

# PRISMA HEALTH-MIDLANDS PHARMACY RESIDENCY MANUAL

Prisma Health Richland

Prisma Health Children's Hospital - Midlands

University of South Carolina College of Pharmacy

2024 – 2025



**College of Pharmacy**  
UNIVERSITY OF SOUTH CAROLINA



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July 1, 2024

Pharmacy Residency Class of 2024 - 2025:

I would like to personally welcome each of you to the residency programs of Prisma Health Richland – University of South Carolina College of Pharmacy. I am confident that the experiences of the coming year will give you a solid foundation of practice skills that will serve you throughout your career. In addition, the professional relationships and friendships you will develop during your program will be a key part of your support network for many years to come.

Our acute care PGY1 residency program has been ASHP accredited since 1972. Over the last five years, we have seen continued growth of our residency programs with the expansion of our PGY1 residency to include a program focused on ambulatory care as well as the addition of PGY2s in Cardiology and Internal Medicine, PGY1/2 Health Systems Administration, and PGY1 non-traditional residency programs. Additionally, we have formalized our partnership with the University of South Carolina College of Pharmacy to jointly sponsor all eight of our residency programs. Our residency leadership team takes pride in gathering feedback from our residents and preceptors to make improvements to our programs each year. Prisma Health is proud to have been awarded the ASHP Residency Expansion Grant for both of our PGY1 residency programs. Graduates of our residency program have gone on to leadership positions in pharmacies across the nation, positions within the pharmaceutical industry, advanced clinical practice positions, and faculty positions with many colleges of pharmacy.

Our residency program is an integral part of this department. Each one of our team members has an interest in teaching you about the many aspects of pharmacy to include direct patient care, distribution, research, academia, leadership, and formulary management. We understand what residency training requires and are committed to that mission. Every pharmacy team member at Prisma Health is engaged in your education and your success.

Completing a residency year is very hard work, and as you have heard many times in the past, you will get out of this experience what you are willing to put into it. There will be days when you think you cannot do one more thing – but find the energy to get it done anyway. You will be able to take pride in what you accomplish during this year. The motivation comes from within, and the rewards will extend to many aspects of your career. In the end, I am sure that you will feel it was all worth the effort.

Once again, welcome to Prisma Health and our residency programs. I look forward to working with each of you and providing support for you over this next year.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Bair".

Jennifer Bair, PharmD, MBA, BCPS  
Vice President, Pharmacy Services and Chief Pharmacy Officer  
Prisma Health

## **1. THE RESIDENCY EXPERIENCE**

### **1.1 Qualifications of Resident Applicants**

Applicants must possess a PharmD degree from an ACPE-accredited college or school of pharmacy or equivalent from another country and must be eligible for licensure as a pharmacist in the State of South Carolina. Applicants for PGY2 residencies will have completed an ASHP-accredited PGY1 residency. Non-traditional PGY1 residency applicants must be employed full-time or part-time as a Prisma Health Midlands pharmacist within the Department of Pharmacy, be in good standing at time of enrollment, and be current with all Prisma Health training and education assignments per organizational requirements.

Selected applicants for all programs will be required to interview. Candidates are selected for interviews based on criteria approved by the Interview Granting Committee within each respective program.

### **1.2 Application Information**

Applications are accepted via PhORCAS beginning November 1<sup>st</sup>, and the application deadline is January 2<sup>nd</sup>. Interviews will begin after the application deadline.

Application materials must include the following:

- PhORCAS Application form
- Letter of intent
- Curriculum Vitae
- Official transcripts of all professional pharmacy education
- Three letters of reference via the PhORCAS recommendation form completed by health professionals who can attest to the applicant's practice abilities and aptitudes. Non-traditional residency applicants should have one letter of reference from the applicant's direct supervisor.

### **1.3 How candidates will be selected and assessed**

Candidates will be assessed by reviewing application materials and using the Prisma Health Residency application review criteria for the respective program. The eligible candidate must be on track to complete a PharmD program or ASHP accredited PGY1 residency program by June 30<sup>th</sup>. Eligible non-traditional PGY1 residency candidates have graduated from a PharmD program and are licensed in South Carolina and in good standing with the South Carolina Board of Pharmacy at the time of application. Reservations about the candidate from the program preceptors or program director/coordinator will follow the guidelines set forth by the Application Processing/Interview Granting Committee. Any concerns should be voiced by the preceptors or mentor to the RPD before the "match" meeting following these guidelines.

### **1.4 Phase 2**

All programs participate in Phase 2 of the match if any positions remain unfilled from Phase 1. The same application process will be followed as above. Interview format will be determined by program leadership.

### **1.5 Scramble Procedure**

Any candidate who contacts the residency program director for consideration will have their application materials scored via the application review rubric used in Phase I/II of the match process.

- For each open position, up to 5 candidates will be interviewed.
  - Interviews will be granted in ranking order based on application score.
  - An applicant that received a "Do Not Interview" or "Do Not Rank" decision during Phase I/II will not be granted an interview during the Scramble.
  - Application scores from Phase I/II will be used for applicants that applied in earlier phases of the match.
- Interviews will be conducted virtually by a rolling interview process.

- Each interview will last one hour and will be held via a virtual platform.
- The candidate will meet with the program director, program coordinator, and a group of preceptors.
- The interview rubric utilized in Phase I/II of the match process will be used in the Scramble.
- Immediately after the interview, the interview panel will decide whether to offer the position to the candidate.
  - If the panel chooses to offer the position to the candidate, the offer will be made via email and the candidate will have 24 hours to respond to the offer.
  - When a candidate accepts the open position, no other interview offers will be made.
  - If a candidate declines the open position, the next interview will be offered. This rolling process will continue until the position(s) is/are filled.

### **1.6 Early Interview Process for PGY2 Programs**

Please see the Prisma Health Residencies Policy Manual for further details on the early commit process.

### **1.7 Clinical Infectious Diseases Fellowship (PGY3)**

The 12-month infectious diseases clinical fellowship follows the successful completion of the infectious diseases residency (PGY2). The fellowship program, which offers training in clinical infectious diseases, clinical and translational research, and academia, prepares the fellow for many career opportunities, including a non-tenure or tenure-track faculty position, clinical specialist position, or medical science liaison role.

The fellowship mixes academia and research with direct patient care activities. Program faculty who are noted regional and national experts in clinical infectious diseases share their research and academic expertise with the fellow. The fellow will work with other pharmacy and medical trainees, including pharmacy residents, pharmacy students, and infectious diseases physician fellows, in a unique blend of patient care activities, clinical and translational research, and didactic and experiential student instruction.

Most patient care activities occur at Prisma Health Richland, the university-affiliated tertiary care academic medical center. Primary and elective rotations will include key areas of inpatient and outpatient infectious diseases including microbiology, HIV clinic, ID consults and antimicrobial stewardship.

