research, or therapeutic area. The resident will be responsible for identifying a residency program preceptor to serve as an advisor for their seminar. The resident is responsible for submitting Appendix 5, signed by both the resident and their advisor at least **60 days** before their seminar date. The remainder of the deadlines can be found in Appendix 3, Seminar Timeline. Any deviation from this timeline should be reported to the RPD, Advisor, and Projected Advisor immediately upon discovery to discuss any needed plans or support for corrective action.

The resident should refer to the Guidelines for Residents on Development of Effective Pharmacy Continuing Education Programs Document, located in Box. The content of this guide includes:

- 1) Seminar Speaker Guidance
 - a. Selection of a Topic
 - b. Selection of an Advisor
 - c. Goals and Learning Objectives
 - d. Review of Bloom's Taxonomy
 - e. Active Learning Techniques
 - f. Additional Supplemental Information for developing a CE program
 - i. Appendix 1 – Guidelines for Presenters on Development of Effective Pharmacy Continuing Education Programs
 - ii. Appendix 2 – Tips for Developing ACPE accredited Learning Objectives
 - iii. Appendix 3 - Seminar Timeline
 1. Reviews all required deadlines for developing your seminar
 - iv. Appendix 4 – A list of potential seminar advisors
 - v. Appendix 5 – Expectations of the Resident-Advisor Relationship
 - vi. Appendix 6 – Example Slides
 - vii. Appendix 7 – Additional Supplementary Resources and Information
- 2) Seminar Flyer Template
- 3) Program Info Sheet Template
- 4) Speaker Disclosure Form
- 5) PharmAcademic Evaluation Tool
- 6) APP Evaluation Tool
- 7) Adobe Connect Instructions
- 8) Poll Everywhere Instructions
- 9) Presentation Template (to be used for all Seminars)

The objectives of the Resident Seminar include the following:

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

The length of the Resident Seminar will be limited to 45 to 50 minutes. A maximum of 10 minutes and a minimum of

5 minutes must be reserved for questions and/or comments from the audience. The dress code for this lecture is interview attire (suit). No lab coat shall be worn during a Seminar. ACPE requires that some form of interactivity be included in every accredited program. This can be accomplished via case studies, post-test, informal quiz, etc. See Speaker Guideline document for more examples. Each resident will receive feedback from their evaluators and preceptor on the basis of content, presentation style, overall quality, and performance of the applicable RLS objectives for the learning experience. The critique will be discussed with the resident immediately following the presentation.

Resident Interactive Teaching Experience (RITE) Requirements

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

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

Development and implementation of a RITE presentation will follow the same guidelines as above for seminar. However, the RITE presentation does not need to be ACPE accredited for CE, so the procedures for attaining CE accreditation may not apply for a RITE presentation.

[Top of the Document](#)

Teaching Responsibilities

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

[Top of the Document](#)

Resident On-Call Responsibilities

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

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

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

Examples of on call responsibilities include but are not limited to the following: patient sign outs, pharmacokinetically-dosed drugs, and completing medication reconciliations. The responsibilities may change depending on departmental and hospital needs to provide patient care.

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

[Top of the Document](#)

Code Responsibilities Attendance

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

Chief Residents

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

Resident Self-assessment

Residents complete a self-assessment of their practice experience or competency at the beginning of the residency year as assigned by their RPD. These evaluations should be complete by July 31st or as assigned by the RPD.

Resident Development Plan

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

- The Resident Development Plan template is completed in PharmAcademic utilizing the resident self-assessment and additional information gained through discussion to address all areas in the development plan template.
- There must be at least, but not limited to, three goals included in the residents development plan.
- Goals should be specific and have a plan that includes activities that will be used to accomplish resident goals.
- Both the resident and Residency Program Director (and Advisor, if applicable) sign the development plan.
- An electronic copy of the development plan will be posted and available in PharmAcademic.

The goals and plan should be entered into the Resident Quarterly Progress Report and updated on a quarterly basis. Specific comments will be made indicating how the program's plan has been modified to account for residents' weaknesses and strengths. The plan will also include reference to the effectiveness of the previous actions.

