Introduction
The University of Mississippi Medical Center (UMMC) offers twelve-month postgraduate year one (PGY1) pharmacy practice and postgraduate year two (PGY2) critical care and PGY2 infectious disease residencies, all accredited by the American Society of Health-System Pharmacists (ASHP). All residencies run from July 1 through June 30 of the following year. Residents are full-time professional staff members in an academic curriculum of the Department of Pharmacy Services who report directly to their Residency Program Director (RPD) and the Director of Pharmacy Services. Upon successful completion of all program requirements, residents are awarded a residency certificate indicating they have achieved the competency areas, goals, and objectives of their respective residency program.

This manual will serve to guide the resident by providing a general overview of various aspects of the residency programs.
PGY1 Pharmacy Residency Program
The PGY1 Residency centers on development of the knowledge, skills, attitudes, and abilities gained from an accredited professional pharmacy degree program. The residency program enhances general competencies in managing medication use systems and supports optimal medication therapy outcomes for patients with a broad range of disease states.

Purpose
PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Structure
In order to achieve the desired goals of the PGY1 Pharmacy Residency Program, learning experiences have been developed to facilitate achievement of the ASHP required competency areas, goals, and objectives.

Required Rotations

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<tr>
<th>Monthly</th>
<th>Longitudinal</th>
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<tbody>
<tr>
<td>Orientation</td>
<td>Research</td>
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<tr>
<td>Adult Medicine</td>
<td>Longitudinal Resident Progression</td>
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<tr>
<td>1 ICU Experience</td>
<td>Practice Management</td>
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<td>1 Pediatric Experience</td>
<td>Staffing</td>
</tr>
<tr>
<td>Research</td>
<td>Anticoagulation Clinic Experience (6 months)</td>
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<td></td>
<td>Elective Clinic Experience (6 months)</td>
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<tr>
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<td>Monograph/MUE Experience</td>
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Elective Monthly Rotations

- Medical ICU
- Surgical ICU
- Emergency Medicine
- General Pediatrics
- Pediatric Hematology/Oncology
- Cardiology
- Academia
- Hypertension Clinic
- Heart Failure Clinic
- Cardiovascular ICU
- Nutrition Support
- Infectious Diseases Consults
- Pediatric ICU
- Psychiatry
- Abdominal Transplant Inpatient
- Abdominal Transplant Clinic
- Cystic Fibrosis Clinic
- Anticoagulation Clinic
- Neuroscience ICU
- Bone Marrow Transplant
- Infant ICU
- Administration
- Dialysis/Nephrology Clinic
- MS Poison Control Center

Elective Longitudinal Clinic Rotations

- Anticoagulation Clinic
- Cystic Fibrosis Clinic
- Dialysis/Nephrology Clinic
- Med/Peds Clinic
- MS Poison Control Center
- Heart Failure Clinic

Required Competency Areas, Goals, and Objectives

<table>
<thead>
<tr>
<th>Competency Area R1 Patient Care</th>
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<tr>
<td>Goal R1.1</td>
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<tr>
<td>Objective R1.1.1</td>
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<td>Objective R1.2.1</td>
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<td>Goal R1.3</td>
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<td>Objective R1.3.1</td>
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<td>Objective R1.3.2</td>
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<td>Objective R1.3.3</td>
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</table>

**Competency Area R2 Advancing Practice and Improving Patient Care**

**Goal R2.1** Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization

**Objective R2.1.1** Prepare a drug class review, monograph, treatment guideline, or protocol

**Objective R2.1.2** Participate in a medication-use evaluation

**Objective R2.1.3** Identify opportunities for improvement of the medication-use system

**Objective R2.1.4** Participate in medication event reporting and monitoring

**Goal R2.2** Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system

**Objective R2.2.1** Identify changes needed to improve patient care and/or the medication-use system

**Objective R2.2.2** Develop a plan to improve the patient care and/or the medication-use system

**Objective R2.2.3** Implement changes to improve patient care and/or the medication-use system

**Objective R2.2.4** Assess changes made to improve patient care or the medication-use system

**Objective R2.2.5** Effectively develop and present, orally and in writing, a final project report

**Competency Area R3 Leadership and Management**

**Goal R3.1** Demonstrate leadership skills

**Objective R3.1.1** Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership

**Objective R3.1.2** Apply a process of on-going self-evaluation and personal performance improvement

**Goal R3.2** Demonstrate management skills

**Objective R3.2.1** Explain factors that influence departmental planning

**Objective R3.2.2** Explain the elements of the pharmacy enterprise and their relationship to the health care system

**Objective R3.2.3** Contribute to departmental management

**Objective R3.2.4** Manages one’s own practice effectively

**Competency Area R4 Teaching, Education, and Dissemination of Knowledge**

**Goal R4.1** Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)

**Objective R4.1.1** Design effective educational activities

**Objective R4.1.2** Use effective presentation and teaching skills to deliver education

**Objective R4.1.3** Use effective written communication to disseminate knowledge

**Objective R4.1.4** Appropriately assess effectiveness of education

**Goal R4.2** Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals

**Objective R4.2.1** When engaged in teaching, select a preceptor role that meets learners’ educational needs

**Objective R4.2.2** Effectively employ preceptor roles, as appropriate

**PGY1 Elective - Pharmacy Research (2014)**

**Competency Area E1 Pharmacy Research**

**Goal E1.1** Conduct and analyze results of pharmacy research

**Objective E1.1.1** Design, execute, and report results of investigations of pharmacy-related issues

**Objective E1.1.2** Participate in prospective and retrospective clinical, humanistic, and economic outcomes analysis
Requirements for Graduation:
In addition to the requirements listed in “Requirements for Graduation,” residents must also complete all projects and requirements as listed on the “Annual PGY-1 Residency Requirements” checklist, available as Appendix 1.

Updated 1/2020

PGY2 Pharmacy Residency Programs
PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

PGY2 Critical Care Program
Purpose
In addition to ASHP purpose of PGY2 residency programs, the PGY2 Critical Care Pharmacy Residency Program at University of Mississippi Medical Center exists to achieve three main overarching goals.

- To develop confident and competent critical care practitioners.
- To develop well-rounded educators effective in teaching current health care professionals and health care professionals in training.
- To promote a desire for pursuit and participation in critical care clinical research.

Structure
In order to achieve the desired goals noted above, learning experiences have been designed to facilitate achievement of ASHP required competency areas, goals, and objectives. Names of preceptors for each rotation are provided in the preceptor roster and learning experience descriptions.