The fellow will be designated as an adjunct clinical instructor appointment at the USC College of Pharmacy and work closely with the Infectious Diseases Fellowship Program of Prisma Health/University of South Carolina School of Medicine. The fellow will be awarded a certificate of completion after finishing the infectious diseases clinical fellowship requirements and objectives.

## **2. Residency Program Position Descriptions**

\*Please see Prisma Health Residencies Policy Manual for further descriptions.

2.1 Residency Program Director (RPD)\* designates the individual responsible for directing the activities of a particular residency program and is responsible for completion of the resident development plan quarterly and final evaluations.

2.2 Residency Program Coordinator (RPC) designates the individual as a leadership partner along with the RPD. The two collaborate and oversee the structure and function of the residency program. See Appendix A for full description.

2.3 Program-Wide Residency Coordinator designates the individual responsible for coordinating all activities that cross over all residency programs. The program-wide coordinator works alongside the individual RPD and RPC (if applicable) of each program to collaborate and oversee the structure and function of each residency program.

2.4 Residency Advisor designates the individual who a RPD assigns as a personal and/or professional mentor to a resident. See Appendix B for full description.

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

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

2.7 Residency Leadership Committee (RLC) is composed of the RPDs, RPCs, the Program-Wide Residency Coordinator, and Director of Clinical Pharmacy Services and Education for all pharmacy residency programs in Prisma Health-Midlands. This team is responsible for making administrative decisions for the programs and ensuring consistency between the programs.

2.8 Residency Advisory Committee (RAC) is composed of the RPDs and RPCs, advisors, and designated preceptors for each residency program. These groups attend scheduled meetings to discuss the progress of the residents and of the program.

### 3. Expectations and Responsibilities of the Resident

Residents in all residency programs will be required to perform or participate in activities throughout the year. These activities are designed to assure competency with the goals and objectives outlined by the residency accreditation standards. In addition to the expectations outlined by the accreditation standards, we expect residents to be able to:

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

- 3.1.1 Function as pharmacy generalists.
- 3.1.2 Participate in drug use review and drug policy development.
- 3.1.3 Communicate effectively in writing.
- 3.1.4 Communicate effectively verbally with other team members.
- 3.1.5 Teach others effectively about drug therapy.
- 3.1.6 Participate in quality improvement initiatives.

### 4. Required Activities of Residency

General requirements for completion of each residency program are outlined in Appendix D and E. Failure to complete any of these requirements may result in suspension or termination from the Residency Program (see Prisma Health Pharmacy Residency Remediation/Disciplinary/Dismissal Action policy in the Prisma Health Residencies Policy Manual). Residents are expected to attend all functions as required by the RLC, the respective RPD, and learning experience preceptors.

#### **4.1 Participation in Residency Orientation Program**

A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions. PGY2 returning residents and non-traditional residents may be excused from many of the scheduled sessions at the discretion of their individual program director. This orientation period is used to introduce the incoming residents to Prisma Health Richland and the University of South Carolina College of Pharmacy and to outline the expectations for the residency year.

#### **4.2 Participation in Resident Leadership Academy (RLA)**

The Leadership Academy is a required longitudinal learning experience for all PGY1 Pharmacy residents, PGY2 Pharmacy residents, and ID Clinical Fellow. In collaboration with the longitudinal Leadership and Practice Management (LPM) rotation, the RLA aims to foster self-awareness, provide transferable and individualized leadership experiences, and enrich other residency components through on-going self-evaluation and personal

performance improvement. Non-traditional PGY1 residents must attend all RLA sessions in the first year of the residency.

#### **4.3 Participation in Leadership and Practice Management (LPM) Meetings**

This is a required longitudinal learning experience for PGY1 Pharmacy residents. Attendance guidelines are the same as all other required learning experiences. PGY2 residents will be provided with the list of topics to be covered in the learning experience and may attend sessions of interest or as required by their individual program director. Non-traditional PGY1 residents must attend all LPM sessions in the first year of the residency. LPM and RLA meetings are held on Mondays from 3:30-5:00pm.

#### **4.4 Orientation to Pharmacy Operations:**

The goal of the orientation to pharmacy operations learning experience is to ensure that each resident can function independently as a pharmacy generalist in all distribution areas. This is a required rotation for all residents who did not complete the previous year of residency training or were not previously employed as an inpatient pharmacist at Prisma Health Richland.

4.4.1 Each resident will train with a preceptor as assigned. Basic training will take place during the first month of the residency.

4.4.2 At the end of the basic training period, the preceptor, resident, and supervisor will determine if the resident is ready to function independently as a pharmacist.

4.4.2 a. If the resident is not ready to function independently at the conclusion of the training period, the following actions will occur:

1. A list of deficiencies will be developed by the preceptor.
2. A specific plan will be outlined by the preceptor and the respective RPD to provide additional training/experience in the area(s) of weakness to which the preceptor and the resident will agree.
3. A copy of this plan will be forwarded to the area manager and the resident's program director.
4. Progress will be re-evaluated monthly.

4.4.2 b. Once the resident is deemed competent, they will return to their assigned learning experience.

4.4.3 RLC in collaboration with operational leadership will designate the number of hours and location of the operations service component for their respective resident. The residents are solely responsible for their assigned operational pharmacy practice and clinical weekend duties and are responsible for assuring that these commitments are met in the event of an absence. All leave requests should be discussed in advance with the involved preceptor/scheduler/and residency director to assure that service responsibilities can be fulfilled. Please see the Prisma Health Resident Discretionary Time Off Policy within the Prisma Health Pharmacy Residencies Policy Manual for further instruction.

4.4.4 To maintain competence in this role, residents are expected to attend System Wide Clinical Meetings and/or mandatory formulary meetings for their program requirements.

4.4.5 Residents can work additional shifts within the Department of Pharmacy Services as described in the Prisma Health Duty Hours Policy within the Prisma Health Pharmacy Residencies Policy Manual.

### **5. Clinical Rotation Requirements:**

#### **5.1 Learning Experiences (LEs)**

LEs will be evaluated using the outcomes, goals and objectives approved by ASHP for the specific residency program. At the beginning of each LE, the preceptor will review the LE expectations/learning objectives and specify the degree of autonomy the resident will have. The degree of autonomy may be modified at any time during the rotation. In addition, residents will be expected to document all activities appropriately throughout the month including department service documentation activities.



Residents are expected to contact their upcoming month long LE preceptor at least 2 weeks prior to the start of the LE. This will include a request for DTO and other residency program requirements (e.g. staffing, CTC, other in-services/meetings).

## **5.2 Participation in Teaching Activities**

Resident involvement in teaching activities fosters development and refinement of the resident's communication skills, builds confidence, and promotes the effectiveness of the resident as a teacher. Residents will serve as co-preceptors for P4 students and participate in in-services, didactic lectures, and case studies. In all cases, residents will work with and be evaluated by a preceptor. PGY2 residents may serve as a co-preceptor for PGY1 residents in a layered learning model if the LE accommodates it. The University of South Carolina College of Pharmacy Clinical Teaching Certificate Program (CTC) guidelines are in Appendix F.

