

Resident Program Manual

PGY 1 Pharmacy Practice Residency

Fort Sanders Regional Medical Center
Knoxville, TN 37916
2021 - 2022

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Residency Program Coordinator: TBD

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Recruitment and Selection of Residents

1. The Department shall participate in the Resident Matching Program of the American Society of Health-System Pharmacists (ASHP).
2. The Department may participate in the Residency Program Showcase at the ASHP Midyear Clinical Meeting.
3. At the ASHP Midyear Clinical Meeting, the Residency Program Director or alternative program representative, current residents and preceptors in attendance shall participate in the recruitment of candidates for the residency program.
4. The Residency Program Director (RPD) shall address questions raised by candidates considering application to the program.
5. Those candidates who wish to be considered for an on-site interview shall submit an application through PhorCAS including: a current curriculum vitae, college transcripts and at least three letters of recommendation or standardized recommendation forms by January 5th of each year.
6. In January, the information submitted by residency candidates will be evaluated by the Residency Advisory Committee (RAC) members. RAC members will utilize a rubric scoring system to assess resident candidates' abilities and prowess as a candidate. The rubric scoring will specifically focus on three areas: curriculum vitae, letters of recommendation, and academic performance. The focus areas will be evaluated overall into one combined score to assess their ability to succeed as a resident at Fort Sanders Regional Medical Center (FSRMC). At least one RAC member and one current resident will evaluate each applicant, if scoring is not sufficient to determine that the candidate is appropriate for an on-site interview, additional members of the RAC will evaluate the application. A sufficient number of candidates shall be invited for an on-site interview based on their application combined score.
7. The one-day interview shall include: meeting with preceptors, a session with the current resident group, formal interview with the members of the RAC, and individual time with the RPD to discuss program details.
8. After the interview process is completed, each RAC member will submit a ordinal rank list of all candidates
9. RAC will then meet to determine an agreed upon rank list for all interviewed candidates.
10. The Director of Pharmacy shall review and approve the resident ranking.
11. The RPD shall submit the approved rank list to ASHP Resident Matching Program.

Residency Advisory Committee

Stefanie Reid, PharmD, BCCCP, Residency Program Director

Nancy Granger, RPh, In-patient Pharmacy Manager

Chris Norris, PharmD, Pharmacy Director

Lori Schirmer, PharmD, BCPS, BCNSP, Clinical Manager

Dillon Elliott, PharmD, BCPS, BCCCP

Traci Gilliland, PharmD

General Information

1. The Residency Program Director (RPD) shall serve as program advisor for each of the residents and will guide the resident in meeting the requirements for successful completion of the residency.
2. The resident shall meet with the RPD at the beginning of the program to evaluate their skills and knowledge and to develop an individualized plan based on the resident's previous preparation and professional practice goals.
 - a. The resident will complete the entering objective self-evaluation located in PharmAcademic prior to the conclusion of orientation. This self-evaluation will be made available for all preceptors to review.
 - b. The resident and RPD will develop a customized residency program plan for each resident based on resident goals and interests and opportunities available within the Covenant Health System.
 - c. The Resident's PharmAcademic entering objective self-evaluation will be used to develop each resident's schedule of rotations and is to be completed prior to the end of orientation. Elective rotation requests will be submitted by the end of orientation.
 - d. Once residency rotations have been assigned, the resident may request a change in assigned rotations. Requests will be accommodated whenever possible.
 - e. Each resident will select a preceptor mentor. In lieu of a preceptor mentor, the resident may choose to use the monthly rounding meetings with the RPD or residency coordinator as opportunities to update the resident's development plan.
3. A copy of the Residency Manual shall be available to each resident outlining the requirements of the residency program.
 - a. Residents shall make themselves knowledgeable of all program requirements.
 - b. Residents shall make themselves aware of important dates and deadlines set forth and identified in the program manual.
4. Orientation to Covenant Health and to the Department of Pharmacy Services will take place during the first month of the program; however, training and skills development will continue on an as-needed basis.
5. Residents are classified as regular, full-time, exempt employees of Covenant Health (See Appendix A for the Pharmacist Resident Job Description)
6. Residents are required to comply with ASHP Duty hour requirements. View standards online at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pharmacy-specific-duty-hours.ashx>. Any work conducted outside of FSRMC is discouraged during the residency year. However, if the resident would like to work outside of FSRMC or work additionally internally at FSRMC, the resident must follow the duty hour requirement process via the Residency Program Duty Hours Policy. See appendix D and E for the Moonlighting approval Form and the Moonlighting Hours Log respectively.

Pharmacist Licensure and Residency Requirements

1. The pharmacy resident's contract will begin on the Monday of the last week of June of the program year. The pharmacy residency will be completed following 12 months of residency practice.
2. Pharmacy licensure in Tennessee (TN) is a requirement for pharmacy practice residents at Fort Sanders Regional Medical Center (FSRMC). The RPD will confirm that each resident has taken the NAPLEX and the TN pharmacy law exam (MPJE) or will take the TN pharmacy law exam upon transfer of NAPLEX scores from another state or already has a valid TN pharmacy license. Upon notification of successful completion of the NAPLEX and law exam, the resident will provide the RPD with a copy of the required license renewal certificate and the original should be posted at FSRMC (ex. in the resident office). The deadline for licensure in TN will be 90 days following the residency start day (9/26/2021) or as otherwise set by ASHP requirements. If unable to gain licensure within 90 days or deadline set by ASHP, the resident will be dismissed from employment until licensure is obtained. Any missed days from employment will be made up by the resident in a manner according to the RAC committee. See Leave section on page 7 for detailed direction on leave time.
3. Residents are expected to successfully complete and/or maintain Basic Life Support (BLS) certification and Advanced Cardiovascular Life Support (ACLS) certification. The goal is to ensure that the resident is familiar with and capable of providing emergency services in the event of an emergency. Both certification courses are offered at FSRMC and should be completed by the end of orientation (or as soon as able based on class availability).
4. Each resident is required to complete an official residency project, which may be in the form of original research, a problem-solving exercise or enhancement of some aspect of the hospital's pharmacy services (see the 'Residency Project' section for more information.)
5. Staffing Requirements
 - a. Residents must participate in operational activities designed to ensure that residents gain operational experience and understand the distribution process.
 - b. Residents are scheduled to work at minimum two weekends out of each five week period.
 - c. Residents are required to work at minimum one four-hour swing shift each week
6. On-Call Schedule
 - a. The purpose of the on-call experience is to enable the resident to develop the necessary skills, knowledge and experience to become a self-reliant, confident and competent healthcare practitioner.
 - b. Each resident will be on-call at least one week and one weekend every five weeks.
 - c. The resident on-call service will begin with closer supervision during the initial orientation period, but will be fully operational at the conclusion of the orientation period.
 - i. The resident and back-up clinical/administrative pharmacist(s) will work closely until the resident displays sufficient aptitude in showing independence, competence and confidence.
 - ii. There will always be a back-up clinical/administrative pharmacist(s) that the resident can contact for more difficult situations/whenever needed.