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<tr>
<td>Orientation</td>
<td>Longitudinal Resident Progression</td>
</tr>
<tr>
<td>Medical ICU</td>
<td>Management</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Research (month rotation as well)</td>
</tr>
<tr>
<td>Neuroscience ICU</td>
<td>Staffing Service</td>
</tr>
<tr>
<td>Surgical ICU</td>
<td>Teaching and Preceptorship</td>
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<tr>
<td>Nutrition Support</td>
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<tr>
<td>Research</td>
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</table>

ASHP competency areas, goals and objectives are selected for the PGY2 Critical Care Residency Program to meet the program’s purpose. Residents are required to familiarize themselves with objectives associated with each goal. Objectives are intended to be matched with specific activities outlined in each learning experience. Achievement of all objectives for a specified goal will signify achievement of the associated goal and achievement of all goals for a specified outcome will signify achievement of the associated competency area.
## Required Competency Areas, Goals, and Objectives

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<td>Objective R1.1.8</td>
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</table>

**Goal R1.2** | Ensure continuity of care during transitions of critically ill patients between care settings. |
| Objective R1.2.1 | (Applying) Manage transitions of care effectively for critically ill patients. |

<table>
<thead>
<tr>
<th>Competency Area R2: Advancing Practice and Improving Patient Care</th>
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<tbody>
<tr>
<td><strong>Goal R2.1</strong></td>
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<tr>
<td>Objective R2.1.1</td>
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<th>Competency Area R3: Leadership and Management</th>
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<tr>
<td><strong>Goal R3.1</strong></td>
</tr>
<tr>
<td>Objective R3.1.1</td>
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<tr>
<td>Objective R3.1.2</td>
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</table>

**Goal R3.2** | Demonstrate management skills in the provision of care for critically ill patients. |
| Objective R3.2.1 | (Applying) Contribute to critical care pharmacy departmental management. |
| Objective R3.2.2 | (Applying) Manage one’s own critical care practice effectively. |

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<thead>
<tr>
<th>Competency Area R4: Teaching, Education, and Dissemination of Knowledge</th>
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<tr>
<td><strong>Goal R4.1</strong></td>
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<tr>
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<tr>
<td>Objective R4.1.2</td>
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<tr>
<td>Objective R4.1.3</td>
</tr>
<tr>
<td>Objective R4.1.4</td>
</tr>
</tbody>
</table>

**Goal R4.2** | Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in critical care. |
| Objective R4.2.1 | (Analyzing) When engaged in teaching related to critical care, select preceptor role that meets learners’ educational needs. |
| Objective R4.2.2 | (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to critical care. |
Requirements for Graduation
In addition to the requirements listed in “Requirements for Graduation”, the PGY2 Critical Care resident must also complete the following activities/projects.

- Update Disease State Tracker quarterly
- Complete and present a medication use evaluation
- Complete and present protocol and develop education related to protocol
- Complete 1 ACPE-accredited CE presentation
- Complete 2 journal club presentations
- Complete required therapeutic pearl presentations
- Lead 10 topic discussions for students
- Develop and present skills lab to PY3 students

Updated 6/2020

PGY2 Infectious Disease Program

Purpose
In addition to ASHP purpose of PGY2 residency programs, the PGY2 Infectious Diseases Pharmacy Residency Program at University of Mississippi Medical Center exists to achieve three main overarching goals.

- To develop confident and competent infectious diseases practitioners.
- To promote a desire for pursuit and participation in infectious diseases research.
- To develop well-rounded educators effective in teaching current health care professionals and health care professionals in training.

Structure
In order to achieve the desired goals noted above, learning experiences have been designed to facilitate achievement of ASHP required competency areas, goals, and objectives. Names of preceptors for each rotation are provided in the preceptor roster and learning experience descriptions.

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<td>Longitudinal</td>
</tr>
<tr>
<td>Adult Infectious Diseases I/Orientation</td>
<td>Ambulatory Infectious Diseases</td>
</tr>
<tr>
<td>Adult Infectious Diseases II</td>
<td>Infection Control</td>
</tr>
<tr>
<td>Adult Infectious Diseases III</td>
<td>Longitudinal Resident Progression</td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
<td>Practice Management</td>
</tr>
<tr>
<td>Microbiology</td>
<td>Research (month rotation as well)</td>
</tr>
<tr>
<td>Pediatric Infectious Diseases</td>
<td>Staffing Service</td>
</tr>
<tr>
<td>Research</td>
<td>Teaching and Preceptorship</td>
</tr>
</tbody>
</table>

ASHP competency areas, goals and objectives are selected for the PGY2 Infectious Diseases Residency Program to meet the program’s purpose. Residents are required to familiarize themselves with objectives associated with each goal. Objectives are intended to be matched with specific activities outlined in each learning experience. Achievement of all objectives for a specified goal will signify achievement of the associated goal and achievement of all goals for a specified outcome will signify achievement of the associated competency area.
## Required Competency Areas, Goals, and Objectives

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<thead>
<tr>
<th>Competency Area R1: Patient Care</th>
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</thead>
<tbody>
<tr>
<td><strong>Goal R1.1</strong></td>
<td>In collaboration with the health care team, provide comprehensive medication management to patients with infectious diseases following a consistent patient care process.</td>
</tr>
</tbody>
</table>

**Objective R1.1.1** *(Applying)* Interact effectively with health care teams, including microbiologists and infection control preventionists, to manage medication therapy for patients with infectious diseases.

**Objective R1.1.2** *(Applying)* Interact effectively with infectious diseases patients, family members, and caregivers.

**Objective R1.1.3** *(Analyzing)* Collect information on which to base safe and effective medication therapy for infectious diseases patients.

**Objective R1.1.4** *(Analyzing)* Analyze and assess information on which to base safe and effective medication therapy for infectious diseases patients.

**Objective R1.1.5** *(Creating)* Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for infectious diseases patients.

**Objective R1.1.6** *(Applying)* Ensure implementation of therapeutic regimens and monitoring plans (care plans) for infectious diseases patients by taking appropriate follow-up actions.

**Objective R1.1.7** *(Applying)* For infectious diseases patients, document direct patient care activities appropriately in the medical record or where appropriate.

**Objective R1.1.8** *(Applying)* Demonstrate responsibility to infectious diseases patients.

| **Goal R1.2**                   | Ensure continuity of care during infectious diseases patient transitions between care settings. |
| **Objective R1.2.1** *(Applying)* | Manage transitions of care effectively for patients with infectious diseases. |

<table>
<thead>
<tr>
<th>Competency Area R2: Advancing Practice and Improving Patient Care</th>
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<tbody>
<tr>
<td><strong>Goal R2.1</strong></td>
<td>Demonstrate ability to manage formulary and medication-use processes for infectious diseases patients, as applicable to the organization and antimicrobial stewardship program.</td>
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</table>

**Objective R2.1.1** *(Creating)* Prepare or revise a drug class review or monograph, and treatment guideline or protocol related to care of infectious diseases patients. Guidance: Can include technology-related improvements.