## **6. Resident Grand Rounds:**

### **6.1 Grand Rounds:**

All residents will present a formal ACPE-accredited Grand Rounds (pharmacist audience). The goal of the continuing education program is to expand the residents' communication skills and presentation techniques. The topics will be chosen by the resident, with guidance from the CE preceptor, and should involve a therapeutic or practice management controversy, developing clinical or practice management research, or therapeutic area. The resident will be responsible for identifying a residency program preceptor to serve as "preceptor" for their CE. Please see formal guidelines in the General folder under the PH Pharmacy Residencies Team Channel for topic submission and deadlines. Residents are highly encouraged to attend all Grand Rounds.

6.1.1 The objectives of the grand rounds should include the following:

- 6.1.1.1 Critical evaluation of the literature
- 6.1.1.2 Enhancement of presentation, teaching, and communication skills
- 6.1.1.3 Provision of continuing education for pharmacists and technicians and other health care professionals
- 6.1.1.4 Development of skills in responding to audience questions and comments
- 6.1.1.5 Familiarization with different audiovisual equipment and techniques

The length of grand rounds will be limited to one hour, with at least 10 minutes of this time reserved for questions and/or comments from the audience. ACPE requires that some form of interactivity be included in every accredited program. This can be accomplished via case studies, post-test, informal quiz, etc. See Speaker Guideline document in the Teams Channel for more examples.

Each resident will receive an evaluation in PharmAcademic of the presentation from a preceptor who will evaluate the presentation based on content, presentation style, and overall quality. The audience will also be encouraged to submit written comments to the resident using the electronic CE evaluation form when claiming CE credit by the USC College of Pharmacy Continuing Education Office. Further details regarding Pharmacy Grand Rounds and Non-Pharmacist Education presentation can be found in the General folder under the PH Pharmacy Residencies Team Channel and will be covered during orientation.

## 6.2 Continuing Education Approval Process

All residents are required to apply for ACPE (Accreditation Council for Pharmacy Education) accreditation of their **grand rounds** (if applicable) for continuing education credit. **The application deadline is six weeks prior to the presentation.** The University of South Carolina College of Pharmacy's Continuing Education office (803) 777-0869 will assist you in the application process, registration, and evaluation documents.

### 6.2.1 Continuing Education Instructions (located in the General folder under the PH Pharmacy Residencies Team Channel)

The title and identification of the preceptor are due to the CE coordinator 2 months prior to the presentation. Objectives should be expressed in terms of observable, measurable behaviors (e.g., describe, list, summarize. "Discuss" is not appropriate.)

#### 6.2.1.1 Items to be submitted electronically 6 weeks in advance of your presentation to the CE Office:

- Speaker form (reason for program, program title, learning objectives, needs assessment, presenter's name, date of program, and disclosures)
- Your curriculum vitae

#### 6.2.1.2 Prior to your presentation:

- Send PowerPoint slides for CE to preceptor **3 weeks** prior to presentation for review and edits.
- Send PowerPoint slides electronically to the CE office for review at least **14 days** in advance so the slides can be reviewed for compliance with ACPE standards.

#### 6.2.1.3 At the conclusion of your presentation, you must provide the "Access Code" to the participants so that they can complete their evaluations (on-line) and then print their CE statements.

#### 6.2.1.4 After the presentation:

- Meet with your preceptor and evaluator to receive feedback.
- Review the Program Evaluation Forms with your preceptor.

## 7. Formulary Management

PGY1 residents will prepare a drug monograph for formulary consideration to be presented to the Prisma Health Pharmacy and Therapeutics Committee. The preparation of the monograph will be coordinated with the Clinical Informatics and Formulary Standardization Pharmacist and may include communication with internal and/or external stakeholders as well as the development of utilization management criteria.

## 8. Active Participation in the Successful Completion of a Medication Use Evaluation (MUE)

All PGY1 and PGY2 residents (except PGY2 Infectious Diseases) are to participate in a MUE. These MUEs will be conducted in support of patient care at Prisma Health. Residents participating in MUEs originating within the Department of Pharmacy will follow the policies and procedures presented to them during July orientation month. The MUE findings will be presented at an appropriate departmental meeting and at ASHP Midyear Clinical Meeting (or an appropriate professional clinical meeting as approved by RPD). Satisfactory performance determined by the MUE preceptor is required for successful program completion.

## 9. Case Conference/Lunch and Learn

PGY1 residents will present two clinical cases for case conferences throughout the year. Two cases (approximately 15 minutes in length including Q/A) will be discussed at each case conference session. The objective is to discuss clinical cases encountered during patient care and examine the optimal evidence-based approach in an open forum dialogue among pharmacy preceptors and residents. Cases may be of any topic and may include either commonly seen or infrequently

encountered scenarios. Each presenter should plan for 15-20 minutes for the total presentation and discussion amongst attendees. Presenters are encouraged to use Microsoft PowerPoint® for presentation of cases and review of available evidence. The audience will discuss and review the approach to the case together. The goal is not to teach a disease state broadly.

Each PGY2 resident will present two Lunch and Learn sessions during the year. The presentation can be a journal club, patient case, in-service, or topic discussion for a topic of choice.

Further details regarding Case Conference and Lunch and Learn presentations can be found on the ML All Programs Teams Channel.

## 10. **Research**

### **10.1 Completion of a Major Longitudinal Research Project**

Each resident must complete a longitudinal research project. The project will require submission to IRB for approval, collaboration with a team of clinical pharmacists that will act as the research coordinators (to be included on all communications with the office of research/Investigational Review Board, and statistician), and presentation of the completed research project as platform presentation at the Southeastern Residency Conference (SERC) (or another applicable national meeting for PGY2 residents, at discretion of RPD). See information below on professional meeting participation and presentation for further information on ASHP and SERC.

#### 10.1.1 Resident Projects

Each resident will complete a research project during the residency year. The resident will present the results of the project at SERC or other equivalent meeting. A manuscript describing the project results must be written and submitted to the project preceptors for approval. Publication submission is optional; however, formatting should follow the requirement of a specific journal determined by resident and project team.

#### 10.1.2 Project selection/Scope of projects/Approval

Projects may be submitted by any residency preceptor, resident, or others, as appropriate. The Residency Research Committee will approve the list of potential projects before it is distributed to the residents. Each year a list of potential projects will be generated and distributed to the residents for selection. All residents will have an opportunity to review all potential projects. PGY2 and PGY3 residents will be given preferential choice of projects on the list. All the projects will be conducted in support of Prisma Health's Department of Pharmacy Services pillar goals.

#### 10.1.3 Process/Timeline

See Resident Research Series Timeline for specific deadlines and expectations in the ML All Programs Team Channel.

#### 10.1.4 Status Reports

The resident will provide a monthly report of their research progress to their primary project preceptor and advisor (if applicable) to be shared at preceptor meetings. The primary project preceptor will complete a criteria-based summative evaluation at the end of the residency year.