- d. Responsibilities while carrying the on-call pager include, but are not limited to:
 - i. Providing drug information answers
 - ii. Performing pharmacokinetic consults
 - iii. Other pharmaceutical care recommendations to hospital and medical staff
 - iv. Administrative calls will be primarily called to the resident and will initiate the call tree process/notification to administration as appropriate
7. Residents are required to complete, at minimum, the following tasks:
- a. Drug monograph for presentation at the Pharmacy & Therapeutics (P&T) committee meeting
 - b. Departmental in-service with assessment, as assigned
 - c. Medication-use evaluation (MUE) for presentation at the P&T meeting
 - d. Revise, create, or evaluate an order set using practice guidelines
 - e. Revise or create a policy
 - f. Present the FDA MedWatch at least twice at separate P&T meetings
 - g. Serve as the chief resident at least two separate months. The responsibility of the chief resident includes:
 - i. Lead the pharmacy staff meetings
 - ii. Take P&T meeting minutes
 - iii. Be responsible for ensuring resident deliverables/timeline requirements are met
 - h. Daily adverse drug event (ADE) review (daily assignment made by Pam Turner)
 - i. Present at least one educational activity to healthcare providers/students/ clinical staff (may be a component of a TLP certificate program if applicable)
 - j. Two patient case/disease state presentations (15 min)
 - k. Two journal club presentations (15 min)
 - l. Two drug information presentations (<10 min)
 - m. An end-of-year resident self-evaluation
8. Successful completion of the program has been defined by the Residency Advisory Committee (RAC) as follows:
- a. Achievement (ACHR) of a minimum of 85% of program goals and objectives
 - i. ACHR will be determined by RPD or designee
 - ii. Rating Scale Definitions:
 - 1. Needs Improvement (NI):
 - a. Resident is not performing at an expected level at that particular time; significant improvement needed
 - 2. Satisfactory Progress (SP):
 - a. Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective
 - 3. Achieved (ACH):
 - a. Resident can perform associated activities independently for this learning experience
 - 4. Achieved for Residency (ACHR):
 - a. Resident can perform associated activities independently across the scope of pharmacy practice.
 - b. Resident completion of their electronic residency portfolio via PharmAcademic
 - c. Resident project completion via manuscript format and presentations/poster sessions given at ASHP Midyear, TSHP and regional residency conference or alternate venue as determined by RAC.
 - d. Full compliance with hospital policies regarding extended leave, vacation, etc. (See the section titled 'Leave' on page 7 for further details)

9. Residency Program Certificate

- a. Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the Pharmacy Practice Residency.

Leave

1. Residents are eligible to accrue combined time off (CTO) at a rate of 7.08 hours/two-week period. The resident begins accrual with the first pay period and is eligible to request time off after the initial 90-day employment period.
 - a. Combined time off may be used for absences related to holidays, vacations and personal or family illness. Requests to use combined time off for any scheduled absence are made in writing to the Residency Program Director (RPD) and are subject to their approval.
 - b. Usage of CTO for Pharmacy Practice Residents is limited to 10 days of scheduled absences (vacation leave) and 5 days of unscheduled absences (sick leave) per 12 month period.
 - c. After six months of consecutive employment, residents whose employment is terminated, either voluntarily or involuntarily, will be paid for their unused, accumulated CTO hours. The resident should see the "Combined Time Off" Human Resources Policy for full plan details.
2. Jury Duty leave is allowed for full and part time employees. Employees who are notified of jury service must provide a copy of the court request to the RPD before the leave will be granted. Exemptions from jury duty will not be made except in extreme circumstance. While serving on jury, employees are eligible to receive their normal pay in addition to the jury duty pay they receive from court. After completion of jury duty, the employee must present evidence of having served to receive jury duty benefits. Residents may refer to the complete Human Resource policy for complete information.
3. Bereavement leave is available to full time employees who have completed their initial 90-day employment period. Residents may refer to the complete Human Resource policy for complete information.
4. The Family Medical Leave policy of FSRMC outlines the provisions under which an employee may request and be granted a family/medical leave in accordance with the Family and Medical Leave Act (FMLA) of 1993. Employees must be employed by FSRMC or Covenant Health organization for at least 12 months and employed at least 1250 hours during the twelve months immediately preceding the commencement of the leave. Residents may refer to the Human Resource policy for complete information.
5. Educational/professional leave may be requested by full time employees who have completed their initial 90-day employment period. Residents may refer to the complete Human Resource policy for complete information.
6. Any time taken off other than jury duty, bereavement, educational, combined time off (10 days of scheduled absences and 5 days of unscheduled absences), may impact the resident's ability to successfully complete the program. Unscheduled absences of 6 to 20 days will result in a change to the resident's customized plan to allow for the make-up of lost educational experiences. For absences of 21 to 40 days, the Residency Advisory Committee will determine if sufficient time remains in the program year to allow for a change in the resident's customized plan and the make-up of lost educational experiences. If a sufficient time does not exist, the resident will be dismissed from the program. For absences of more than 40 days, the resident will be dismissed from the program.

Disciplinary Action and Dismissal

1. Although we do not anticipate problems occurring during a residency program, Fort Sanders Regional Medical Center has adopted the following policy on handling issues such as dismissal from the program, probation and suspension.
 - a. Upon recommendation of the Residency Program Director, Residency Advisory Committee and the Director of Pharmacy, a resident may be dismissed during the term of the residency for unsatisfactory performance or conduct. Examples include, but are not limited to the following:
 - i. Performance which presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare
 - ii. Unethical conduct
 - iii. Illegal conduct
 - iv. Excessive tardiness and/or absenteeism
 - v. Unprofessional conduct
 - vi. Job abandonment
 - vii. Failure to show satisfactory progress with the residency program's goals and objectives
 - b. Dismissal in these situations implies poor performance or malfeasance and is subject to appeal.
 - c. An employee absent from work for three (3) consecutive days without notifying the Residency Program Director, his/her immediate supervisor or the department head will be considered to have quit without notice.
2. The appeal process for any of the above disciplinary actions is covered by the Human Resources Problem Solving Procedure.

Rotations at Fort Sanders Regional Medical Center PGY 1 Pharmacy Practice Residency

Type: CORE rotations, monthly rotations

Required Core Rotation

ORIENTATION

CRITICAL CARE

DISTRIBUTIVE PRACTICE

INTERNAL MEDICINE

PRACTICE MANAGEMENT

ALTERNATE CORE, RESIDENTS WILL SELECT FOUR OF THE FOLLOWING AS PART OF THEIR CORE SCHEDULE:

CARDIOLOGY

EMERGENCY MEDICINE

INFECTIOUS DISEASES

NEUROLOGY

NUTRITION SUPPORT

Type: Required Longitudinal Rotation

MEDICATION SAFETY

PHARMACY PRACTICE/DECENTRALIZED PHARMACY PRACTICE

RESIDENT PROJECT

TEACHING AND LEARNING

Type: Elective Rotation

CRITICAL CARE II

EMERGENCY MEDICINE I/II

GERIATRIC MEDICINE

HOME INFUSION PHARMACY *

INDEPENDENT STUDY *MAX 2 WEEKS

INFECTIOUS DISEASES

NEUROLOGY II

ONCOLOGY I/II *

SURGERY/MEDICINE – ANESTHESIA/OR EMPHASIS

STERILE PROCESSING/USP 797/USP 800

*duration limits may apply

Residency Project

1. The resident shall develop and complete a residency project with the guidance and supervision of appropriate preceptors.
2. The resident is responsible to select an individual to serve as project advisor.
3. The project advisor shall be responsible to for:
 - a. Providing guidance to the resident in designing, performing and documenting the outcomes of the project
 - b. Overseeing the development of the project proposal
 - c. Evaluating projects on a quarterly interval to make sure the goals are being met
 - d. Supporting the resident during presentation of the proposal to the RAC
 - e. Providing technical expertise and advice to the resident
 - f. Providing editorial assistance in developing the platform presentation for a regional residency conference.
 - d. Reviewing the final manuscript
4. The project must be approved by the Residency Advisory Committee (RAC).
5. The resident shall meet the following project deadlines:
 - a. *August* Identification of project advisor/collaborating preceptors;
Development of a brief project proposal
 - b. *August – September* Present abstract of project to RAC
Begin abstract preparation for ASHP
IRB proposal for Covenant Health IRB
 - c. *October* Prepare and submit project abstract to ASHP for Midyear poster presentation (See Appendix B for proper format);
Must meet October deadline set by ASHP
 - d. *November* Create poster for ASHP (See Appendix B for example)
 - e. *December* Present poster at ASHP Midyear residency poster session
 - f. *January* Submit abstract to TSHP for the Midyear Seminar
 - g. *February* Present poster at TSHP Midyear Seminar in Nashville;
Regional residency conference abstract submission due
Complete data collection on project
 - h. *March or April* Practice presentations of completed projects for regional residency conference
(See Appendix C for proper format and an example)
 - i. *April or May* Present project at regional residency conference
 - j. *May or June* Final Summary Report (manuscript format) of project to RAC and project advisor(s)

Meeting and Conference Attendance

1. Residents shall attend the following monthly meetings:
 - a. Pharmacy & Therapeutics (P&T) Meetings
 - b. Departmental staff meetings
 - c. Medication Safety Meetings
2. Residents shall meet with the Medication Safety Pharmacist, Pam Turner, and the Pharmacy Operations Manager, Nancy Granger for one-hour discussions regarding regulatory and safety aspects of pharmacy.
3. Residents are encouraged to participate in department and hospital-based committees and task forces (i.e., Institutional Review Board). Residents are also encouraged to participate on state and national committees and task forces (i.e., ASHP or TPA).
4. Residents shall attend and lead student based discussion through rotation offerings at FSRMC. Examples include providing cases, leading topic discussions, engaging students in discussion through question/answer sessions, etc.
5. ASHP Midyear Clinical Meeting – Required
 - a. Residents will be given leave to attend the meeting.
 - b. Residents shall spend time helping recruit potential candidates for the next residency class at the residency showcase.
 - c. Residents will also present posters to discuss their project with students, other residents and pharmacists from around the country.
 - I. A mock-up of this presentation will be performed at FSRMC prior to attendance of the ASHP-MCM
 - d. Residents will participate in educational sessions to improve patient care and will be asked to present highlights of these sessions upon return from the meeting.
 - I. One session will be highlighted in a verbal presentation during clinical and staffing huddles (no more than 15 minutes in length).
 - II. Three sessions (including session discussed via verbal presentation) will be typed out in a newsletter type handout for all pharmacist and technicians to review.
6. Tennessee Society of Health-System Pharmacists (TSHP) Midyear Seminar – Required
 - a. Residents will be given leave to attend the meeting. The TSHP Midyear Meeting is held in Nashville, TN which is within driving distance and is only considered a one day activity (typically a Sunday in February). No overnight accommodations will be made for residents.
 - b. Residents will present posters and discuss their residency project with other residents and pharmacists from across Tennessee.
 - c. Residents will attend the presentations and sessions scheduled for the day and will be asked to present highlights of these sessions upon return from the meeting.
7. Regional Residency Conference (or alternate venue)– Required
 - a. Residents will present their residency project to other residents and preceptors.
 - I. A mock-up of this presentation will be performed at least twice at FSRMC prior to attendance of the regional residency conference (no sooner than a week prior to the formal presentation). It is the resident's responsibility

to recruit project mentors, administration, RAC members, and other staff to attend for feedback.

- II. Residents are required to attend the other residents' presentation sessions to gain insight and provide support for their fellow colleagues.
 - b. Residents are expected to attend assigned presentations, fellow resident presentations, and as many other resident presentations as possible.
8. Other conferences may be attended at the resident's own expense and using accrued vacation, provided the time away from rotation does not prevent the resident from meeting the required rotation objectives.

Residency Portfolio

1. The resident shall maintain a Residency Portfolio electronically through PharmAcademic which shall be a complete record of the resident's program activities. This should be completed under the "files section" on PharmAcademic. Residents are to maintain the record throughout the year. The record shall be submitted to the RPD at the conclusion of the residency training program and shall be a requirement for successful completion of the program.
2. The residency program record shall include the following items:
 - a. Completed Resident Self-Evaluation and Planning Form
 - b. Residency Profile and Plan
 - c. Documentation of activities, self-evaluations and evaluations of the resident for their scheduled rotations
 - d. Residency Project (IRB proposals, poster, residency conference presentation, and manuscript)
 - e. A list of all seminars/meetings attended
 - f. A current curriculum vitae
 - g. A copy of all completed tasks, including:
 - i. Drug monograph for formulary review at P&T meetings
 - ii. In-service to medical staff (nursing, physician, pharmacist, etc)
 - iii. Medication use evaluation (MUE)
 - iv. Failure Modes Effects Analysis (FMEA)
 - v. FDA MedWatch updates for P&T meetings (x2)
 - vi. Policies or order sets created and/or revised
 - vii. Patient Case/Disease State presentation (x2)
 - viii. Journal Club presentation (x2)
 - h. Moonlighting log form
 - i. Any other materials deemed appropriate by the resident or RPD

Resident Preceptor Development

1. Residents will be involved in various teaching activities, including precepting students and in-services for the medical, nursing and/or pharmacy staff.
 - a. Residents will serve as co-preceptors with faculty members for the Doctor of Pharmacy students on rotation at FSRMC. Responsibilities may include: leading topic discussion, providing daily and evaluation feedback, orientation/training for the student, and daily interaction and oversight of student activities.
 - b. Residents will serve as a co-preceptor with faculty members for the students on campus for the Applied Therapeutics course. Responsibilities may include: identifying a patient for student review, attending the student patient presentation, and providing a student evaluation of performance.

2. Residents will be given guidance regarding preceptorship of students during the initial residency orientation period. Orientation will include the following:
 - a. Attendance at the Preceptor Symposium given by a local college of pharmacy.
 - b. Comprehensive review of current residency preceptor(s) techniques and instruction (Teach, Coach, Model, and Facilitate)
 - c. Provision of available resources
 - i.* The ASHP's *Preceptors Handbook for Pharmacists, 2nd edition*
 - ii.* The *Pharmacists Letter Preceptor Training and Resource Network*
 - iii.* Preceptor resources from ASHP:
<http://www.ashp.org/Import/MEMBERCENTER/NewPractitionersForum/DevelopmentalResources.aspx>