[Top of the Document](#)

Residency Evaluation Procedures

Resident's Evaluation of Preceptor and Rotation Experience

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

Preceptor's Evaluation of Resident's Rotation Performance

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

preceptor. An evaluation will be completed by the preceptor at the midpoint.

Definitions:

Needs Improvement (NI)	Resident displays ≥ 1 of the following characteristics: <ul style="list-style-type: none"> • Requires direct and repeated supervision, guidance, intervention, or prompting • Makes questionable or unsafe decisions • Fails to seek out feedback, incorporate feedback, or is unable to create a sound plan for improvement • Fails to complete tasks in a time appropriate manner • Acts in an unprofessional manner
Satisfactory Progress (SP)	Resident performs at the level expected for their training. The resident responds to feedback and requires limited prompting and guidance to complete tasks appropriately. Resident can accurately reflect on performance and create a sound plan for improvement.
Achieved (ACH)	Resident displays ALL of the following characteristics: <ul style="list-style-type: none"> • Independently and competently completes assigned tasks • Consistently demonstrates ownership of actions and consequences • Accurately reflects on performance and can create a sound plan for future growth • Appropriately seeks guidance when needed
Achieved for Residency (AchR) *assessed by the RPD only	As determined by the RPD, the resident demonstrates continued competency of the assessed goal and can effectively model and/or teach goal to a learner.

Formative Evaluations Process

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

Longitudinal Evaluation Process

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

Quarterly Evaluations

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

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

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

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

Report Due Dates

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
MONTHLY					
Rotation Midpoint	Narrative			X	
Formative		During Rotation		X	
Resident Summative Evaluation	Competencies Goals & Objectives	End of Rotation	X	X	
Preceptor	Rating scale with comments	End of Rotation	X		
Learning Experience	Rating scale with comments	End of rotation	X		
Duty Hour Attestation Form		End of each month	X		
QUARTERLY					
Clinical Operations Experience	Competencies Goals & Objectives	Quarterly	X	X	
Clinic Experience (longitudinal)	Competencies Goals & Objectives	Quarterly	X	X	
Manuscript	Competencies Goals & Objectives	3 rd /4 th Quarter	X	X	
Medication Use Evaluation	Competencies Goals & Objectives	as assigned based on resident's development plan	X	X	
Residency Project	Competencies Goals & Objectives	Quarterly	X	X	
Resident's Development Plan	Competencies Goals & Objectives	Quarterly			X
	Narrative (template lists the required contents)	Quarterly	X		X
OTHER					
Orientation	Competencies Goals & Objectives	End of Orientation	X		
Clinical On-call	Competencies Goals & Objectives	End of On-call week		X	
Clinical On-call Preceptor	Competencies Goals & Objectives	(Quarterly for Pediatrics and Psychiatry)	X		
Seminar Presentation	Competencies Goals & Objectives	After Presentation		X	
Residency Interactive Teaching Experience (RITE)	Competencies Goals & Objectives	After Presentation		X	

Presentation					
ASHP Entering Interests Form	To be reviewed by RPD during Orientation	July	X		
Entering Objective-Based Self Evaluation	To be reviewed by RPD during Orientation	July	X		
FINAL					
Summary: Final Development Plan update	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 (All residents participate in a feedback session as well as are given an end-of-year online survey)	Likert-scored questions with comments	End of Program	X		

Information from evaluations may be given to certification boards, credentials/privileging committees, prospective employers and/or other program directors. Any information regarding a resident's performance that is required by federal or state law will be released immediately to the proper authorities.

[Top of the Document](#)

Resident Failure to Progress

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

Appropriate action will be taken if a resident fails to:

- Present him/herself in a professional manner
- Follow policies and procedures of the University, College, Pharmacy Services ICCE, or MUSC Health.
- Make satisfactory progress on any of the residency goals or objectives (to be determined by the Residency Program Director (and Advisor, if applicable).
- Make satisfactory progress towards the completion of a residency requirement (rotations, project, manuscript, seminar, etc.)

Failure to Progress Policy

Step 1

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

1. Review the MUHA Disciplinary Action Policy 45.

http://mcintranet.musc.edu/hr/employee_corner/documents/POLICY45-DISCIPLINARY_ACTION.pdf when

applicable.