#### 10.1.5 Project Completion

The project will be considered complete when the stated objectives have been met to the satisfaction of the project preceptor and RPD, a manuscript suitable for publication describing the results of the project is approved by the project preceptor and submitted to the RPD. A residency certificate will not be awarded until the project is complete as determined by program leadership.

## **10.2 Preparation of a Manuscript Acceptable for Publication**

All residents must write at least one manuscript that, at a minimum, is suitable for publication in a peer-reviewed biomedical journal. Alternative manuscript submissions may include a drug monograph, journal article, case report, etc. Editorial assistance by a preceptor is **required**. The resident should be the first author on the resident's project manuscript if submission occurs within 6 months after residency completion. Beyond 6 months, the first author defaults to the primary project preceptor. As first author, the person is responsible for submission and revisions to a journal if they choose to have their manuscripts published. A resident does not need to be the first author on additional submissions. See separate Resident Research Series Timeline for specific deadlines. Please refer to each individual residency program requirements for further details.

## **11. Professional Meetings**

### **11.1 Presentation at ASHP Midyear Meeting**

The ASHP Midyear Clinical Meeting is held every December and is a forum where residents can share their experience through poster format. Each resident will create a poster presentation of their MUE project which will be evaluated by the people attending the conference. While the residents will make accommodation and travel arrangements with the PH preferred travel agency, they should be approved by the RLC prior to booking. All presentation submissions are the sole responsibility of each resident and participation is mandatory (PGY2 residents may present at other equivalent meetings, if approved by their RPD). Representatives of the RLC will accompany the residents and represent Prisma Health, participate in recruitment at showcase and/or professional placement forum, intervene on behalf of the residents in the case of emergencies (accidents or unforeseen circumstances), and provide a verbal report to the RAC at the meeting following the trip.

### **11.2 Presentation at the Southeastern Residency Conference (SERC)**

SERC is held in the spring each year and is a forum where residents share experiences and expertise. Each resident is required to make a brief presentation on their project which will be evaluated by preceptors and residents attending the conference. The resident will participate in practice sessions with preceptors and residents prior to SERC attendance. Information regarding SERC is found at [www.sercpharm.org](http://www.sercpharm.org).

The residents who attend SERC are required to be present at all the sessions and may attend either their fellow residents' presentations or presentations in their area of interest.

Representative(s) of the RLC will accompany the residents. Representative(s) will represent Prisma Health, volunteer to participate as a moderator or evaluator, intervene on behalf of the residents in the case of emergencies (accidents or unforeseen circumstances), and provide a verbal report to the RLC at the meeting following the trip. All presentation submissions are the sole responsibility of each resident, and participation is mandatory (PGY2 residents may present at other equivalent meetings, if approved by their RPD).

### **11.3 Presentation at the Pediatric Pharmacy Association (PPA)**

The PPA conference is held in the spring each year and is a forum where pediatric residents share experiences and expertise. The pediatric resident is required to make a brief presentation on their project which will be evaluated by preceptors and residents attending the conference. The resident will participate in practice sessions with preceptors and residents prior to PPA attendance. Information regarding PPA is found at [www.ppag.org](http://www.ppag.org).

The residents who attend PPA must be present at all sessions and may attend presentations in their area of interest.

Representative(s) of the RLC will accompany the resident and will represent Prisma Health, volunteer to

participate as a moderator or evaluator, intervene on behalf of the residents in the case of emergencies (accidents or unforeseen circumstances), and provide a verbal report to the RLC at the meeting following the trip. All presentation submission is the sole responsibility of each resident, and participation is mandatory.

#### **11.4 Presentation at Discover USC**

Each resident must present a poster or oral presentation at Discover USC unless this event conflicts with SERC and/or PPA. This is a local meeting, usually in April, supported by the University of South Carolina and Prisma Health. The topic of the poster or oral presentation can be the resident's major project, MUE, or other research or case presentation. The topic must be approved by the resident's RPD.

#### **11.5 Participation in South Carolina Society of Health-Systems Pharmacists Meeting**

Please see system wide policy about mandatory participation in SCSHP.

### **12. Residency Recruitment**

#### **12.1 Participation in Recruitment Efforts**

Each resident will help with the program's recruitment efforts. Because each resident is an important source of information and advice for potential candidates, there will generally be some scheduled time within the interview process for interviewees to interact with current residents. Also, each resident is asked to provide information to interested parties during the ASHP Midyear Clinical Meeting. Residents will be asked to staff the residency showcase and the recruitment suite (PPS, if applicable).

#### **12.2 Participation in Residency Interviews**

All residents will be expected to actively participate in the interview process for potential residents for the following residency year. This will include guided tours of the hospital facilities (when on-site) and active participation in answering questions from the candidates.

### **13. Successful Completion of Certifications**

Each resident is expected to successfully complete the Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) curriculum, as appropriate, by July 31st, or as specified by specific program. The goal is to ensure that the resident is familiar with and capable of providing BLS and ACLS or PALS in the event of an emergency and to complete the medical emergencies longitudinal rotation.

PGY1 Pharmacy residents who staff in the outpatient pharmacy should successfully complete a certification in administration of immunizations. The goal is to ensure that the resident can support the immunization service in the outpatient pharmacy.

### **14. Resident Schedule**

PGY2 and non-traditional PGY1 schedules are completed by the program RPDs and finalized prior to July 1<sup>st</sup>. The PGY1 residents are required to work together to complete the residents' rotation schedule. The deadline to complete the residents' schedule is July 24<sup>th</sup>. This schedule should be published on the ML All Programs Teams Channel for all preceptors to access, if needed. If a resident would like to change the rotation on the schedule after July 24<sup>th</sup>, a formal request must be made to both preceptors involved and the RPD. The program director will review and approve all schedules to ensure that no more than one third of rotations are in the same clinical area and that the resident has no more than two non-patient care electives. The RPD will also ensure that any rotation with a non-pharmacist preceptor will occur no earlier than January to allow the PGY1 resident sufficient time to develop clinical skills with pharmacist preceptors. See the required/elective rotation grid in Appendix E.

**15. Resident Clinical Weekend Responsibilities**

Residents who staff in the inpatient pharmacy will participate in clinical weekend services in their weekend staffing rotation. When staffing this weekend, the resident is responsible for ensuring that all consultations and follow-up (if necessary) are completed.

16.1 Clinical weekend responsibilities may include but are not limited to:

- Pharmacy consults (newly ordered and pending from previous week)
- Warfarin/enoxaparin teachings
- Medical emergencies as primary responder

16.2 Primary clinical pharmacists and residents should "check out" to the appropriate resident designated as the clinical pharmacist for the weekend. All documentation of pharmacist progress notes and interventions in Epic should be up to date.