Residency Evaluation Policies and Procedures

1. All evaluations shall be documented on appropriate forms in PharmAcademic. All evaluations will be completed within **seven (7) days** of the assigned due date.
2. Resident's Evaluations
 - a. Each resident will complete an Initial Resident Self-Evaluation to assess his or her strengths and weaknesses in order to develop a customized training plan at the beginning of residency.
 - b. Each resident will complete a Year-End Resident Self-Evaluation to assess his or her successes in achieving the original goals and of the residency overall.
 - c. Each resident will also complete an evaluation of the preceptor at the conclusion of each rotation or at least every 3 months for longitudinal experiences.
3. Preceptor's Evaluation of the Resident's Rotation Performance
 - a. Each preceptor will complete a Summative Evaluation for each resident. The preceptor will discuss it with the resident to help improve their future performance.
4. Quarterly Evaluations
 - a. Quarterly Longitudinal Evaluation Process
 - I. The longitudinal activities will be evaluated each quarter. These are completed by the respective preceptors.
 - II. Each resident is responsible for performing a self-evaluation on their Residency Research Project. The evaluation will include: What the project is, where they are in their process, any deadlines, etc.
 - b. Resident Quarterly Progress Report
 - I. All residents will complete a quarterly progress report detailing their residency activities for the designated time period, which should address progress made toward meeting goals and objectives established at the beginning of the residency year.
 - II. The quarterly report should also contain, in chronological order, a summary of the rotations completed by the residents in that quarter. Any comments the resident would like to make regarding their achievement toward these goals should also be included.
5. Residency Program Director Quarterly Evaluations for Development Plans
 - a. The Residency Program Director will evaluate the resident quarterly based upon the resident's progress in their research project, teaching and overall residency performance. This evaluation will also take into account the rotation evaluations from prior preceptors. This report should evaluate the progress towards meeting goals and objectives established at the start of the residency year.
 - b. The quarterly report will be discussed with the resident and signed by both the Residency Program Director and the resident (this may be done electronically in PharmAcademic).

Appendix A – Pharmacist Resident Job Description

Position Summary:

Residents in pharmacy practice are provided the opportunity to accelerate their growth beyond entry-level professional competence in direct patient care and in practice management and to further the development of leadership skills that can be applied in any position and in any practice setting. Residents also spend a portion of their work hours functioning as a Staff Pharmacist in the provision of prescribed pharmaceuticals, medications, information and clinical monitoring for adequate patient care according to professional standards and practices. The Pharmacy Practice Residency is comprised of core areas as outlined below. The Pharmacist Resident will receive education in each of the core areas and function in these areas under the supervision of clinical pharmacist preceptor.

Position Accountabilities and Performance Criteria:

1. Designs, executes, and reports results of investigations of pharmacy practice-related issues.
2. Establishes a collaborative working relationship with physicians and other health care providers in the health system.
3. Designs, recommends, monitors, and evaluates patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine.
4. Provides concise, applicable, comprehensive, and timely responses to requests for drug information from patients, health care providers, and the public.
5. Documents direct patient-care activities appropriately.
6. Participates in the components of disease management: identification of need for, development, implementation, and assessment of treatment guidelines and protocols related to individual and population-based patient care.
7. Prepares and dispenses medications following existing standards of practice and the health system's policies and procedures.
8. Participates in the medication-use evaluation (MUE) program.
9. Prepares and disseminates written drug information.
10. Participates in various planning and development programs within the department.
11. Utilizes pharmacy technical and clerical personnel effectively.

- 12. Provides instruction to pharmacy technicians, students, residents, and pharmacists.
- 13. Follows policies, procedures, and safety standards. Completes required education assignments annually. Works toward achieving goals and objectives, and participates in quality improvement initiatives as requested.
- 14. Performs other duties as assigned.

While functioning as a Staff Pharmacist, the Resident:

- 1. Compounds, labels, and packages medications and pharmaceuticals.
- 2. Reviews patient medication profile for drug compatibilities, allergies, and appropriateness of drug order. Clarifies medication orders and/or doses of medication as necessary with physicians.
- 3. Provides drug information to physicians, health care professionals, and patients.
- 4. Provides support and consultative services to physicians.
- 5. Supervises technicians filling of inpatient prescriptions and admixture of intravenous medications.
- 6. Informs patients and family on proper use of various medications including dosage, side effects, etc.
- 7. Ensures secure storage of narcotics and other controlled substances on a regular basis.
- 8. Inspects nursing units on a monthly basis to ensure medications are maintained according to Tennessee State Law and manufacturer’s storage requirements.

Position Qualifications:

- Minimum Education:** None specified; however, must be sufficient to meet the standards for achievement of the indicated license and/or certification as required by the issuing authority.
- Minimum Experience:** None
- Licensure Requirement:** Must have and maintain Tennessee state pharmacy license within 90 days of hire.
- Physical Requirements:** Type C

Appendix B – ASHP Midyear Meeting Abstract & Poster Requirements

Detailed instructions for Resident Poster Submission Guidelines:

SUBMITTING YOUR POSTER ABSTRACT ONLINE:

Submissions will be accepted online via ASHP website

Deadline is October 1st

Fort Sanders Regional Medical Center PGY-1 Residency Code: 54105

POSTER ABSTRACTS ARE CLASSIFIED AS:

- **Case Report:** Authors may select case report submission type to describe an unusual patient-specific case that was not part of a study but the findings are of interest to healthcare professionals. Case reports will not have a purpose, methods, results, or conclusion in the abstract.
- **Evaluative Study Report:** Authors may select evaluative study submission type for reporting on their original research, including clinical research studies, drug-use evaluations, and evaluations of pharmacy services. Evaluative study reports must contain a purpose, methods, results, and conclusion. In addition, the abstract must include scientific results and/or data to support the conclusions. When applicable, the abstract must indicate that the clinical research was approved by the appropriate ethics committee or institutional review board (IRB), and if appropriate, informed consent was obtained for all subjects. If IRB approval was deemed not necessary, there should be a statement that approval was not required.
- **Descriptive Report:** Authors may select descriptive report submission type if describing a project, service, or program that would not be considered a research study. Descriptive reports must contain a purpose, methods, results, and conclusion.

SUBMISSION TYPE CATEGORY – see website

GETTING STARTED

LOGIN – EMAIL ADDRESS & ACCESS KEY

To submit an abstract, you must create an account profile which includes your contact information, mailing address, and your access key.

- Do not delete or alter the email address that is shown on your profile.
- It is imperative that this email address is a working email address that is not spam-protected. If you have spam protection, you may not receive our emails.
- Your email address and the access key you create will be used as your login information for the poster submission site.
- The email that is used for logging into the poster abstract submission site must belong to the **primary author** – not an assistant or colleague.

PRIMARY AUTHOR

The person entering the information online is considered *the* primary author as well as the primary presenter. The primary author's name will *automatically* appear first on the citation and the abstract. Only the primary author's contact information will be printed on the published version of the abstract. **The primary author is responsible for verifying that all co-authors are aware of the content of the abstract and support the data.**

POSTER ABSTRACT TITLE

Be sure your title accurately and concisely reflects the abstract content.

IMPORTANT: Put the title of the abstract in the title field only. DO NOT include the title in any other field.

Format your title as follows:

- **Sentence case format only.**
- NO proprietary (brand) names in the title.
- Use capitalized letters only for acronyms or proper nouns (e.g. countries, etc.).
 - Do not use "A," "An," or "The" as the first word in the title.

Title Format Examples

- **Incorrect:** IMPLEMENTATION OF COMPUTERIZED PRESCRIBER ORDER ENTRY (CPOE) IN A SURGICAL UNIT: ONE YEAR LATER
- **Incorrect:** implementation of computerized prescriber order entry (CPOE) in a surgical unit: One year later.
- **CORRECT:** Implementation of computerized prescriber order entry (CPOE) in a surgical unit: one year later

ONLINE SUBMISSION PROCESS

The online submission process consists of six (6) tasks. All six (6) tasks must be completed by the primary author to submit a poster abstract.