**Objective R2.1.2** *(Applying)* Participate in the review of medication event reporting and monitoring related to care of infectious diseases patients.

**Objective R2.1.3** *(Analyzing)* Identify opportunities for improvement of the medication-use system related to care for patients with infectious diseases.

| **Goal R2.2**                   | Demonstrate ability to conduct a quality improvement or research project. |
| **Objective R2.2.1** *(Analyzing)* | Identify and/or demonstrate understanding of a specific project topic to improve patient care related to care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy |

**Objective R2.2.2** *(Creating)* Develop a plan or research protocol for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.

**Objective R2.2.3** *(Evaluating)* Collect and evaluate data for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.

**Objective R2.2.4** *(Applying)* Implement quality improvement or research project to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.

**Objective R2.2.5** *(Evaluating)* Assess changes or need to make changes to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.

**Objective R2.2.6** *(Creating)* Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy at a local, regional, or national conference. (The presentation can be virtual.)

| **Goal R2.3**                   | Manage and improve anti-infective-use processes. |
| **Objective R2.3.1** *(Evaluating)* | Make recommendations for additions or deletions to the organization’s anti-infective formulary based on literature and/or comparative reviews. |
### Objective R2.3.2
(Creating) Contribute to the activities of the P&T committee, specifically the anti-infective subcommittee, when applicable.

**Competency Area R3: Leadership and Management**

**Goal R3.1**
Establish oneself as an organizational expert for infectious diseases pharmacy-related information and resources.

**Objective R3.1.1**
(Applying) Implement a successful strategy for earning credibility with the organization to be an authoritative resource on the pharmaceutical care of individuals with an infectious disease.

**Goal R3.2**
Demonstrate leadership skills for successful self-development in the provision of care for infectious diseases patients.

**Objective R3.2.1**
(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for infectious diseases patients.

**Objective R3.2.2**
(Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for infectious diseases patients.

**Goal R3.3**
Demonstrate management skills in the provision of care for infectious diseases patients.

**Objective R3.3.1**
(Applying) Contribute to management of infectious diseases-related policies and issues.

**Objective R3.3.2**
(Applying) Manage one’s own infectious diseases practice effectively.

**Competency Area R4: Teaching, Education, and Dissemination of Knowledge**

**Goal R4.1**
Provide effective medication and practice-related education to infectious diseases patients, caregivers, health care professionals, students, and the public (individuals and groups).

**Objective R4.1.1**
(Applying) Design effective educational activities related to care of patients with infectious diseases.

**Objective R4.1.2**
(Applying) Use effective presentation and teaching skills to deliver education related to care of patients with infectious diseases.

**Objective R4.1.3**
(Applying) Use effective written communication to disseminate knowledge related to care of patients with infectious diseases.

**Objective R4.1.4**
(Applying) Appropriately assess effectiveness of education related to care of patients with infectious diseases.

**Goal R4.2**
Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals about care of patients with infectious diseases.

**Objective R4.2.1**
(Analyzing) When engaged in teaching related to care of patients with infectious diseases, select a preceptor role that meets learners’ educational needs.

**Objective R4.2.2**
(Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to care of patients with infectious diseases.

**Requirements for Graduation**

In addition to the requirements listed in “Requirements for Graduation”, the PGY2 Infectious Diseases resident must also complete the following activities/projects.

- Update Disease State Tracker quarterly
- Update Recommendation Tracker Monthly (when applicable)
- Complete and present a major research project (clinical, outcomes-based) verbally and in writing
- Complete a second scholarly activity (review article, case report, MUE, quality improvement project)
- Develop a protocol, policy, practice guideline, or class monograph/comparison
- Complete 1 CE presentation to the ID Division
- Complete required journal club presentations
- Complete required therapeutic pearl presentations
- Precept at least one student on a clinical rotation including leading topic discussions
- Prepare a lecture or active-learning activity related to infectious diseases

Updated 1/2020
Program Administrators

Residency Program Director
The Residency Program Director (RPD) is responsible for the overall quality of each residency program. They coordinate resident and preceptor activities in order to assure an effective and well-organized learning experience. The RPD must meet certain requirements as set forth by ASHP. Qualifications of the RPD are found in the ASHP Accreditation Standards for each respective program.

Currently, the programs and program directors are as follows:

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<thead>
<tr>
<th>Program</th>
<th>Director</th>
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<tbody>
<tr>
<td>PGY1 Pharmacy</td>
<td>Lindsey Lepard, PharmD, BCPS</td>
</tr>
<tr>
<td>PGY2 Critical Care</td>
<td>Katherine Artman, PharmD, BCCCP</td>
</tr>
<tr>
<td>PGY2 Infectious Diseases</td>
<td>Kayla Stover, PharmD, BCIDP, BCPS</td>
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Residency Oversight Committee
The Residency Oversight Committee (ROC) consists of the RPDs of each program and the Director of Pharmacy. This committee exists to govern over the policies and procedures of the residency programs at the University of Mississippi Medical Center, in order to ensure compliance with the ASHP Accreditation Standards of each program. It will also serve as the governing body over decisions regarding program structure, preceptor appointment, and any issues regarding resident progression or discipline. The ROC will also meet to discuss and approve the final rank list prior to submission.

Residency Advisory Committee
Each RPD will appoint members from its preceptor body to serve as members of a residency advisory committee (RAC) and will serve as the chair of this committee. The RAC will meet several times each year (ideally quarterly) to discuss the respective residency program. This committee exists to make recommendations to the ROC committee regarding:

- Changes to program structure
- Plans for preceptor development and appointment
- Resident progression and discipline
- Resident graduation and awarding of certificate

The RAC will also be involved in each Quarterly Evaluation of the residents and will make recommendations to be included in the development plan of each resident. Any serious issues regarding resident progression may be addressed by this committee. The RAC will be involved in the resident selection process; will assist in determining the list of interview candidates; and will assist in the development of the final rank list.

Preceptor Development Committee
The ROC will appoint members from the preceptor body to serve as members of a preceptor development committee. This committee serves to:

- Develop policies and procedures related to preceptor development
- Develop and implement criteria for appointment and reappointment of preceptors
- Create and implement a preceptor development plan for the residency program
  - Determine preceptor needs
  - Show effectiveness of plans/programs

PGY1 Residency Co-Coordinators
The PGY1 RPD will select 1 or more preceptors to serve as a coordinators of the residency program. These coordinators will assist the RPD with administrative tasks, applicant management and interviews, coordinating scheduling of some
events and orientation, etc. They will also hold monthly meetings with the residents to ensure that tasks and requirements are being completed in a timely manner. They will report directly to the RPD any resident, preceptor, or site performance issues that arise.