16.3 Clinical coverage by the resident will not be provided for holidays if this happens to fall on a weekend. If a switch needs to be made, each resident is responsible for arranging coverage with another resident or pharmacist and for notifying the schedule coordinator of the change via Lightning Bolt. Last-minute schedule changes (except for emergencies) are not acceptable.

**16. Clinical on Call (COC) Responsibilities**

PGY1 acute care and adult PGY2 residents (excluded Pediatrics and PGY2 HSPAL) are expected to participate in in-house clinical on-call shift Monday through Friday from 4-10pm as scheduled. During this time, the resident is expected to complete new consults to include intervention and note documentation. Consults are to be completed for all new consults that come in till 9pm using the last hour of COC to finish up. Residents are also expected to answer clinical questions through Telmediq® and respond to medical emergencies during the entire shift.

**17. Code Coverage Responsibilities**

The PGY2s in Critical Care and Cardiology will rotate code coverage for one month each at the beginning of the residency year. Adult code coverage will be assigned on a rotating basis thereafter to PGY1 inpatient residents. Residents are expected to respond to ALL adult medical emergencies that occur during the time when they are present on campus for rotation responsibilities. The only exception is when the resident is presenting, e.g., Grand Rounds. When the resident arrives at the code location during day shift clinical coverage, the resident will serve as one of the designated pharmacist responders. While attending the code, the resident is expected to assist in medication decision-making and preparation and to work collaboratively with the PGY2 Critical Care or Cardiology resident or clinical pharmacist responder, when applicable. The resident will respond independently to codes during their in-house clinical on call evening coverage. If the resident anticipates absence or inability to participate for any reason during the period they are scheduled to respond to codes, it is the resident's responsibility to find another resident to cover for that time and to notify the RPD and scheduler of the switch.

The PGY2 Pediatric Resident should respond to all pediatric codes while on any in-house clinical rotation.

**18. Residency Evaluation Procedure**

**18.1 Resident Self-assessment**

Residents complete a self-assessment of their practice experience or competency at the beginning of the residency year using the ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation. These evaluations should be completed by July 15<sup>th</sup> or as assigned by the RPD.

## 18.2 Customized Residency Training Plan

The RPD and, when applicable, advisors will customize the training program for the resident based upon an assessment of the resident's entering knowledge, skills, attitudes, and abilities and the resident's interests.

- The Customized Resident Plan template is completed in narrative form utilizing the resident self-assessment and additional information gained through discussion to address all areas in the customized plan template.
- There must be at least, but not limited to, three goals included in the resident's customized plan.
- Goals should be specific and have a plan that includes activities that will be used to accomplish resident goals.
- Both the resident and RPD (and Advisor, if applicable) will review the document.
- An electronic copy of the customized residency training plan will be posted and available in PharmAcademic.
- Resident's progression towards achieving their goals and objectives is reviewed quarterly (Oct, Jan, April) at the RAC; semiannual basis for the non-traditional PGY1 resident.

All residents will complete a quarterly customized training plan detailing their residency activities for the designated time which may include:

1. General Requirements
  - A. Project
  - B. Medication Utilization Evaluation
  - C. Pharmacy and Therapeutics Committee Monograph or QI Project (if applicable)
  - D. Grand Rounds and Non-Pharmacist Education (if applicable)
  - E. Case Conference or Lunch & Learn
  - F. Manuscript suitable for publication
  - G. Southeastern Residency Conference presentation or other equivalent meeting
  - H. ASHP midyear poster presentation
2. Clinical Service
  - A. Resident learning experiences
  - B. Operational or clinical services (if applicable)
3. Teaching
  - A. Didactic Lectures
  - B. Clinical Teaching Certificate Program (if applicable)
  - C. Learner precepting
4. Writing experiences
5. Presentations
6. Miscellaneous assignments and projects
7. Longitudinal experiences
8. Formative evaluations/snapshots
9. Regional and national meeting attendance
10. Resident goals - progress towards resident goals & objectives
11. Resident's Summary of Overall Progress
12. Major areas to be addressed in upcoming quarters
13. RPD's summary of overall progress

## 18.3 Resident's Evaluation of Preceptor and Rotation Experience and Self-Assessment

Each resident will complete an evaluation of the preceptor and rotation experience within **one week** of the end of the rotation. The resident will provide their assessment via an electronic and verbal evaluation of the preceptor during the final monthly rotation evaluation. For residents spending the entire year with the same preceptor and location (i.e.: longitudinal rotations), evaluations should be done quarterly. Additionally, during the monthly and/or quarterly evaluation meetings, the preceptor will provide verbal feedback regarding ways to address resident areas of opportunity identified in the resident's self-evaluation.

#### 18.4 Preceptor's Evaluation of Resident's LE Performance

Each preceptor will complete a criteria-based summative evaluation of the resident within **one week** of the end of the LE through PharmAcademic. The evaluation is to be discussed with the resident prior to electronic submission.

Program goals and objectives will be evaluated upon the following definitions:

Ratings Scale	Criteria
Needs Improvement (NI)	<ul style="list-style-type: none"> <li>• Deficient in knowledge/skills in this area</li> <li>• Unable to ask appropriate questions to supplement learning.</li> <li>• Only able to gather basic information to answer general patient care questions.</li> <li>• Provides incomplete recommendations, lack of justification or research for recommendations.</li> <li>• Cannot complete tasks or assignments without significant guidance from start to finish; often requires assistance to complete the objective.</li> <li>• Requires extensive preceptor supervision where preceptor spends majority of learning experience in “modeling” preceptor role.</li> <li>• Consistently requires preceptor prompting to communicate recommendations to team or follow-up on patient care issues.</li> <li>• Suboptimal longitudinal project work/behind deadlines for time of year</li> </ul>
Satisfactory Progress (SP)	<ul style="list-style-type: none"> <li>• Adequate knowledge/skills in this area</li> <li>• Able to ask appropriate questions to supplement learning.</li> <li>• Able to gather all necessary information to answer general patient care questions.</li> <li>• Provides complete, straightforward, and well-received recommendations, but learner sometimes struggles with more complex recommendations or difficult professional interactions.</li> <li>• Completes objectives/learning activities with moderate prompting and intervention from preceptor; sometimes requires assistance to complete the objective.</li> <li>• Preceptor mainly functions in “coaching” preceptor role.</li> <li>• Consistently able to answer questions of the team and provide complete response with minimal preceptor prompting or assistance.</li> <li>• Meets all required deadlines.</li> <li>• Improvement is noted during learning experience but does not include mastery of the objective</li> </ul>
Achieved (ACH)	<ul style="list-style-type: none"> <li>• Proficient knowledge/skills in this area; able to perform skill and self-monitor quality.</li> <li>• Consistently able to ask appropriate questions to supplement learning.</li> <li>• Able to gather all necessary information to answer complex patient care questions.</li> <li>• Consistently provides complete recommendations with appropriate data and evidence; requires no preceptor prompting.</li> <li>• Able to perform the goals/objectives independently with minimal preceptor supervision; rarely requires assistance to complete the objective.</li> <li>• Preceptor mainly functions in “facilitation” preceptor role.</li> <li>• Follows up on patient care issues without prompting.</li> <li>• Exceptional performance and ahead of deadlines.</li> </ul>