TASK 1: PRIMARY AUTHOR

To complete this task, click on the Primary Author's name to update the required fields. Click the **Continue** button to save your changes. Click the **Save Primary Author** button to move to the next task. **Remember:**

- Do not use ALL CAPS
- Include a period after your middle initial
- Do not place degrees in the "Last Name" field
- Add degrees in the credentials field only

TASK 2: CO-AUTHORS

Each submission may have to up to five (5) authors, the primary author and four (4) additional authors. It is the responsibility of the primary author to ensure all authors are included and in the order they will appear on the abstract, citation, and on the poster display. **ASHP will not add "forgotten" authors or make changes to the order of the authors.**

TASK 3: PRIMARY AUTHOR AFFIRMATION CONTENT

Affirmation of Content – The primary author must affirm the content of the submission on behalf of all authors listed on the abstract. The affirmation indicates that all co-authors are aware of the

content and an author, preferably the Primary Author, will present the poster during the time assigned if the abstract submission is accepted. **This abstract has NOT been presented or published previously. Exceptions are those presented at a state society meeting or an international meeting held outside the U.S.**

- Type your name to affirm that you agree to the author affirmation statement.

TASK 4: FINANCIAL RELATIONSHIP DISCLOSURE/CONFLICT OF INTEREST AGREEMENT

Disclosures – Only the primary author will complete the potential conflict of interest information for themselves.

- Review the disclosure standards
- Disclose any financial relationships for you and/or your spouse
- Type your name to certify the information is correct to complete the form and move to the next task.

TASK 5: PHARMACY SCHOOL INFORMATION

Provide additional information about your pharmacy school.

TASK 6: POSTER ABSTRACT CONTENT

Enter your poster abstract content details.

ABSTRACT CONTENT MUST:

- **Be complete at the time of submission.** Planned projects or descriptions of projects still being implemented will not be accepted.
- Contain **Purpose, Methods, Results and Conclusions.**
- **NOT** contain the statement “**details/results will be discussed**”. Abstracts with this statement will not be accepted.
- Be supported by **scientific merit.** Methodology is consistent with sound research design; study designed in a manner likely to answer the research questions; research questions aligned with proposed data collection and conclusion.
- **Exhibit a balanced presentation.** Abstracts must be non-promotional in nature and free of commercial bias. Abstracts written in a manner that promotes a company, service or product will not be accepted.
- Support a topic of **relevance** and **importance** to our attendees.

ABSTRACT FORMAT:

- **Correctly** format your title.
- **Word Limits** – your entire abstract should be approximately 400 - 625 words.
 - **Case Reports** – 625
 - Title – 25 words or less
 - Purpose – Up to 600 words or less
 - **Evaluative Study or Descriptive Reports** -625
 - Title – 25 words or less
 - Purpose – 100 words or less
 - Methods – 225 words or less
 - Results – 200 words or less
 - Conclusion – 100 words or less

- **DO NOT** use special functions such as tabs, underlines, trademarks, superscript, subscript, bold, or italics.
- Use standard abbreviations.
- **DO NOT include** graphs, tables, or illustrations in your abstract.
- Spell out all pharmaceutical **acronyms**.
- Do not include the title or authors in the body of the abstract.
- **Abstracts in outline form will be rejected.**

CONFIRMATION & PROPOSAL ID NUMBER

After all the submission tasks are completed (shown with a green check mark) **you must save your submission before you can submit it**. Click the Submit button to submit the abstract.

You will automatically get a confirmation email with your submission details. Please save it for your records.

Proposal ID Number: Your Proposal ID will appear on the screen with the list of tasks you completed as well as in your email confirmation. Save this number for your records.

INCOMPLETE SUBMISSIONS

Incomplete submissions will be deleted from our online system (*i.e. missing required elements, etc.*).

Appendix C – Regional Residency Conference Abstract & Presentation Requirements

Guidelines for abstracts

New for 2020: Abstract must be submitted at time of registration. No exceptions. (February)
Each abstract will be published in conference materials exactly as submitted. Please have your abstract ready for submission prior to registering. Residents are encouraged to ensure all grammar, punctuation, and capitalization are reviewed before submitting final document.

Abstract Guidelines:

1. Please adhere to the following standards:
 1. Title: Limited to 2 lines of text (short, specific titles are preferred)
 2. Authors' name(s), affiliation, city and state are limited to 3 lines of text (do not use degrees or titles).
 3. The **remaining** sections (listed below) must be included, and **collectively must be 350 words or less**.
 - a. **Background/Purpose, Methodology, Results, Conclusion, Presentation Objective and Self-Assessment Question**
2. If the Results of your work are not completely analyzed at the time of abstract submission, present what you have and describe these as preliminary. If no results are available at all, please indicate that results will be described.
3. The Presentation Objective represents a fundamental learning concept that the audience should be able to demonstrate after the presentation.
4. The Self-Assessment Question is a question to test the audience's knowledge of a key aspect from your presentation. It needs to be **multiple choice with (1) best answer and (3) reasonable detractors**, incorporated into the final slide and should be addressed by the presenter along with other questions from the audience.
 - a. Answer does NOT have to be submitted by abstract submission deadline date
Abstracts submitted through registration portal, at time of registration.

Guidelines for presentations

COMPLETE and FINAL presentations are due no later than Friday, April 17, and are to be submitted via the conference website. *Note: once you have uploaded your presentation, you cannot load an updated version at the conference - uploaded submissions are FINAL.*

Requirements: There are specific items that **MUST** be included within your presentation: a statement regarding conflicts of interest or financial disclosures, at least one learning objective and one self-assessment question. We recommend the following order:

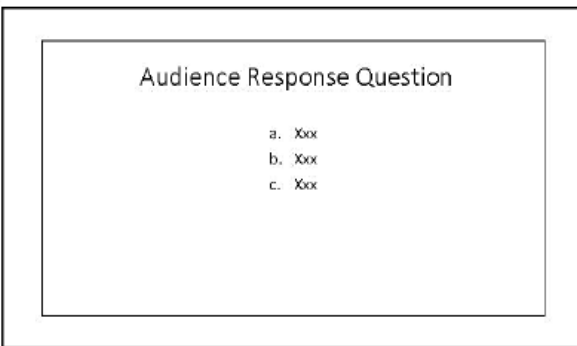
- **PowerPoint file type must be .pptx and created in widescreen format (16:9)**
- **Title slide:** with name & affiliation of presenter and a statement regarding conflicts of interests/financial disclosures
- **Learning objective and assessment question.** Please use the assessment question previously provided within your abstract.
- **Background to the project/study**
- **Goal/objective(s) for the project/study**
- **Methods employed**

- **Results** (if no Results, please use the wording "Results Pending")
- **Conclusions** (postulated conclusion based on what you do know, if you have no results at the time of your presentation)
- **Audience response question:** re-list the same assessment question, with multiple choice answers: (1) best answer and (3) reasonable detractors. The audience will raise their hand to participate.
- **Answer to question**