2. Discuss the issue with the resident.
3. In conjunction with the resident, provide a written document to include
 - a. An appropriate solution to rectify the behavior, deficiency or action
 - b. A follow-up plan
 - c. Specific goals for monitoring progress
 - d. Dates for satisfactory progress shall be established with the resident
 - e. An outline of next steps if immediate improvement is not seen.
4. The written document will be placed in resident's file by the RPD and submitted to the Director of Graduate Pharmacy Education. The Medical Center's Form may be used but there should be an additional written plan developed (described above), which is signed by the resident and RPD at minimum and possibly the preceptor.
5. The Residency Committee and future preceptors will be notified of the resident's deficiency and will be asked to provide feedback on additional, ongoing or future concerns to the residency advisor and RPD.

Step 2

If the follow-up plan does not yield satisfactory results as described and agreed upon, or another deficiency, behavior or action warrants attention, the involved preceptor(s) plus the resident's Residency Program Director (and Advisor if applicable) will determine a plan and course of action.

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

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

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

Step 3

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

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

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

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

Residents have the opportunity to consult with the MUSC ombudsman if desired. The MUSC Ombudsman serves as a **confidential, neutral, informal** and **independent** resource initially available to help address faculty members'

and postdoctoral trainees' concerns and conflicts. The Ombudsman's Office offers a safe place to discuss problems or issues within the University and to review options for informal resolutions of differences. The primary goal of the Ombudsman is to ensure that faculty and postdoctoral trainees receive fair and equitable treatment. <http://academicdepartments.musc.edu/ombudsman/index.htm>

[Top of the Document](#)

GENERAL INFORMATION

Qualifications of Resident Applicants

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

Selected applicants for all programs will be required to visit the Medical University of South Carolina campus for an on-site interview. Phone or online interviews may be granted in some circumstances (e.g., Phase 2 match). Candidates are selected for interviews based on criteria approved by the Residency Program Committee.

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

Application materials must include the following:

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

Early Decision for PGY2 Programs

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

Application materials must include the following:

- Application form
- Letter of Intent
- Curriculum Vitae
- Three letters of reference completed by health professionals who can attest to the applicant's practice abilities

and aptitudes.

Residency Benefits

- a. Resident Stipends: Assessed annually and communicated in welcome letter.
- b. Leave as outlined in the Leave Policy section below.
- c. Health Insurance: Health insurance (medical and dental) is available on a group rate basis; options can be viewed at: <http://academicdepartments.musc.edu/hr/university/>
- d. Parking: Available for a monthly charge.
- e. Taxes: Federal, State and F.I.C.A. taxes will automatically be deducted from paychecks.
- f. Poster Reimbursement: The MUSC Medical Center/College of Pharmacy Residency Program will have posters printed for each resident that presents at an educational and professional meeting as long as the resident uses the approved poster template. The Residency Program Administrative Coordinator will arrange for the poster to be printed (3 feet by 5 feet in color).

[Top of the Document](#)

Leave Policies

ALL LEAVE must be approved by the preceptor and RPD. A preceptor or RPD can deny any leave based on patient care concerns or if the resident's ability to complete the assignments of the rotation is in question.

PGY1 residents receive leave as follows:

- 12 days of annual leave which is used for sick time, vacation time and interview days.
- Administrative time is granted upon approval for professional leave for meetings or other duties as determined.
- Each PGY1 resident will receive one compensation day per month after their Clinical Operations Experience (with exception on Clinical Generalist rotation as the day is built into the schedule).
- All residents receive replacement time for any of the designated holidays in which he/she works. Only residents specifically scheduled for staffing or coverage for the clinical pharmacy on-call service will be granted replacement time for holidays worked. A holiday schedule is included in this section of the Residency Manual.

PGY2 residents receive leave as follows:

- 20 days of annual leave which is used for sick time, vacation time and interview days.
- Administrative time is granted upon approval for professional leave for meetings or other duties as determined.
- All residents receive replacement time for any of the designated holidays in which he/she works. Only residents specifically scheduled for staffing or coverage for the clinical pharmacy on-call service will be granted replacement time for holidays worked. A holiday schedule is included in this section of the Residency Manual.