<p>Achieved for Residency (ACHR)</p>	<ul style="list-style-type: none"> <li>• Resident consistently performs objective independently at the ACH level, as defined above, across multiple settings/patient populations/acuity level for the residency program, or where applicable.</li> <li>• Designated only by program director, program coordinator, or designee based upon review and assessment of each resident’s performance from summative evaluations. <ul style="list-style-type: none"> <li>○ For objectives that are assigned to be taught and evaluated in only one learning experience, the RPD will confer the ACHR rating if the objective has been marked as ACH.</li> <li>○ Ratings/comments are not required for any ACHR objective assigned on subsequent learning experiences; the preceptor may elect to include any comments specific to such objective(s) in the overall evaluation comments.</li> </ul> </li> <li>• The program RPD, in collaboration with the preceptor, can remove the ACHR rating in the event of changes in resident performance that would warrant reinforcement, remediation and/or further assessment. <ul style="list-style-type: none"> <li>○ Changes in ACHR status with plan for re-achievement will be recorded in the quarterly resident development plan</li> </ul> </li> </ul>
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**18.5 Longitudinal Evaluation Process**

The evaluations (to include summative, preceptor, and learning experience evaluations) must be completed within **one week** of the end of the quarter to allow adequate time for the RPD/Advisor to incorporate the comments from the evaluations into the resident's quarterly evaluation.

**18.6 Quarterly Evaluations**

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

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

Compliance with this evaluation policy as approved by the RLC is essential for the professional maturation of the resident and the residency program. Failure to comply with the policy will be addressed by the RPD and/or Pharmacy Director.

**19. Completion of program requirements**

Residents are expected to satisfactorily complete all requirements as employees of Prisma Health and those specific to the residency program. See Appendix D and E for a full list of residency completion requirements. Only those residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion. Evaluation of the resident's progress in completing the requirements is done to assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, the Prisma Health Residency Corrective Action plan will be followed. (See residency policy manual)

## 20. **Residency Documentation**

Residents are required to document all clinical activities/interventions, as appropriate, in the EHR. Residents are required to maintain a record of residency documents for the duration of the residency. Electronic copies of all documents are retained by the residency program (“residency notebook”) at the completion of the program.

Resident documents should be updated monthly throughout the residency year. The following documents are required to be included in PharmAcademic:

- Resident Curriculum Vitae
- Resident Self-Assessment
- Resident Customized Residency Training Plan
- RPD/Advisor Assessment of Learning Objectives
- Formative (Snapshot) Evaluations (*if applicable*)
- Completed assignments throughout the year (e.g., Grand Rounds, Non-Pharmacist Education, Lectures, Manuscript, etc.)
- Residency Certificate

All files should be uploaded to PharmAcademic by June 30<sup>th</sup>.

## **Appendix A: Residency Program Coordinator (RPC)**

### **Job Purpose:**

Residency Program Coordinator (RPC) serves in a leadership and overall supportive role within each residency program. They will assist their respective RPD with duties/activities that will ultimately contribute to the success of the resident and to the program.

### **Success Criteria**

- Attends Pharmacy RLC meetings.
- Ensures compliance with residency accreditation standards.
- Assists with site visit preparation and readiness.
- Attends and assists with quarterly evaluations and updates to Development Plans for selected resident(s). This includes assisting with reviewing preceptor evaluations to monitor resident progress and achievement of goals and objectives.
- Participates in recruitment activities (i.e., local/national residency showcases, recruitment material updates, website updates).
- Assists with coordinating residency program candidate interviews.
- Assists with the coordination of PharmAcademic for their resident(s) (i.e., constructing rotation schedules and preceptor coordination).
- Coordinates resident's activities which can include new resident orientation and assisting with resident rotation/presentation schedules prior to the start of the residency year.
- Assists with program quality improvements and continuous program evaluations (provided by resident feedback and preceptor feedback).

## **Appendix B: Residency Program Advisor**

### **JOB PURPOSE**

The residency advisor is responsible for the general well-being of the resident. If assigned by program, the advisor will act as an intermediary between the resident and Residency Advisory Committee (RAC) to help the resident accomplish their set goals and objectives for the residency program.

### **Success Criteria**

- Acts as a mentor and pharmacy role model
- Meets with the resident monthly to review goals and discuss progress of the program.
- At the request of the resident, preceptor, program director, or program coordinator, meets with learning experience preceptor and resident to review learning experience evaluation.
- Updates Residency Advisory Committee on a monthly basis on the resident's monthly progress with learning experiences, projects, clinical weekend responsibilities, and resident's well-being.
- Updates the full Residency Preceptor group twice yearly on resident's progress on assigned goals and objectives.
- Maintains records of resident's goals and objectives and acts as an intermediary between residents and preceptors to accomplish these goals.
- Documents face-to-face meetings that are reviewed by the RPD and included in the residents' Customized Residency Training Plan

## **Appendix C – Chief Resident, Pharmacy**

### **JOB PURPOSE & OVERVIEW**

The chief pharmacy resident is a 12-month leadership position offered to post-graduate year 2 (PGY2) pharmacy residents. General responsibilities include organizing, managing, and coordinating activities related to all concurrent PGY1 and PGY2 pharmacy residents. The chief resident is mentored by members of the Residency Leadership Committee (RLC). They will serve as an intermediary between the RLC and the pharmacy residents. The chief resident will learn valuable skills in leadership, management, effective delegation and empowerment, and general responsibilities of serving in the role of residency director or coordinator. While these job functions listed below are the responsibility of the chief resident, effective delegation to other co-residents and peers is expected.

### **JOB FUNCTIONS**

1. Attend monthly residency leadership meetings and represent residents during these meetings.
2. Lead at least 1 (one) residency leadership meeting, preferably in the second half of the resident year.
3. Create agendas, take minutes, and distribute minutes of the RLC meetings.
4. Lead monthly resident meetings among PGY1 residents, PGY1 RPD and program-wide residency coordinator.
5. Disseminate information of interest to all residents.
6. Provide leadership and motivation to all residents as a colleague in clinical practice.
7. Advise/coach residents on feedback received and stress the importance of adherence to resident timelines for projects and other essential tasks throughout the year.
8. Coordinate resident participation in the recruitment process at the ASHP Midyear Clinical Meeting (Dec) and South Carolina Society of Health-System Pharmacists (SCSHP) Fall Meeting (Oct).
9. Coordinate resident involvement in the Southeastern Residency Conference (SERC) (April).
10. Coordinate and facilitate ideas for the residency retreat by obtaining feedback regarding the residency program. The results should be submitted as topic ideas to the RLC before the residency retreat (April/May).
11. Chair the Preceptor of the Year Award Committee.
12. Lead an annual/bi-annual community service project as discussed with the RLC.
13. Organize a residency program site visit for residency class.
14. Organize resident socials for residency class.
15. Maintain residency program's social media sites.