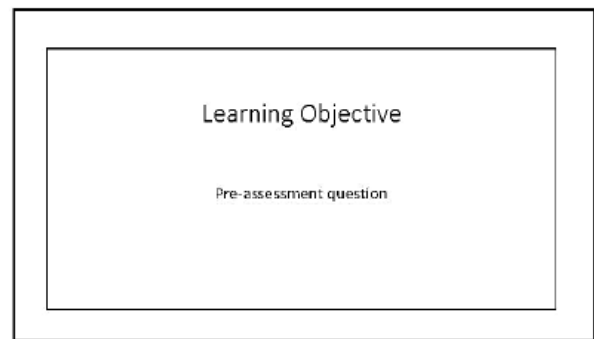
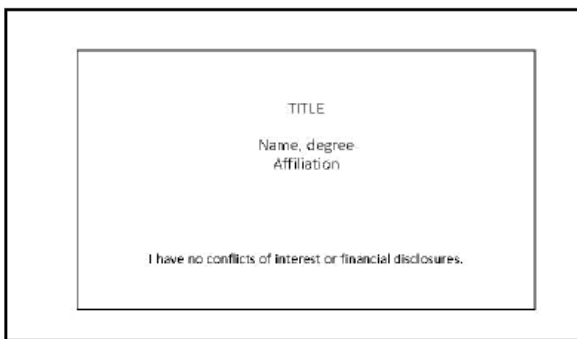
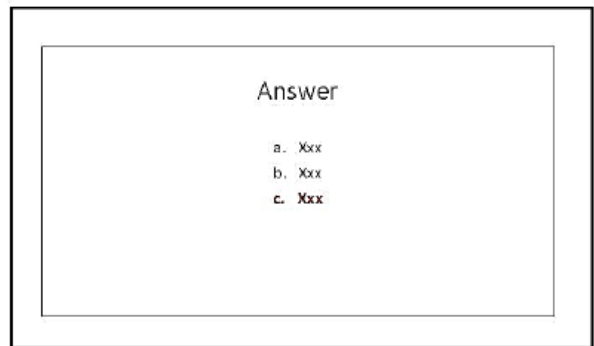
Length of Presentation: Approximately **12 minutes** total. A good rule of thumb is 12 minutes for presentation and 3 minutes for questions. If you exceed 15 minutes, you will be asked by the moderator to conclude your presentation.

Following are examples of slides for title, learning objective(s), and audience response question(s). Please do not hesitate to contact us if you have any questions.

Next to last slide



Last slide



APPENDIX D

Moonlighting Approval Form

Name: _____

Moonlighting employer: _____

Address: _____

Manager/contact person: _____

Phone Number: _____

I understand that my primary responsibility is to the Fort Sanders Regional Medical Center Residency Program and that outside employment should not interfere with this responsibility. I understand that I must inform my rotation preceptor of any hours I work in addition to my residency duty hours. Should the Residency Program Director, Residency Coordinator, or rotation preceptor deem that moonlighting interferes with my responsibilities, he/she may take disciplinary action.

Resident Signature

Date

Inpatient Pharmacy Manager Signature

Date

APPENDIX E

Moonlighting Hours Log **

Date	Hours during Moonlighting Shift	Total Moonlighting Hours/Week	Total Hours/Week (including duty hours)	Current Rotation	Preceptor signature*	Date signed

* By signing, the preceptor acknowledges that he/she has reviewed the resident’s performance and agrees that the resident’s moonlighting activities have not impacted their rotation performance and delivery of safe patient care. Review should occur after moonlighting activities have occurred and should be conducted every time the resident moonlights.

**Appendix B should be electronically uploaded by the resident quarterly into their PharmAcademic profile as proof of compliance with the Duty Hour Policy.

Appendix D – Pharmacy Contact List & FSRMC Main Phone Numbers

Name	Phone ext	Pager #	Pharmacy Ext Numbers:	Average Overfill	
Pharmacy Fax Line	331-1786		IV Room Lines: 331-1397 & 150-0260	25 mL bag	6 mL
CovRX station at window	331-1673		Repack Room: 150-0108	50 mL bag	8 mL
3W Pharmacist Line	331-1468		PIC: 331-1669	100 mL bag	10 mL
4W Pharmacist Line	150-0412		PIC2: 331-1145	150 mL bag	17 mL
5N Pharmacist Line	331-1351		Order Entry A: 331-1876	250 mL bag	25 mL
5W Pharmacist Line	331-1533		Order Entry B: 150-0109	500 mL bag	48 mL
7N Pharmacist Line	331-2064		Order Entry C: 150-0110	1000 mL bag	50 mL
8N Pharmacist Line	150-0220		Order Entry D: 150-0107		
ER Pharmacist Line	331-1833		Omnicell Narc area: 150-0105		
IMC Pharmacist Line	331-1166		Pharmacy Main Reroute: 150-0681		
Clinical Pager		597-2747	Code Cart: 331-2483		
Pharmacy Stroke pager		597-2193	Purchaser 331-1114		
#3		597-3484	Supervisor Office (Computer line): 331-1674		
Delivery Tech pager 1		597-2033			
Delivery Tech pager 2		597-2718			
Hall Telephone extension	150-0161		at SB prescription window		
OR Satellite Pharmacy	331-1863	597-3489	OR Pharmacy fax 331-2866		
Pharmacy Conf room (Hall)	331-2098				
			Floor assignments:		
Elliott, Dillon	331-2791	597-3049	NICU, MSICU		
Holland, Janet	331-3699	597-3931	Pharmacy Supervisor		
Gilliland, Traci	331-3671	597-2473	Clinical coverage		
Granger, Nancy	331-1848	597-3597	Inpatient Manager		
Hembree, Penny		597-2603	ED, general coverage, 9N reviews		
Holland, John / D'Cruz, Melissa	331-1863	597-3489	OR Satellite Pharmacists		
Humphrey, Lynda	331-1125	597-3494	Inpatient Coordinator		
Madon, Mike	331-1850	597-2314	Pharmacy Supervisor		
Medenwald, Brittny		597-3126	ED, general coverage, stroke		
Miller, Debbie	331-1317	597-3596	Narcotic Surveillance Tech		
Norris, Chris	331-4930	597-3493	Director of Pharmacy		
Padgett, Alan	331-3697	597-2507	Clinical coverage		
Reid, Stefanie	331-2767	597-4007	ED 331-1833, clinical coverage, Residency Program Director		
Schirmer, Lori	331-1126	597-3064	Nutrition, 3N; Clinical Pharmacist Supv		
Sellers, Genna		597-2312			
Sweat, Anna		597-0292			
Strozyk, Bill	331-1878	597-2030	Clinical coverage, Antibiotic stewardship		
Turner, Pam	331-1304	597-3594	Medication Safety Pharmacist		
Vaughn, Rachel Wilkinson		597-3376	ED 331-1833, general coverage, OR, 9N reviews		
Walters, Dana	331-2472	597-2554	4E/W, 9N contact Dana at 331-2472		
Wheeler, Sperry	331-2979	597-2305	ED 331-1833, general coverage, OR		
Residents					
Romick, Tyler	331-3698	597-3595	Resident		
LeClair, Rachel	331-3695	597-2113	Resident		
Silva, Jennifer	331-1204	597-2112	Resident		
Murto, Katie	331-1128	597-3401	Resident		
Matlock, Nathan	331-2209	597-1960	Resident		
CovRx Pharmacy	541-4279		CovRX Fax 331-1667 (Dani 531-5132)		
Inf- Maryville, Kasey Smith	982-1177		Maryville Infusion		
Infusion - Oak Ridge	835-5433		OakRidge Fax 835-5401		
Coble, Russ	835-5434		OakRidge Infusion Tech Phone: 865-835-5435		
Infusion - Lenoir - Stout, Emily	271-6092		Lenior Fax 271-6089		
Infusion - Thompson	331-1704		TOF Infusion Fax 331-2451; TOF Ante-room 1500-388		
Infusion Manager Jessica Lee	331-1320		Thompson Infusion		
Bogartz, Cynthia	331-1716		Thompson Infusion		
McDonell	373-5060		West Infusion		
Infusion - Home Infusion	331-1860		Home Infusion outside line 800-331-0607		
Colwell, Candice	331-1852	597-4005	Home Infusion		
Fleming, Scott	331-1864	597-2465	Home Infusion		
Wallace, Cheryl	331-1877	597-4006	Home Infusion		
Yoder, Dawn	331-1871	597-4004	Home Infusion Manager		
ER Med. Rec. **ER desk**	331-2649		ER Medication Reconciliation		
Medication Rec	331-1849	597-2466	Hot Beeper for Direct Admits & Stats		

Refer to the On Call Clinical coverage calendar. Residents are "first call" on weekday evenings + weekend call on a rotating basis (listed on calendar).
If "on call" pharmacist fails to respond contact Chris Norris.