Preceptors
Preceptors will be appointed and reappointed by the preceptor development subcommittee with approval from the ROC. Please see the preceptor development policy for more details.
Preceptors are responsible for:
- Preparing and updating learning experience descriptions
- Orienting residents to their learning experience prior to or on the first day of the learning experience
- Completing midpoint evaluations in person and in PharmAcademic
- Completing all summative evaluations in PharmAcademic within 7 days of completion of the learning experience
- Meeting with the resident to discuss summative, self, and preceptor/learning experience evaluations
- Submitting documentation of preceptor development activities to the preceptor development subcommittee

Mentors
Each pharmacy resident will choose a mentor by September 1. Mentors will be expected to:
- Serve as professional mentors with regard to career development
  - May assist with CV development, interview skills, etc
- Proofread projects for accuracy and grammar
- Assist the RPD if issues arise with the resident

Updated 1/2020

Selection of Residents
The applicant should be highly motivated with a desire to receive advanced training to enhance knowledge, skills, attitudes, and abilities related to the provision of direct patient care and project and practice management.

Application Requirements
- The applicant must be enrolled in or be a graduate of and ACPE-accredited advanced pharmacy program or the equivalent.
- Applicants must obtain a license to practice pharmacy and a controlled substance registration in the state of Mississippi within the first 60 days of residency.
- Applicants to the PGY2 programs must be completing or have completed and ASHP-accredited PGY1 pharmacy residency or equivalent.
- PhORCAS must be used to submit the following information.
  - Application and CV
  - Official transcripts
  - Three letters of reference
    - PGY1 Requirements
      - At least 2 letters should be from clinical preceptors
    - PGY2 Critical Care Requirements
      - PGY1 RPD
      - PGY1 critical care preceptor
      - Any other PGY1 preceptor
  - Letter of Intent
All rules and regulations of ASHP and the National Matching Service will be strictly followed.

Candidate Selection for Interviews
- Members of the RAC will review applications using program specific applicant selection rubrics. These documents can be located on the Residency Oversight Committee shared page via OneDrive.
- If the PhORCAS application is not "Complete" at the deadline for submission, the application will not be reviewed, and the candidate will not be considered for an onsite interview.
- The final selection of candidates for onsite interviews is the responsibility of the RPD.

Interview and Evaluation of Candidates
- An onsite interview with RPD, departmental leadership, and residency preceptors is required.
  a. In the event that a second match is needed, a virtual interview may be required.
- All participants in the interview process will complete an applicant evaluation. The scores from these evaluations will be used to develop a preliminary rank list.
- All participants in the interview process will be invited to attend a confidential session to discuss the preliminary rank list and candidate selection.
- The RPD is responsible for submitting the finalized rank list to the National Matching Service.

Updated 1/2020

Resident Responsibilities and Expectations

Licensure
- PGY1 and PGY2 residents must obtain licensure in the state of Mississippi during the first 60 days of their residency program. Those who are not licensed at this time will be terminated.
- Every effort should be made by the resident to be licensed prior to the beginning of residency.
- PGY1 residents who are just graduating are highly encouraged to obtain intern licenses in the state of Mississippi to enable them to complete training during orientation, particularly if licensure is delayed.
- The Mississippi Board of Pharmacy does not permit PGY2 residents to perform any patient care activities until they are fully licensed by our state and are limited to orientation only.

Documentation
- PGY2 residents will present a copy of their PGY1 certificate during the first week of orientation. If the resident does not have a certificate, the RPD will contact the PGY1 residency program. If the resident did not complete their PGY1 program, they will be terminated.
- Primary source verification of licensure for pharmacists is required by UMMC’s HR department. Uploading proof of licensure to Workday (copy of license, screenshot of MS Board of Pharmacy license verification screen) is required.

Outside Employment and Duty Hours
- Residents are not prohibited from procuring part time positions within or outside of the institution if needed.
  o If residents procure part time positions outside of the institution, they are required by the UMMC HR department to fill out the Conflict of Interest form.
- Residents are required to comply with the ASHP Duty-Hour Requirements for Pharmacy Residencies available at: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf
- Hour tracking
Residents will attest in PharmAcademic each month that they are following the ASHP Duty-Hour Requirements.

If outside work is deemed to affect the resident’s performance in any way, they will be asked to decrease the hours of outside work. The resident will be entered into the progressive disciplinary process at this time.

- More intensive hour tracking will begin with limits placed around hours worked outside normal duties, up to cessation of outside employment.

- Residents who procure outside employment are required by the institution to complete a Conflict of Interest Form with the HR department.

**Resident Expectations**

Residents are expected to become fully integrated members of the Department of Pharmacy. As such, they are expected to:

1. Abide by all policies and the values of the organization at all times.
2. Become familiar with the Department of Pharmacy Services Policies and Procedures Manual available on the intranet during their orientation period.
3. Be present and punctual for all assigned activities.
   a. Tardiness is not tolerated and will be enforced according to the Institution’s Attendance Policy.
   b. Any unusual situation causing the resident to be absent, late, or leave early should be communicated to the preceptor and the RPD.
   c. Timely communication regarding requested leave is expected. Failure to inform the RPD of an absence or illness will result in disciplinary action.
   d. Attendance at all resident activities (CE, Journal Club, Therapeutics, etc.) is expected. Any absence or tardiness should be communicated to and approved by the RPD beforehand.
4. Act and present himself or herself in a responsible and professional manner. Residents are to comply with the departmental dress code. Scrubs are permitted so long as they are permitted by the preceptor of the learning experience.
5. Participate in staffing activities in the Department of Pharmacy Services
   a. Residents will participate in scheduled pharmacy staffing longitudinal experience in the Department of Pharmacy Services.
   b. While every effort will be made to not interrupt rotation experiences for normal staffing issues, residents may be asked to assist with staffing in the event of an emergency, disaster, or other unusual staffing circumstance.
6. Comply with rotation expectations, to include:
   a. Meeting with the rotation preceptor to define individual goals and objectives for the rotation
   b. Completing assignments by the end of rotation
   c. Scheduling routine meetings with the rotation preceptor
   d. Informing the rotation preceptor of scheduled meetings and days off during the rotation
   e. Informing the residency director of difficulties encountered in meeting goals and objectives or problems with preceptors
   f. Assuming responsibility of the rotation preceptor in his/her absence
   g. Completing all PharmAcademic at the conclusion of each rotation and quarterly for longitudinal requirements. These must be done in a timely manner.
7. Completion of all requirements for graduation (see “Requirements for Graduation”)
8. Attendance at pharmacy meetings
   a. PGY1: ASHP Midyear Clinical Meeting
   b. PGY2: National meeting of the RPD’s choice in the subject area
c. Regional residency research conference
d. Residents may attend other professional meetings if the staffing schedule permits. These meetings may not be funded by the institution, depending on funds.