### **MINIMUM JOB REQUIREMENTS**

Currently completing a PGY2 residency

### **KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED**

- Ability to communicate effectively, both oral and written
- Skill in organizing and participation in meetings
- Skill in examining and implementing new strategies and procedures
- Ability to exercise leadership skills within the pharmacy department and among peers

### **APPLICATION REQUIREMENTS**

- Current Curriculum Vitae
- Cover letter highlighting the following:
  - Why are you interested in the chief resident position?
  - How does your skill set match the job duties and functions of the chief resident?
  - Acknowledging the time and effort required of the chief resident

- Signed statement from your RPD indicating support of and acknowledging the commitment required of the chief resident position (Note: This is not a letter of recommendation)

### **APPLICATION PROCESS**

Announcements for the Chief Resident position will be distributed on start day. Interested applicants should submit the above requested materials electronically to the RPD by **July 15<sup>th</sup>**.

The RLC will evaluate all applicants. A 30-minute interview with the RLC will be scheduled with select applicant(s) and a decision will be rendered by majority vote of the committee within 1 week of the above deadline.

## APPENDIX D – Requirements for Completion of Residency Programs

### Requirements for completion of PGY1 Acute Care Pharmacy Residency Program

Requirement	Date Completed	Resident's Initials	Preceptor's Initials
<b>Orientation and Licensure</b>			
Obtain SC pharmacist license within 120 days start of residency**			
Complete corporate/hospital orientation			
Complete orientation to pharmacy operations			
Complete training in 5 MP pharmacy			
<b>Objectives</b>			
"Achieve" 100% R1 (patient care) objectives			
"Achieve" 80% other required objectives			
<b>Clinical Teaching Certificate</b>			
Participate in Clinical Teaching Certificate			
<b>Continuing Education Presentations</b>			
Present Grand Rounds			
<b>Formulary Management</b>			
Complete Medication Use Evaluation <sup>^</sup>			
Complete a drug monograph for formulary review			
Present poster at ASHP Midyear			
<b>Research</b>			
Complete major project <sup>^</sup> (including manuscript) <sup>%</sup>			
Present major project at SERC			
Present major project poster at Discover USC (if does not coincide with SERC schedule)			
<b>Recruitment</b>			
Participate in recruitment events including Residency Showcase at Midyear			
Participate in On-Site and/or virtual Interviews			
<b>Other Requirements</b>			
Participate in SCSHP (see Policy Manual for specifics)			
Complete required shifts as the staffing pharmacist (272 hours – weekends and holidays)			
Complete required shifts (4pm-10pm) as the clinical on-call pharmacist (144 hours)			
Cover medical emergencies for scheduled month(s) and during clinical on-call			
Present two Pharmacy Department Case Conferences			
Cannot be absent for more than 24 hours on a month-long LE and cannot be absent for more than 25% for longitudinal LE <sup>+</sup> , regardless of nature of absence <sup>+</sup>			

\*\* Failure to do so may result in suspension or termination of Residency Program (see Pharmacy Residency Licensure Policy)

<sup>^</sup> As defined by assigned preceptor(s) and RPD

<sup>+</sup> Any exception must be approved by preceptor, RPD and scheduler

<sup>%</sup> Manuscript should be in a form that is suitable for submission to a peer-reviewed journal for publication

**Requirements for completion of PGY1 (Outpatient Focused) Pharmacy Residency Program**

Requirement	Date Completed	Resident's Initials	Preceptor's Initials
<b>Orientation and Licensure</b>			
Obtain SC pharmacist license within 120 days start of residency**			
Complete corporate/hospital orientation			
Complete orientation to pharmacy operations			
Complete training in 14MP pharmacy			
<b>Objectives</b>			
"Achieve" 100% R1 (patient care) objectives			
"Achieve" 80% other required objectives			
<b>Clinical Teaching Certificate</b>			
Participate in Clinical Teaching Certificate			
<b>Continuing Education Presentations</b>			
Present Grand Rounds			
<b>Formulary Management</b>			
Complete Medication Use Evaluation^			
Complete a Drug Monograph			
Present poster at ASHP Midyear			
<b>Research</b>			
Complete major project^ (including manuscript)%			
Present major project at SERC			
Present major project poster at Discover USC (if does not coincide with SERC schedule)			
<b>Recruitment</b>			
Participate in recruitment events including Residency Showcase at Midyear			
Participate in On-Site and/or virtual Interviews			
<b>Other Requirements</b>			
Participate in SCSHP (see Policy Manual for specifics)			
Complete required shifts as staffing pharmacist in outpatient pharmacy (372 hours)			
Present two Pharmacy Department Case Conferences			
Cannot be absent for more than 24 hours on a month-long LE and cannot be absent for more than 25% for longitudinal LE*, regardless of nature of absence*			

\*\* Failure to do so may result in suspension or termination of Residency Program (see Pharmacy Residency Licensure Policy)

^ As defined by assigned preceptor(s) and RPD

+ Any exception must be approved by preceptor, RPD and scheduler

% Manuscript should be in a form that is suitable for submission to a peer-reviewed journal for publication



### Requirements for completion of PGY2 Cardiology Residency Program

Requirement	Date Completed	Resident's Initials	Preceptor's Initials
<b>Orientation and Licensure</b>			
Obtain SC pharmacist license within 120 days start of residency**			
Complete corporate/hospital orientation (if external PGY2)			
Complete orientation to pharmacy operations (if external PGY2)			
<b>Objectives</b>			
Achieve for residency 100% of all required R1 objectives			
"ACHR" at least 80% other required objectives			
Sign off on 100% of required disease state topic list			
<b>Continuing Education Presentations</b>			
Present Grand rounds (or ACPE-accredited pharmacist CE)			
<b>Clinical Teaching Certificate (CTC)</b>			
Participate in CTC (optional if completed during PGY1)			
<b>Formulary Management</b>			
Complete Drug Monograph and present at P&T			
<b>Research</b>			
Complete major project <sup>^</sup> (including manuscript <sup>%</sup> )			
Complete medication use evaluation or other pertinent pharmacy project <sup>^</sup>			
Present poster at pharmacy focused meeting (ASHP Midyear Meeting) or cardiology conference of choice			
Present major project at SERC			
Present poster at Discover USC (if does not coincide with SERC schedule)			
<b>Recruitment</b>			
Participate in recruitment events including PPS and Residency Showcase at Midyear			
Participate in On-Site and/or Virtual Interviews			
<b>Other Requirements</b>			
Complete four flex items (#)			
• Order set review (1)			
• Peer review (1)			
• Inservice or presentation (1*)			
• Author on manuscript submission to peer-reviewed journal (1-2)			
Lead two formal Journal Club discussions			
Presentation to Cardiology Fellows			
Respond to Adult Medical Emergencies when on inpatient learning experiences; demonstrate competency in at least 5 responses			
Cannot be absent for more than 24 hours on a month-long LE and cannot be absent for more than 25% for longitudinal LE <sup>+</sup> , regardless of nature of absence <sup>+</sup>			
Present two Pharmacy Department Lunch & Learn sessions			
Complete Residency Leadership Academy			
Participate in SCSHP (see Policy Manual for specifics)			
Complete 360 hours of scheduled staffing obligations to the pharmacy department (208 weekend hours, 144 clinical on call hours (shift: (4pm-10pm)), 8 major holiday hours)			

\*\* Failure to do so may result in suspension or termination of the Residency Program.