TELEPHONE REPAIR - PLEASE CALL THE HELP DESK at 374-4900

Hospitals	-D-	-E-	-F-	-G-	-H-	-I-	-J-	-K-	-L-	-M-	-N-	-O-	-P-	-Q-	-R-	-S-	-T-	-U-	-V-	-W-	-X-	-Y-	-Z-
Claiborne Cumberland FL Loudoun FSRMC LeConte Methodist Morristown-Hamblen Parkwest PNRC Roane TCSC	423-626-4211 931-484-8511 271-6000 331-1111 446-7000 835-1000 423-686-4231 373-1000 331-3600 316-1000 331-1720	Doctor's Lounges Labor & Delivery Surgery Drs Lounge Document Center Echo ED Registration ED Registration Call (Emergencies) Education Department EEG EKG STAT Day Beeper Electrical EMG Emergency Department Triage Lobby (Waiting Area)	331-1992 331-1609 331-1322 331-2768 331-1256 331-4972 705-0035 331-2046 331-1460 331-1256 597-2541 331-1244 331-1460 331-2200 331-2796 150-1402	Employee Health Employee Assist Prgm Endoscopy (GI) Lab Enterostomal Therapy Environmental Svcs Facility Services Fellowship Center Fitness Center-FSW Fort Fitness Foundation	331-1374 1-866-440-6558 331-4280 331-1257 331-1321 331-1244 331-1725 521-6729 531-8000 331-1760 531-6210	Gamma Knife GI Lab Gift Shop Heart Center Waiting Rm (Cath L) Help Desk Holter Monitor Home Health Hope Center HR Service Center House Sup. Nursing Admin Human Resources Hydrotherapy (PT Whirlpool) Hyperbaric Oxygen (HBO) Infection Control Information Home Infusion Services Integrity Compliance Interventional Radiology IVR Nurses Station IP Wound Team ISAT Dept	331-4000 331-1244 331-1374 331-1259 331-1393 331-1860 374-8022 331-1381 331-2604 331-1257 374-4500	Laboratory Labor & Delivery Lactation Consultant Laser Center Laundry Learning & Org. Devel. Loading Dock Mail Distribution Center Marketing Materials Mgmt: Shipping & Receiving Central Distribution Medical Records - Corporate Medical Records - FSR Medical Staff Office Medication Safety Hotline Mobile Screening MPI MRI (FSR Lobby) MRI (TCSC)	331-1117 331-1609 331-1962 331-1433 331-1272 374-8117 331-3174 331-2300 331-1715 331-1148 331-3174 331-1150 331-1106 331-1156 331-1258 331-2021 331-1312 531-5069 331-1829 331-1828	Occupational Th. (Main) Occupational Th. (Rehab) One-Day Surgery Outreach Lab PHA-Holding PACU-Recovery Room Pathology Lab Patient Flow Coordinator Patient Representative Patient Services Ctr: Registration Pre-Admit Testing Patricia Neal Outpatient I Personnel (Human Res.) PET Imaging Department Pharmacy IV Preparation Philanthropy PHP Physical Therapy (Acute) Physical Th (Rehab) Physician IT Help Desk Physicians Referral Planning Plant Engineering Print Shop Public Affairs Pulmonary Function Lab Pulmonary Rehab Purchasing Storeroom NRC-Admin Quality Improvement Radiation Therapy Recovery/PACU Recreation Therapy Rehab Administration In Patient Registration Out Patient Registratio Rehab Nursing Respiratory Therapy RT Beeper Risk Management Safety Department Security Select Specialty Service Excellence Shipping & Receiving Sleep Center Social Services Special Procedures Nurses Station Speech Therapy (Acute) Speech Therapy (Rehab) Surgery Day Surgery (IN) Holding Area (PHA) Recovery Room (PACU) Day Surgery Lounge Surgery Lounge Satellite Pharmacy Sterile Processing Teddy Bear U Telemetry Telephone Repair Therapy Center - Downmo Therapy Center - Powell Thompson Cancer Ctr Thompson Oncology Gr Traction Transitional Care Treadmill TV Repair Tumor Registry Ultrasound Utilization Review	331-1344 331-1268 331-1388 331-3670 331-1405 331-1282 822-7591 331-2521 331-1611 331-2372 331-1634 331-1605 331-1247 331-1492 331-1144 331-1397 531-6210 470-7470 331-1258 331-1135/331-1344 374-4901 331-3678 374-0440 331-1244 331-2768 331-1715 331-1298 331-1250 331-1148 331-1150 331-3600 331-1136 331-1155 331-1282 331-1353 331-3600 331-1446 331-2819 331-1205 331-1137 597-5061 331-1365 331-1213 331-1309 331-2600 331-1339 331-3174 331-1375 331-1209 331-1381 331-2604 331-1268 331-1135 331-1279 331-1388 331-1405 331-1282 331-3579 331-3579 331-1863 331-1165 331-4947 331-3000 374-4900 331-1300 838-4520 331-1678 331-1720 331-1429 331-1191 331-1256 331-4906 331-1383 331-1462 374-5141	Volunteer Services Wound Care - Inpatient Wound Care Center X-Ray Special Procedures Nursing Administration Clinical Coordinators: Labor & Delivery Nephrology Neuro Oncology Orthopedic 5W Pulmonary Rehab Rehab Nursing Emergency Dept. NURSING STATIONS ED 1 ED 2 ED 3 2 North - Cardiology 3 North - Med./Surgery 3 West - Nephrology 4 North - Select Specialty 4 East - Rehab Stroke 4 West - Rehab Head Inj 5 North - Neurology 5 West - Orthopedic 6 North - Maternity/OBG 6 East - L&D 6 West - Ob/Gyn 7 North - Med./Resp 8 North - Oncology 9 North - TCU Trans Car Acute Hemodialysis Day Surgery CSF / Cardiovascular Step CVF / Cardiovascular ICU ICF / Medical-Surgical ICU IMF / Intermediate Care NIF / Neuro Intensive Care TELEPHONES Acute Care Lounge ER Lounge 1-Day Surgery Waiting Father's Waiting FORT SANDERS WEST Diagnostic Center Scheduling Fitness Center Aerobics Aquatics Fitness Kid Programs Membership Info Special Activities Nanny's Nursery Surgery Ctr/Sched Surgery Ctr Bus Off	331-1249 331-1257 331-2784 331-2119 331-1381 331-1302 331-1609 331-1231 331-1151 331-1181 331-1251 331-1250 331-1205 331-1200 331-1840 331-2200 331-2794 331-1121 331-1131 331-1231 331-2600 331-1205 331-1670 331-1151 331-1251 331-1161 331-1609 331-1281 331-1171 331-1181 331-1191 331-1196 331-1388 331-1160 331-1804 331-1201 331-1197 331-1619 331-1683 331-1359 331-3579 331-2725 531-5444 531-5400 531-5000 531-5070 531-5034 531-5033 531-5040 531-5037 531-5039 590-7212 531-5200 531-5222										