**Attendance and Leave**

- **Short term absences**
  - Residents are full employees of the institution and thus accrue personal and medical leave benefits.
  - Residents are expected to be present on rotation for the minimum expected amount dictated by ASHP.
  - Any requested personal days must be entered into the Workday system and approved by the preceptor and RPD before the days are taken.
  - Leave for professional meetings must also be entered into Workday as “Training” time.
  - UMMC requires that the first 8 hours of any absence for medical reasons be coded as personal. Remaining time off for the same illness can be coded as medical leave time.
  - Any call in for sickness or other emergency should be communicated with the preceptor and RPD.

- **Leave of absence and/or family medical leave**
  - Employees that have completed the initial period of employment may be granted a leave of absence without pay for further education or other personal reasons at the discretion of the Department Head and the Residency Director.
  - This leave of absence will not be greater than 3 weeks during the residency program to ensure that the residency requirements are met and will necessitate that the resident completes the program without compensation at a later date. As much advance notice should be provided to the Residency Director and Director of Pharmacy Services as possible. A plan for completion of the residency program should be discussed at the time of the request and shall be approved by the ROC.
  - If longer than 3 weeks is medically required, the ROC will consult with the HR department and evaluate on a case by case basis.
  - Family medical leave is available for medical center employees. Employees must meet the criteria set forth by the Human Resources (HR) Department to qualify for leave. See HR policies for more information.
  - Leave will necessitate that the resident completes the residency program without compensation at a later date. As much advance notice should be provided to the Residency Director and Director of Pharmacy Services as reasonably possible. A plan for completion of the residency program should be discussed at the time of the request and shall be approved by the ROC.
  - All requirements for graduation must still be completed prior to receiving a certificate.

*Updated 1/2020*

**Failure to Progress and Dismissal**

Significant deficiencies noted during any learning experience should be addressed by the preceptor during resident feedback, midpoint, and final evaluations. If the behavior or deficiencies still exist at the final evaluation (may be sooner for longitudinal experiences), the preceptor should discuss with the RPD and denote the deficiencies with NI on their PharmAcademic evaluations.

In such cases, appropriate remedial action will be undertaken after discussion with the RPD, RAC, and ROC. If the RAC and ROC deem appropriate, a performance improvement plan (PIP) will begin. The plan will be written out and signed by the resident, RPD, and Director of Pharmacy and will include objectives, along with activities and due dates of the objectives. The plan should be as specific as possible to give clear expectations and a plan for follow-up.
During this time, the resident will meet with the RPD or another designee/mentor on a routine basis (not to be less than every other week but may be more frequent).

If the resident does not successfully complete the remediation, the ROC will review the assessments and determine the next course of action, up to and including dismissal from the program. Any extra time required to complete remediation after the end of residency will be uncompensated. In conjunction with the PIP and with the approval of HR, the resident will enter in the progressive disciplinary process at this time, as well.

- If a resident displays any gross unprofessionalism or misconduct, they will be disciplined according to the Department of Pharmacy and UMMC Human Resources policies, up to and including termination. A resident does not have a property right to his/her job or academic training and may be terminated with or without cause.

Updated 1/2020

Requirements for Graduation

In addition to each program’s specific graduation requirements (available in the program specific sections above), residents will also be required to meet the following requirements.

- Earn ACHR for ≥ 80% of the required objectives of the residency program.
- No objective can have a final assessment of Needs Improvement.
- Completion of a research project.
  - The results should be presented at a regional residency conference.
  - A final report must be submitted in the style of a manuscript.
- Submission of a completed electronic notebook to the RPD that includes all projects, presentations, evaluations, and proposals. See list in program specific section for complete requirements for each program.
- Completion of all staffing service shifts.
- Submission of all PharmAcademic evaluations for monthly and longitudinal learning experiences.
- Attendance of at least 10 hours of live continuing education at a meeting sponsored by UMMC. (for example: ASHP, ICAAC, SCCM).

Updated 1/2020

Preceptor Responsibilities and Expectations

Evaluations

The following definitions will be used for all programs to document resident performance on evaluations.

<table>
<thead>
<tr>
<th>Progression</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Needs Improvement (NI)</strong></td>
<td>• Resident’s level of skill on the goal does not meet the expected level and specific modifications will be required</td>
</tr>
<tr>
<td></td>
<td>• Resident was unable to complete assignments on time and/or required significant preceptor oversight</td>
</tr>
<tr>
<td></td>
<td>• Resident’s aptitude or clinical abilities were deficient</td>
</tr>
<tr>
<td></td>
<td>• Unprofessional behavior was noted</td>
</tr>
<tr>
<td><strong>Satisfactory Progress (SP)</strong></td>
<td>• Resident’s skill level has progressed at a rate that will result in full mastery by the end of the residency program</td>
</tr>
<tr>
<td></td>
<td>• Resident performs skill with some assistance from the preceptor</td>
</tr>
<tr>
<td></td>
<td>• Improvement is evident throughout the experience</td>
</tr>
</tbody>
</table>
### Achieved (ACH)

- Resident has fully mastered the goal/skill based on their residency training
- Resident has performed the skill consistently with little or no assistance from the preceptor

### Achieved for Residency (ACHR)

- May only be designated by RPDs based on review and assessment of summative evaluations.
- RPD will mark ACHR when the resident receives 2 ACH for a goal/objective or 1 ACH on the final evaluation

Feedback to the resident shall be provided by the preceptor during each rotation at least weekly. Real-time self-evaluation is expected and encouraged from the residents.

**Evaluation Timeliness**

All evaluations will be completed in PharmAcademic within 7 days of the end of the learning experience. Periodically, an overdue evaluation report in PharmAcademic will be run. Those individuals will be notified of the delinquency and expected to complete the evaluation ASAP.

Clinical pharmacists serving as preceptors will be granted 1 hour of administrative time to complete summative evaluations. It is the responsibility of the pharmacist to arrange coverage in advance.

**Summative Evaluations**

The preceptor will provide and review rotation-specific ASHP Goals and Objectives and associated learning activities with the resident at the beginning of each learning experience.

*All evaluations that do not include the appropriate comments will be sent back by the RPD for edits.*

**Summative Evaluation by the Preceptor**

Preceptors should elaborate in the comments section of each objective unless denoted as ACHR so the resident knows the quality of his or her performance. Specific examples should be included as to how the resident is working to meet the objective. Specific examples of what the resident needs to do in order to achieve a goal should also be included.

**Summative Evaluations by the Residents**

Self-evaluation and reflection is required of all residents. The resident should consider and make comments regarding actions taken, quality of performance, learning points, and improvements to make for each objective.