Annual Leave

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

permitted to terminate while on annual leave (you **must** be present on the final day of your residency).

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

Administrative Leave

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

Replacement Time

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

Long Term Leave

Maternity/Paternity Leave

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

Additional Leave

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

Duty Hours

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

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

[Top of the Document](#)

Resident Holidays (9)

New Year's Day	Memorial Day	Independence Day
Labor Day	Thanksgiving Day	Day after Thanksgiving
Christmas Eve	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.

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

Administrative Support

Photocopying

Residents may use the Department of Clinical Pharmacy and Outcomes Sciences or Department of Pharmacy

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

Electronic Residency Documents

Residents are required to maintain a record of residency documents for the duration of the residency. All forms and documents will be uploaded into PharmAcademic or in the tool designated by the RPD of the program.

Electronic Resident binders or PharmAcademic should be updated monthly throughout the residency year. The following documents are required to be uploaded to the resident binder:

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

[Top of the Document](#)

Keys

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

Pharmacist Licensure for Residents

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

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

Residents who have not received their license by August 31st will have their participation in the residency program reviewed and may be subject to dismissal. Extenuating circumstances will be evaluated. Making up time in the clinical operations experience will be required and will be discussed with the RPD and resident.

External Employment Policy

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

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

Use of Technology

Residents will be provided a laptop that will serve as the computer for their office space and will be available for

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

The resident is responsible for the care and security of the device and upholding data security per the Pharmacy Services Computer Use Policy: policies and procedures of Information Systems (IS) (<http://www.musc.edu/infoservices/policies.html>).

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

[Top of the Document](#)

DEPARTMENT OF CLINICAL PHARMACY AND OUTCOME SCIENCES

Departmental Faculty Meetings

The Faculty of the Clinical Pharmacy and Outcome Sciences Department meet monthly. 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 may be asked to leave the meeting.

Coursework Available to Residents

Residents interested in lecturing in the classroom should notify the faculty member presenting the lecture of interest. Residents interested in facilitating clinical assessment, hospital or community laboratories should notify the course coordinator of the particular lab of interest.

Any participation in coursework during scheduled rotation hours must be approved in advance by the rotation preceptor.

MEDICAL UNIVERSITY OF SOUTH CAROLINA LIBRARY

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

[Top of the Document](#)

DEPARTMENT OF PHARMACY SERVICES

Department of Pharmacy Services

Mission

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

Vision

The MUSC Health Pharmacy Enterprise will provide optimal patient care and improve patient outcomes for the lives we touch. Pharmacy team members will work together to create an exceptional work environment and advance the profession of pharmacy through outreach and

accessibility. The enterprise will be recognized locally, nationally and globally for quality and diversity, professional leadership, educational excellence, and innovation.

Administration

<u>Preceptor</u>	<u>Area of Practice</u>	<u>Phone</u>	<u>Pager</u>
Dr. Heather Easterling	Administration, ICCE Administrator	2-5691	13300
Dr. Kelly Crowley	Administration, Ambulatory Services	2-1009	12944
Dr. Jason Mills	Administration, Pharmacy Supply Chain	2-7354	11219
Dr. Jeff Brittain	Administration, Medication Safety, Use & Policy	2-8295	11599
Dr. Joel Melroy	Administration, Ashley River Tower	6-5933	11732
Dr. Dominic Ragucci	Administration, Children's Hospital Pharmacy Services	2-9746	13613
Dr. Carolyn Bondarenka	Administration, Oncology Pharmacy Services	6-5946	13710
Dr. David Cruse	Administration, Specialty Pharmacy Services	2-8251	11191

Administrative Support

<u>Staff</u>	<u>Area of Responsibility</u>	<u>Phone</u>
Ms. Susan Sykes	Administrative Coordinator	2-5691

Pharmacy Web Page

The Pharmacy Services web page is available at the following URL:
<https://horseshoe.musc.edu/clinical/clinservices/pharmacy>

[Top of the Document](#)