OTHER FREQUENTLY USED NUMBERS

Appendix E – Master Residency Schedule

Fort Sanders Regional Medical Center Residency Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 (Call Week)	Rotation, OC, SS	Rotation, OC	Rotation, OC	Rotation, OC	Rotation, OC	Clinical	Clinical
2	Off	Rotation	Rotation/CROP	Rotation, SS	Rotation	Off	Off
3	Rotation	Rotation	Rotation	Rotation	Rotation, SS	Staff**	Staff**
4	Rotation	Rotation	Rotation, SS	Rotation	Off	Off	Off
5	Rotation	Rotation, SS	Rotation	Rotation	Rotation	Off	Off

Rotation Hours: Designated by your rotation preceptor

OC: On-Call - responsible to wear resident stroke/call pager and personal pager 24/7

SS: Swing Shift hours: 1630-2030

Medication Safety meetings will be on assigned Thursdays at 1100-1300

**Staffing hours (weekend and during week) will vary depending on skill level and staffing needs -- See pharmacist schedule for hours
FSR CROP (schedule to be determined; on alternating Wednesdays)

Fort Sanders Regional Medical Center Residency Schedule

Referral Calendar	*weekends start					CDP initial								License due	*CTO requests may start			
	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	8/30	9/6	9/13	9/20	9/27	10/4	10/11	10/18	10/25
Timothy	Orientation & Classes	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	
Ashley		Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	
Kerri		Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	
Jonathan R		Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	
Jonathon T		Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	
CDP Qtr 1					CDP Qtr 2													
	11/1	11/8	11/15	11/22	11/29	12/6	12/13	12/20	12/27	1/3	1/10	1/17	1/24	1/31	2/7	2/14	2/21	
Timothy	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	
Ashley	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	
Kerri	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	
Jonathan R	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	
Jonathon T	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	
CDP Qtr 3																		
	2/28	3/7	3/14	3/21	3/28	4/4	4/11	4/18	4/25	5/2	5/9	5/16	5/23	5/30	6/6	6/13	6/20	
Timothy	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	
Ashley	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	
Kerri	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	
Jonathan R	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	
Jonathon T	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	Sch 2	Sch 3	Sch 4	Sch 5	Sch 1	
Orientation=																		
Midyear=																		
Rsch/Safety mon. =																		
All Residents are asked to perform staffing/clinical responsibilities and will not be granted CTO for the March 14-18, 2022 week.																		

Rotation Schedule:

Rotations	Timothy	Ashley	Kerri	Jonathan Roach	Jonathon Taylor
6/28/21	Orientation				
1 8/1/21					
2 9/1/21					
3 10/1/21					
4 11/1/21					
12/1/21	ASHP MCM/Medication Safety/MGMT Time				
5 12/27/21					
1/24/22	Research				
6 2/1/22					
7 3/1/22					
3/14-3/18	Spring Break/Staffing Week				
8 4/1/22					
9 5/1/22					
10 6/1/22					

Monthly Duty Schedule

Month	Timothy	Ashley	Kerri	Jonathan Roach	Jonathon Taylor
August	MedWatch/Recalls	Journal Club	DI	Chief	Patient Case/Pres
September	Patient Case/Pres	MedWatch/Recalls	Journal Club	DI	Chief
October	Chief	Patient Case/Pres	MedWatch/Recalls	Journal Club	DI
November	DI	Chief	Patient Case/Pres	MedWatch/Recalls	Journal Club
December					
January	Journal Club	DI	Chief	Patient Case/Pres	MedWatch/Recalls
February	MedWatch/Recalls	Journal Club	DI	Chief	Patient Case/Pres
March	Patient Case/Pres	MedWatch/Recalls	Journal Club	DI	Chief
April	Chief	Patient Case/Pres	MedWatch/Recalls	Journal Club	DI
May	DI	Chief	Patient Case/Pres	MedWatch/Recalls	Journal Club
June	Journal Club	DI	Chief	Patient Case/Pres	MedWatch/Recalls

*No staff meeting will be held the month of December

Holiday Schedule

Timothy	Ashley	Kerri	Jonathan Roach	Jonathon Taylor
Labor day	Thanksgiving	Christmas	Labor Day	Thanksgiving
Christmas	New Year's Day	Memorial Day	Christmas	New Year's Day

Residency Check List

	Check Off	Date Completed	Comments
Protocol or Policy Update/Creation: by May P&T (~5/31/2022)			
Order-set Update/Creation: ~6/15/2022			
Drug Monograph: by May &T (~5/31/2022)			
In-service: ~6/15/2022			
ASHP Project:			
IRB Citi Training: 8/1/2021			
Select Project Topic: 8/15/2021 (email to Stefanie)			
ASHP Registration and Travel Request: 9/15/2021			
ASHP Abstract draft sent to mentors: 9/20/2021			
ASHP Abstract –Submitted to ASHP: 10/1/2021			
Poster draft sent to mentors: 11/1/2021			
Poster (final version) due to Stefanie for print: 11/10/2021			
IRB submission: ~11/10/2021 (per IRB deadlines pre-meetings)			
TSHP Registration and Travel Request: 11/15/2021			
TSHP Abstract (same as ASHP abstract): 12/1/2021			
ASHP Midyear Presentation			
Midyear Session Newsletters due ~12/20/2021			
MidSouth Registration and Travel Requests: 2/1/2022			
TSHP Presentation (Feb ____, 2022 in Nashville)			
MidSouth Abstract draft to mentors: 3/1/2022			
MidSouth Abstract due 3/10/2022			
MidSouth Mock Presentation #1 ~4/1/2022			
MidSouth Mock Presentation #2 ~4/14/2022			
MidSouth Presentation Slides: ~4/15/2022 (per website)			
Manuscript draft to mentors: 6/1/2022			
Manuscript final version: 6/15/2022			
MUE			
Selection of MUE: 9/15/2022			
Presented at P&T: by May P&T (~5/31/2022) or per Lori			
Failure Mode Effects Analysis (FMEA)			
Selection of FMEA: 11/1/2021			
Completion required by ~6/1/2022 (worked on throughout year/med safety meetings)			
Monthly Duties:			
MedWatch and Recalls #1			
MedWatch and Recalls #2			
Drug Info Presentation #1			
Drug Info Presentation #2			
Chief Month #1			
Chief Month #2			
Journal Club Presentation #1			
Journal Club Presentation #2			
Patient Case Presentation #1			
Patient Case Presentation #2			
Medication Safety Paper			
CE Seminar Presentation / Lecture			
Close out research project/study with IRB			

- ADEs/Med Errors – (Narcan, Med. Safety hotline, etc.): day/week per Pam Turner
- CROP – alternating Wednesdays: schedule per Alan Padgett
- P&T meeting – 2nd Tuesday of each month
- Medication Safety – 3rd Tuesday of each month
- Teaching and Learning Certificate Program – (optional)