**Resident’s Evaluation of the Preceptor**

An evaluation of the preceptor’s performance will be completed by the resident at the end of a monthly learning experience and at least quarterly for longitudinal experiences. The preceptors and RPD will both cosign this evaluation. These evaluations should include strengths of the preceptors and ways to make future experiences more valuable to residents.

**Resident’s Evaluation of the Learning Experience**

An evaluation of the learning experience will be completed by the resident at the end of a monthly learning experience and at least quarterly for longitudinal experiences. The most valuable aspects of the learning experience as well as improvements should be documented.

**Quarterly Evaluation**

Each quarter, an assessment will be conducted with the RAC that will review learning experience assessments and progress with projects, research, and residency requirements for the resident. The RPD will discuss the assessment with
the resident and identify methods to enhance learning as well as to strengthen areas for improvement. The RPD and resident will then complete a written update to the resident’s customized training plan that reflects the discussion and findings from the meeting.

Updated 1/2020

Preceptor Policies
The University of Mississippi Medical Center pharmacists will serve as preceptors for the residents on the majority of their rotations. Additionally, the University of Mississippi School of Pharmacy (UMSOP) faculty and occasionally non-pharmacists may serve in instructor and/or preceptor roles.

UMMC PGY-1 Pharmacy Preceptors: The following requirements are in place for UMMC pharmacists serving as residency preceptors in our PGY-1 program:

- Licensed pharmacist who meets one of the following requirements:
  - Completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
  - Completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
  - Not completed an ASHP-accredited residency but has three or more years of pharmacy practice experience
- Contributes to the success of residents and the program
- Provides learning experiences in accordance with Standard 3
- Participates actively in the residency program’s continuous quality improvement processes
- Demonstrates practice expertise, preceptor skills, and strive to continuously improve
- Demonstrates commitment to advancing the residency program and pharmacy services
- Demonstrates the ability to precept residents’ learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents
- Assesses residents’ performance
- Is recognized in the area of pharmacy practice for which they serve as preceptors
- Has an established, active practice in the area for which they serve as preceptor
- Maintains continuity of practice during the time of residents’ learning experiences
- Shows ongoing professionalism, including a personal commitment to advancing the profession

UMMC PGY2 Pharmacy Preceptors: PGY-2 preceptors will have completed a PGY-2 residency plus one year of relevant experience or will have practiced extensively in the area they preceptor and have at least 3 years of experience. Preceptors must be actively practicing in the area in which they serve as preceptors.

Non-Pharmacist Preceptors: Occasionally, it may be appropriate to use non-pharmacists as primary preceptors to give the resident experience in areas where there is no pharmacist practitioner. These situations are expected to be rare and must meet the following criteria:

- The non-pharmacist preceptor will receive information about the residency program, including purpose, structure, outcomes, teaching methods, evaluation, etc
- A UMMC preceptor will be assigned as a liaison to this rotation and will ensure that all training is appropriate – he/she will be in contact with the non-pharmacist preceptor on a regular basis and will participate in the evaluation process
- A resident may take only one such rotation per year and it will be scheduled when resident is ready for independent practice.
**Preceptor Development:** The ROC and Residency Preceptor Development Committee (RPDC) will conduct a preceptor development program to ensure the quality of all preceptors. All pharmacist preceptors will be required to participate in this process. Additionally, the RPD and RPDC will ensure that all preceptors are providing adequate orientation, instruction, and feedback to the residents.

**Quality Improvement:** The ROC and RPDC will spearhead a continuous quality improvement assessment for the residency programs with regard to preceptor development. This will ensure compliance with ASHP standards and serve to improve upon cited deficiencies within the program.

**Preceptors in Training (PIT):** The RPD of the program and RPDC will design a preceptor training program for each newly appointed preceptor. Elements of this program are outlined in the Preceptor Development Policy and will be evaluated with the checklist that can be found in Appendix 5:

- Review of basic precepting concepts, conducted by RPD, RPDC and designee(s)
- Review of the residency manual for preceptors, conducted by RPD or RPDC
- Assignment of a clinical advisor and appointment of a RPDC committee liaison for each new preceptor by the RPD or RPDC
- Review and observation of the four experiential teaching roles, conducted by RPD, RPDC and/or designee(s)
- Attendance at preceptor development programs while designated a PIT
- Attainment of ASHP preceptor eligibility requirements, signed off by RPD or RPDC
- Understanding and application of ASHP required preceptor responsibilities
- Meets all ASHP required preceptor qualifications
- Complete the PIT program within 2 years and earn the designation of ‘preceptor’

Updated 7/2020

**Process for becoming a pharmacy residency preceptor at UMMC**

1. Submit application to RPD and RPDC for approval

2. Begin work on meeting ASHP preceptor criteria (see “UMMC PGY-1 Pharmacy Preceptor” section in the Policy on Preceptors document) – start immediately

3. Co-precept residents - can begin training with current residents based on clinical practice area

4. Formal training on various concepts
   a. Residency manual
   b. Rotation design and set-up
   c. Orientation
   d. Instruction
   e. Evaluation process

5. Sign off as preceptor – within 24 months depending on progress meeting required preceptor competencies

Updated 7/2020

**Preceptor Development Policy**

**Purpose:**
Improve and maintain the quality of preceptors associated with the University of Mississippi Medical Center (UMMC) pharmacy residency programs in accordance with the American Society of Health-Systems Pharmacists (ASHP) standards.
Involvement:
Residency Oversight Committee (ROC)
Residency Preceptor Development Committee (RPDC)
Residency Preceptors

Structure:
The preceptor development program will consist of various educational programs, meetings with preceptors, and other activities deemed appropriate by the RPDs or RPDC as needed.

A. Assessment of Preceptor Development Needs:
- The RPDC will review residents’ evaluations of preceptors and preceptor self-evaluations and learning experiences annually to identify potential preceptor development needs.
- The RPDC will request verbal feedback from residents annually or as needed.
- The RPDC will review ASHP residency accreditation site visit recommendations, if applicable, to identify any recommendations or areas of partial compliance which pertain to precepting skills

B. Development Process for Annual Preceptor Development Plan:
- Preceptor development needs identified through the assessment process will be discussed annually as part of the annual end-of-year preceptor meeting.
- The RPDC will determine the areas of preceptor development to focus on during the upcoming residency year.
- The RPDC will present a tentative preceptor development plan and schedule of activities for the upcoming residency year to address areas of need to the Residency Advisory Committee (RAC) at the last scheduled RAC meeting.
- If preceptor development needs have been identified for individual preceptor(s) which will not be met by the current preceptor development plan, the RPDC may also develop individual plans for these preceptors.