Residency Completion

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

Appendix A

Academician Preparation Program

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

Goals and Objectives

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

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

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

Learning Activities/Requirements

1. Each resident will be assigned a faculty mentor from the MUSC College of Pharmacy to work with during the year. They will review experiences used to fulfill learning activities and evaluate the residents' progress.
 - Residents and mentors will meet quarterly.
2. Provide **two** contact hours of didactic lecture
 - At least one lecture should utilize active learning methods.
 - Lectures may be completed in college courses or the institution where the resident practices.
 - Mentors or a designee will evaluate the residents' lectures.
 - Lectures completed at institutions as part of their residency requirement can meet this requirement.
 - In addition the resident will need to have the following information in their portfolio:
 1. Presentation title, date given
 2. Audience (~ number that will attend)
 3. Final slide set
 4. Final evaluation forms (copy of each form received)
 - All resident seminar presentations will be evaluated utilizing the same APP evaluation form. Mentors or their designee will evaluate the residents.
 - All lectures must have at least five multiple choice test question per hour of lecture that evaluate the learner's comprehension/application of the material. The test questions should relate to the learning objectives. The preceptor that the resident is working with should review these.

-
- **The questions/answers with explanation and learning objectives should also be emailed to Dr. Jean Nappi (nappijm@musc.edu)**
3. Facilitate **five** small group discussions and/or laboratory exercises
 - These sessions are designed for the resident to evaluate student presentations or other skills.
 - **Residents are strongly encouraged to participate in laboratory and clinical assessment courses. Many of these use small group facilitation and residents may become more familiar with additional educational techniques including OSCEs using standardized patients and human patient simulation.**
 - These can be completed at the resident's practice site; however, each experience used for small group facilitation needs to be approved by your mentor prior to performing. Examples of small group opportunities include but are not limited to: pharmacy student disease state discussions, pharmacy student patient case presentations, or helping in one of the laboratory based courses in the SCCP. If the mentor is not able to evaluate the resident, another preceptor must be identified.
 - All small group facilitations will be evaluated utilizing the same evaluation form. Mentors will evaluate the residents performing small groups facilitations at the MUSC, USC or Greenville campuses. If residents choose to perform activity at their practice site, a preceptor must agree to evaluate.
 4. Precept pharmacy students during **two** (month long) rotations
 - A preceptor at the resident's institution needs to agree to allow the resident to assist precepting the student. Minimum requirements for this interaction include: providing an orientation to the student for the month-long experience, review patients and discuss disease states and drug therapies, evaluate student-team interactions, and evaluate student-patient interactions. Must be able to perform verbal and written midpoint and final evaluations along with the student's preceptor.
 - Provide written evaluation of pharmacy students at midpoint and final using the evaluation form on evaluate.
 5. Evaluate at least **five** pharmacy student oral presentations (examples include but are not limited to: pharmacy student seminar or Grand Rounds presentations, clinical applications presentations)
 6. Prepare a manuscript suitable for peer review and publication
 - This can be completed with preceptors from the resident's practice site; however, it needs to be reviewed and approved by your mentor. It must meet these minimum requirements:
 - a. Publication subject is of appropriate depth / scope and is relatable for the respective postgraduate year of training
 - b. The publication should be suitable for submission to a peer review journal
 7. Prepare an abstract suitable for submission for a professional meeting on a local, state or national level
 - The abstract can be written with other preceptors; however, it will need to be included in your portfolio. The abstract must include results and conclusion.
 8. Attend 80% of academic seminar series
 - Residents need to attend the seminar series. These will be provided via distance education to the Charleston, Columbia and Greenville campuses. Residents in Florence will be able to receive these through distance education technology. There will be 4 hours of seminar in July and additional seminars during the first half of the year.
 9. Prepare a teaching portfolio
 - This will contain all of your learning activities and evaluations. This will need to be turned into your mentor to review prior to completion of program. This will need to be completed by **June 1st**.