C. Review of Effectiveness of Previous Residency Year’s Plan:
- Review of current preceptor development plan and attendance will occur annually at the end-of-year preceptor meeting.
- Effectiveness of the plan will be assessed as follows:
  o Review of current preceptor needs assessment survey results to determine if any needs addressed through preceptor development activities in the past residency year are still identified as top areas of need.
  o Discussion with preceptors of the effectiveness of activities utilized during the past year to address preceptor development needs.
  o Review of participation to ensure preceptors and preceptors in training have participated in at least 4 preceptor development activities throughout the residency year
- Discussion of the effectiveness of previous year’s plan will be utilized when developing topics, scheduling, and preceptor development activities for upcoming year.

D. Requirements for New Preceptors and Preceptors-In-Training:
- RPDC member to discuss “Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs” with new preceptor or preceptor-in-training.
- RPDC member to discuss UMMC Residency Manual and preceptor expectations with new preceptor or preceptor-in-training.
- New preceptors and preceptors-in-training will complete assigned educational content from the RPDC.
- RPDC will develop an individual plan designed to ensure receptors-in-training will meet all ASHP preceptor requirements within two years.
- Preceptor-in-training
  o A clinical advisor will be appointed to each preceptor-in-training. This clinical advisor will act as a mentor, observe preceptor-in-training’s interaction with residents, and will co-sign any summative evaluations completed by preceptor-in-training.
An appointed RPDC committee liaison will ensure preceptor-in-training successfully completes individual plan to meet all ASHP preceptor requirements.

E. Other Opportunities for Preceptor Development for UMMC Preceptors

- Preceptors may attend programs locally, regionally, or nationally to advance their precepting skills.
- Preceptors who attend said programs will be responsible for sharing information to the preceptors as appropriate.
- Material for self-study will be identified and distributed per the RPDC.
- The University of Mississippi School of Pharmacy, ASHP, APhA, Pharmacist Letter, etc will be utilized to advance preceptor development.

Wellness

Residents will be provided with ASHP and UMMC resources for wellbeing and resilience during orientation:

- UMMC - Employee Assistance Program and Wellness resources
- ASHP - webinars, articles, tips, etc for improving wellbeing and resilience

Residents will choose a professional mentor by September 1.

Wellbeing and burnout will be assessed regularly:

- Each month in the “end of the month” attestations in PharmAcademic™
  - Any score less than “Strongly Agree” will be documented by the RPD and followed up.
  - The RPD or designee will work with the resident and their mentor to discuss strategies for management of burnout.
- During monthly meetings with co-coordinators for PGY1 residents
  - This will be discussed at each quarterly evaluation and included in the development plans for each PGY1 resident.

Crisis Management

The Crisis Management Team will consist of the PGY-1 RPD, all PGY-2 RPDs, and the director of pharmacy. Other team members will be brought in on an as needed basis. The team will convene in the event of serious illness/injury or death of a pharmacy resident, preceptor, or program director.

Responsibilities of the Crisis Management Team include:

- Maintenance of up to date contact information for all residents
- Maintenance of up to date emergency contact information for all residents
  - This information will be found on the ROC OneDrive page
- Missing resident procedure
  - If a resident is 30 minutes late reporting to rotation or a scheduled shift, the preceptor should notify the resident’s RPD.
  - The RPD will attempt to contact the resident via phone, email, and text.
  - If resident is not accounted for within 1 hour, the RPD may contact the resident’s emergency contact.
  - If there is no resolution after discussion with the resident’s emergency contact, the local authorities may be called for a welfare check.
- Notification and support those individuals affected
  - The RPD of the resident involved will be primarily responsible for resident support and family contact.
• The remaining team members will be responsible for notifying relevant individuals and supporting the affected program.
• Residents will not be expected to cover open shifts left vacant due to serious illness/injury or death.

Updated 1/2020
# Appendix 1

## ANNUAL PGY-1 RESIDENCY REQUIREMENTS

<table>
<thead>
<tr>
<th>1. Residency Notebook</th>
<th>1st quarter</th>
<th>2nd quarter</th>
<th>3rd quarter</th>
<th>4th quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>❌ Must be kept up-to-date</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
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<tr>
<td>❌ Reviewed quarterly</td>
<td>❌</td>
<td>❌</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Newsletter</th>
<th>Drug Information Newsletters</th>
<th>MPHA/ MSHP publication (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>❌ Complete at least two articles to be in the Drug Information Hospital Newsletter</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>❌ Write one CE article for MPHA or MSHP journal</td>
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<tr>
<th>3. Publication - Optional</th>
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<tbody>
<tr>
<td>❌ Under the supervision of a preceptor (co-author), complete and publish at least one additional article in a peer-reviewed journal</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Major Research Project</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>❌ Under the supervision of Program Director, the Residency Committee, and the Resident’s Research Mentor; conduct research project worthy of publication</td>
<td>❌</td>
</tr>
<tr>
<td>❌ Results will be presented at a Regional Residency Conference</td>
<td>❌</td>
</tr>
<tr>
<td>❌ Manuscript should be submitted to Program Director, Research Mentor, and the IRB (if applicable)</td>
<td>❌</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Medication Use Evaluation &amp; Drug Monograph</th>
<th>MUE</th>
<th>Monograph</th>
</tr>
</thead>
<tbody>
<tr>
<td>❌ Under the supervision of Dr. Andrew Mays and Dr. Brad Somers, formulate a medication use evaluation and drug monograph</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>❌ Present the MUE/ drug monograph to the Pharmacy and Therapeutics Committee at the University of Mississippi Medical Center</td>
<td>❌</td>
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</tbody>
</table>

<table>
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<tr>
<th>6. Presentations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>❌ Prepare and present at least 4 PowerPoint presentations during the year – Residency Conference will serve as 1 of the 4 presentations</td>
<td>❌</td>
</tr>
<tr>
<td>❌ Additional presentations may be required at the request of the preceptor</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Additional Presentations</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
</table>
7. Precepting Students
   - Facilitate disease state management discussions
   - Participate in the evaluation process of student work

8. Journal Club
   - Serve as the primary presenter for 1 journal club session

9. Therapeutic Pearls
   - Present a pearl at scheduled sessions

10. Therapeutics Attendance
    - Attend 6 regularly scheduled sessions in addition to days presenting

11. Community Service
    - Participate in at least 4 health-related outreach projects including but not limited to health fairs

12. Select Mentors
    - Research Mentor
    - Professional Mentor

13. Continuing Education
    - Attend at least 10 hours of live continuing education over the course of the year

14. Monthly Meeting
    - Meet monthly with residency co-coordinators to discuss resident progress

*This list is not inclusive of responsibilities expected by preceptors of individual learning experiences. This reflects major overall requirements for successful completion of the program.
Appendix 2

Dismissal Policy

Pharmacy Residency Programs at University of Mississippi Medical Center will assist the resident in achieving the competency areas, goals and objectives selected for the residency program. The residency is an academic appointment requiring a full-time practice commitment in accordance with ASHP Accreditation Standards, and University of Mississippi Medical Center and the Department of Pharmacy Services’ policies and procedures.