Appendix B

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

Providing teaching opportunities for pharmacy residents is encouraged as a method to foster professional development, acquire teaching skills, and assist residents in earning the Academic Preparation Certificate from the College of Pharmacy. As a rule, residents may participate in clinical and/or didactic teaching. In each case/teaching event, a faculty member who will be responsible for the resident's performance must be identified. In general, this will be the faculty member of record/responsible for a given clerkship, didactic class, laboratory, 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, laboratories, and small group sessions, this includes:
 - a. ensuring that the resident is fully aware of the objectives of the session, what material is to be covered, and what level of detail/depth is expected
 - b. ensuring that the content prepared by the resident is appropriate
 - c. confirming that all handout material is acceptable in format and content
 - d. ensuring that the resident is fully capable in the use of any audiovisual equipment to be used during the session
 - e. attending the session in its entirety to provide content expertise as necessary
 - f. reviewing/revising examination questions prior to and after the exam
 - g. providing the resident with a structured evaluation of performance/feedback after the class session
2. In the case of clinical teaching, the faculty member is expected to
 - a. clarify for the resident exactly what teaching opportunities/responsibilities are entailed (ongoing throughout clerkship and ad hoc)
 - b. observe an adequate amount of teaching so that meaningful evaluation/feedback on teaching technique can be provided to the resident
 - c. ensure opportunities for the resident to provide written feedback to students in the clerkship student evaluation process
 - d. solicit input from students regarding the quality of resident's teaching such that this may be reflected in this component of the resident's clerkship duties.

[Top of the Document](#)

Appendix C

MENTOR PROGRAM FOR PRECEPTORS IN TRAINING

Objective: The pharmacy residency mentor program is designed to allow new preceptors who have not yet met the qualifications for residency preceptor (also known as preceptors-in-training) the opportunity to work with more senior clinical specialists/preceptors in order to gain additional knowledge and skills and become proficient at precepting pharmacy residents within two years.

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

Expectations of Mentor: As a role model, the mentor will teach, sponsor, encourage, counsel and befriend a less experienced/skilled person for the purpose of promoting their professional development in the area of resident precepting. Mentors will be expected to utilize interpersonal skills in order to aid individuals in growth and development. Specifically, the mentor will be expected to:

- Review and sign the mentee's preceptor-in-training development plan quarterly
- Co-sign any summative evaluations completed by the preceptor-in-training
- Meet with the mentee:
 - o At the beginning of the first month of precepting (or at commencement of the mentor program) and sit in on the orientation process
 - o At the end of the first month of precepting and sit in on the evaluation process
 - o At least once per quarter in order to review the development plan and follow up on precepting progress, growth/development
- Be available to the mentee at any time during rotation experiences, when questions arise or advice is needed
- Evaluate at least one teaching experience that the mentee facilitates throughout the year

Expectations of Mentee: As a protégé, the mentee will be open-minded and proactive when it comes to meeting with their mentor and will be expected to self-assess throughout the process. Mentees will be expected have a willingness to assume responsibility for their own growth and development, with aid from their mentor.

Specifically, the mentee will be expected to:

- Complete preceptor-in-training development plan outlining progress towards meeting all ASHP requirements within 2 years
- Meet with the mentor:
 - o At the beginning of the first month of precepting/orientation process (or at commencement of the mentor program) and be receptive to feedback/constructive criticism
 - o At the end of the first month of precepting/evaluation process and be receptive to feedback/constructive criticism
 - o At least once per quarter in order to review the development plan and follow up on precepting progress, growth/development
- Proactively contact the mentor throughout the year when questions arise or advice is needed

**Pharmacy Residency Program
Preceptor-in-Training Development Plan
2017**

Preceptor-in-training name:			Date:
Mentor name:			
PGY1 Learning Experience(s)			
PGY2 Learning Experience(s) and Program(s)			
Other learning experiences	<input type="checkbox"/> On-call <input type="checkbox"/> Medication Use Evaluation <input type="checkbox"/> Seminar	<input type="checkbox"/> Research Project <input type="checkbox"/> RITE <input type="checkbox"/> Other:	
Preceptor-in-training eligibility <i>Select the applicable level of experience</i>	PGY1 Eligibility		PGY2 Eligibility
	<input type="checkbox"/> PGY1 + 1 year of practice experience <input type="checkbox"/> PGY1 + PGY2 + 6 months of practice experience <input type="checkbox"/> ≥ 3 years of practice experience		<input type="checkbox"/> PGY2 + 1 year of practice experience in advanced practice area <input type="checkbox"/> ≥ 3 years of practice experience in advanced practice area
Preceptor-in-training responsibility	The preceptor-in-training agrees to: <ul style="list-style-type: none"> <input type="checkbox"/> contribute to the success of residents and the program <input type="checkbox"/> provide learning experiences in accordance with Standard 3 <input type="checkbox"/> participate actively in the residency program's continuous quality improvement processes <input type="checkbox"/> demonstrate practice expertise and preceptor skills and strive to continuously improve <input type="checkbox"/> adhere to residency program and department policies pertaining to residents and services <input type="checkbox"/> demonstrate commitment to advancing the residency program and pharmacy services 		
Preceptor-in-training qualifications	<ul style="list-style-type: none"> <input type="checkbox"/> Complete Academic and Professional Record Form 2016 <input type="checkbox"/> Use four clinical teaching roles (instructing, modeling, coaching, and facilitating) at the level required by residents <input type="checkbox"/> Ability to assess residents' performance <input type="checkbox"/> Recognition in the area of practice for which they serve as preceptor <input type="checkbox"/> Active practice in the area of practice for which they serve as preceptor <input type="checkbox"/> Maintenance of continuity of practice during residents learning experience <input type="checkbox"/> On-going professionalism, including a personal commitment to advancing the profession 		
Initial Preceptor Development Plan <i>Addresses how preceptor-in-training plans to meet current preceptor eligibility, responsibility, and qualifications requirements by the end of the preceptor-in-training period. Document</i>			

<i>any preceptor development related activities.</i>	
Progress toward meeting eligibility, responsibility, and qualifications requirements	Q1 Update: Q2 Update: Q3 Update: Q4 Update:
Mentor comments	Q1 Update: Q2 Update: Q3 Update: Q4 Update:
RPD Comments <i>RPD for each program in which preceptor has a Learning Experience should comment/acknowledge development plan. Add additional sections for each subsequent PGY2 RPD</i>	<u>PGY1 Program:</u> <input type="checkbox"/> Preceptor-in-training has fulfilled all qualifications for becoming a preceptor Date: Comments: <u>PGY2 Program:</u> <input type="checkbox"/> Preceptor-in-training has fulfilled all qualifications for becoming a preceptor Date: Comments:

The completed development plan should be uploaded to the PITT’s “My Portfolio – Continuing Professional Development” in PharmAcademic.

[Top of the Document](#)

Appendix D

JOB DESCRIPTION

Job Code/Title: / Chief Resident, Pharmacy

JOB PURPOSE

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

JOB FUNCTIONS

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

MINIMUM JOB REQUIREMENTS

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

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

KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED

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

EVALUATION

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

[Top of the Document](#)

Appendix E

JOB DESCRIPTION

JOB TITLE: Residency Program Director (RPD)

JOB PURPOSE

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

RPDs must meet the ASHP standard for program directors.

EVALUATION

Assessment by Supervisor

Job Task: Residency Program Director

Weight: 5%

Success Criteria

- Acts as a mentor and pharmacy role model for all residents
- Meets with resident(s) on a monthly basis (minimum) and as needed to review resident goals and discuss their progress with the program
- Completes all quarterly assessments by the designated date
- Tracks learning objectives that have been achieved for the residency on a quarterly basis
- If applicable, tracks the achievement of the required disease-state appendix and makes necessary changes to the rotation schedule.
- Regularly attends resident presentations (RITE, seminar, lectures)
- Contributes to the list of resident project ideas at the beginning of the residency calendar year
- Contributes to the MUE program
- Serves as an advisor to either a residency project(s) or a MUE (if applicable)
- Precepts a minimum of four residents per year

[Top of the Document](#)

Appendix F

JOB DESCRIPTION

Job Title: Associate Director of Graduate Pharmacy Education

JOB PURPOSE

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

JOB FUNCTIONS

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

[Top of the Document](#)

Appendix G

Policy for presentation/publication of residency service/research projects

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

General Policy & Conditions for First Authorship

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

Time Limits

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