Under extremely rare circumstances, a resident may be dismissed from the program. Dismissal from this program may result from the following.

1. Failure to obtain a license to practice pharmacy in the state of Mississippi within the specified timeframe.
2. Failure to complete the goals and objectives assigned to the residency program.
3. Noncompliance with the University of Mississippi Medical Center’s policy on disruptive behavior.
4. Progression through the University of Mississippi Medical Center’s progressive discipline process.
5. Additional reasons for resident dismissal will be reviewed by the resident committee.

By signing this I understand and accept the above stated dismissal conditions.

Name ___________________________________________ Date ____________________
Appendix 3

Leave Policy at UMMC Pharmacy Department

1. All Leave will be approved by your Program Director
   a. This includes leave for illness, physician appointments, personal time off, meetings, etc.
   b. You will have a 90-day probationary period in which you are not allowed to take leave. If there is an emergency that takes place during this time – see Todd Dear.

2. Leave Requests
   a. All leave requests are to be made in Workday.
   b. Please see complete description at the end of this document.

3. When you call in sick
   a. First – contact your RPD
   b. Second – call or email your Preceptor to notify them
   ***Note: when you call in sick you are charged with personal leave for the first 8 hours and medical leave after that***

If there are any questions or issues related to this process or policy, contact Todd Dear.

Submit leave as soon as you know that you that you need the time.

All residents make sure you let your preceptor know in advance any of any time that is planned time out so they will be aware. This should be done at least 2 weeks prior to beginning your learning experience to be sure that they have not already planned activities for you during that time.

Any educational meetings you attend will be Training Leave, and you are not charged time for these meetings.

Updated 2019
Confirmation of Understanding of Statement Regarding the UMMC Residency Leave Policy

I ________________________ fully understand the UMMC, Pharmacy Department, and residency program Leave Policy as explained and provided on the attached page, the Employee Handbook and the Policy and Procedure Manual. I also understand that at anytime if I do not understand the policy or have a question that I am to contact the Residency Director.

I will adhere to the leave policy of UMMC and understand that non-adherence may result in action taken up to and including dismissal.

________________________   __________________
Resident Signature     Date

________________________   __________________
Director Signature     Date
Appendix 4

UMMC Pharmacy Resident Travel Policy

1. Approved travel with reimbursement from the Department for the following meetings (if budget allows)
   a. MSHP in July
   b. PGY1’s - ASHP in December
   c. Regional Residency Research Conference (MPRC)
   d. PGY2 in ID – one ICAAC or IDSA meeting
   e. PGY2 in Critical Care – SCCM

   All other meeting attendance requests must be approved by your RPD, but will not be reimbursed from the residency budget. All continuing education leave will be coded as administrative leave in Workday.

2. Process for attending meetings
   a. With reimbursement (see above for list)
      i. BEFORE THE TRIP: Complete Leave/Time off and Travel Requests in Workday
         1. Leave should be coded as Training leave
         2. Travel requests should have all receipts for costs already incurred (plane, registration, etc) and requests for those you expect while there (food, hotel)
         3. You can ask for advance of funds prior to the trip
   b. Without reimbursement (with approval of RPD)
      i. BEFORE THE TRIP: Complete Leave/Time off and Travel requests in Workday
         1. Leave should be coded as Training leave
         2. Travel requests should have a zero balance for costs (covers you for Worker’s Compensation if something should happen to you when you attend the meeting)
   c. To apply for Reimbursement
      i. AFTER THE TRIP: Complete the reimbursement forms in Workday within 1 week of returning
         ii. Must have all receipts showing a zero balance
            1. Hotel must have your name and a zero balance showing
            2. Submit receipts of registration, etc EVEN IF YOU ALREADY DID THAT PRIOR TO TRAVEL
      iii. Alcohol will not be reimbursed – get a separate receipt for that
      iv. Taxi/shuttles/luggage charges – must have receipt
   v. There is a Workday app that allows you to snap photos of your receipts and upload them on the trip. Keep all originals, but this may be something we try this year!
Statement of Resident Understanding of Travel at UMMC

I _________________________ fully understand the UMMC and Residency travel policy as explained and provided on the information distributed (see attachments). If at any time I have a question or have problems, I will contact the Residency Director. I will adhere to the travel policy of UMMC and the residency. I understand that non-adherence to the policy can and will result in partial or no reimbursement for the travel.

______________________________ ________________________
Resident Signature    Date

______________________________ ________________________
Residency Director Signature   Date
# UMMC PRECEPTOR CHECKLIST

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>DATE SIGNED OFF</th>
<th>BY</th>
<th>Specific actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of basic preceptor concepts and RPD expectations</td>
<td></td>
<td></td>
<td>Reviewed numerous basic concepts</td>
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<tr>
<td>Review of residency manual regarding precepting, rotation design,</td>
<td></td>
<td></td>
<td>Covered pertinent sections of the residency manual for preceptors</td>
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<td>instruction, and evaluations</td>
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<td>Assignment of mentor/advisor/coach</td>
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<td>Name:</td>
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<tr>
<td>Review of precepting skills (both review of key elements and</td>
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<td></td>
<td>Covered direct instruction, modeling, coaching, facilitation; residency could</td>
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<td>observation of precepting)</td>
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<td>discuss.</td>
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<td>Preceptor development</td>
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<td>Programs:</td>
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<td>attendance</td>
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<tr>
<td>Meets preceptor eligibility requirements</td>
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<td>PGY-1 + 1 yr experience OR</td>
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<td>PGY-2 + 6 mo experience OR</td>
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<td>No res + 3 yrs experience</td>
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<td>Adheres to preceptor responsibilities</td>
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<td>Contribute to residents/program success</td>
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<td>Provide learning experiences</td>
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<td>Participate in QI process</td>
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<td>Demonstrate practice/preceptor skills</td>
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<td>Adhere to P&amp;Ps</td>
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<td>Committed to advancement</td>
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<td>ELEMENT</td>
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<td>Specific actions</td>
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<td>Meets ASHP preceptor requirements</td>
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<td>Ability to precept</td>
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<td>Ability to assess</td>
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<td>Recognition in practice area</td>
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<td>(BPS or other recognition by peers)</td>
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<td>Established, active practice</td>
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<td>Advancing the profession</td>
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<tr>
<td>Appointed as preceptor</td>
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Updated 2/2020