<sup>^</sup> As defined by assigned preceptor(s) and RPD

<sup>+</sup> Any exception must be approved by preceptor, RPD and scheduler.

\* Only flex item that may be repeated more than once to satisfy requirement

<sup>%</sup> Manuscript should be in a form that is suitable for submission to a peer-reviewed journal for publication

### Requirements for completion of PGY2 Critical Care Residency Program

Requirement	Date Completed	Resident's Initials	Preceptor's Initials
<b>Orientation and Licensure</b>			
Obtain SC pharmacist license within 120 days of start of residency*			
Complete corporate/hospital orientation (if external PGY2)			
Complete orientation to pharmacy operations (if external PGY2)			
Pediatric Advance Life Support (PALS) Training			
<b>Objectives/Disease State Topic List</b>			
"ACHR" 100% R1 (patient care) objectives			
"ACHR" at least 85% other required objectives			
Sign off on 100% disease state list topics			
<b>Continuing Education Presentations</b>			
Present Grand rounds (or ACPE-accredited pharmacist CE)			
<b>Clinical Teaching Certificate (CTC)</b>			
Participate in CTC (optional if completed during PGY1)			
<b>Formulary Management</b>			
Complete Medication Use Evaluation (MUE)^			
Present MUE poster at ASHP Midyear			
Participate in System Wide Clinical Pharmacy Meetings			
<b>Research</b>			
Complete major project^ (including manuscript%)			
Present major project at SERC			
Present poster for MUE or Major Project at Discover USC (if does not coincide with SERC schedule)			
<b>Recruitment</b>			
Participate in recruitment events including PPS and Residency Showcase at Midyear			
Participate in On-Site and/or Virtual Interviews			
<b>Other Requirements</b>			
Participate in SCSHP (see Policy Manual for specifics)			
Complete 360 hours of scheduled staffing obligations to the pharmacy department (208 weekend hours, 144 clinical on call hours (shift: (4pm-10pm)), 8 major holiday hours)			
Present two Pharmacy Department Lunch and Learns			
Present four Journal Club discussions			
Present to PCCM Fellows or PCCM APPs			
Complete three flex items (options listed below) <ul style="list-style-type: none"> <li>• Drug monograph (1)</li> <li>• Order set review (1)</li> <li>• Peer review (1)</li> <li>• Inservice or presentation (1)*</li> <li>• Author on manuscript submission to peer-reviewed journal (original research, case report, review article, etc.) (1-2 at discretion of preceptor and RPD)</li> </ul>			
Participate in Code Blue Medical Emergencies response (during scheduled month and during clinical on call shifts)			
Complete Residency Leadership Academy			
Cannot be absent for more than 24 hours on a month-long LE and cannot be absent for more than 25% for longitudinal LE+, regardless of nature of absence+			

\*\* Failure to do so may result in suspension or termination of the Residency Program.

^ As defined by assigned preceptor(s) and RPD

% Manuscript should be in a form that is suitable for submission to a peer-reviewed journal for publication

\* Only flex item that may be repeated more than once to satisfy requirement

+ Any exception must be approved by preceptor, RPD and scheduler.

## Requirements for completion of PGY2 Health Systems Pharmacy Administration Residency Program

\*First year of HSPAL follows the PGY1 acute care year.

Requirement	Date Completed	Resident's Initials	Preceptor's Initials
<b>Orientation/Licensure and Transition Activities</b>			
Obtain SC pharmacist license within 120 days of start of residency**			
Complete corporate / hospital orientation (if external PGY2)			
Complete orientation to pharmacy operations (if external PGY2)			
<b>Objectives</b>			
"ACHR" 90% all required objectives			
<b>Clinical Teaching Certificate (CTC)</b>			
Participate in CTC (optional if completed during PGY1)			
<b>Continuing Education Presentations</b>			
Present Grand rounds (or ACPE-accredited pharmacist CE)			
<b>Research / Presentations</b>			
Present poster at ASHP Midyear			
Complete major project^ (including manuscript)%			
Present major project at SERC			
Present major project at Discover USC (if does not coincide with SERC schedule)			
<b>Recruitment</b>			
Participate in recruitment events including PPS and Residency Showcase at Midyear			
Participate in On-Site and/or Virtual Interviews			
<b>Other Requirements</b>			
Participate in SCSHP (see Policy Manual for specifics)			
Complete required rotation through administrator on call coverage (672 on call hours)			
Present two Pharmacy Department Lunch & Learns			
Cannot be absent for more than 24 hours on a month-long LE and cannot be absent for more than 25% for longitudinal LE+, regardless of nature of absence+			
Submission of electronic notebook/residency files in PharmAcademic			

\*\* Failure to do so may result in suspension or termination of the Residency Program.

^ As defined by assigned preceptor(s) and RPD

% Manuscript should be in a form that is suitable for submission to a peer-reviewed journal for publication

+ Any exception must be approved by preceptor, RPD and scheduler.

### Requirements for completion of PGY2 Infectious Diseases Residency Program

Requirement	Date Completed	Resident's Initials	Preceptor's Initials
<b>Orientation and Licensure</b>			
Obtain SC pharmacist license within 120 days of start of residency**			
Complete corporate / hospital orientation (if external PGY2)			
Complete orientation to pharmacy operations (if external PGY2)			
<b>Objectives</b>			
"ACHR" 100% R1 (patient care) objectives			
"ACHR" at least 80% other required objectives			
Sign off on 100% disease state topic list			
<b>Continuing Education Presentations</b>			
Present Grand rounds (or ACPE-accredited pharmacist CE)			
<b>Clinical Teaching Certificate (CTC)</b>			
Participate in CTC (optional if completed during PGY1)			
<b>Formulary Management</b>			
Participate in Infectious Diseases Formulary Evaluation Team (ASST)			
<b>Research</b>			
Complete major project^ (including manuscript)%			
Present major project at SERC			
Present poster at Discover USC (if does not coincide with SERC schedule)			
<b>Academia</b>			
Present lecture(s) at USC COP in the clinical microbiology course			
<b>Recruitment</b>			
Participate in recruitment events including PPS and Residency Showcase at Midyear			
Participate in On-Site and/or Virtual Interviews			
<b>Other Requirements</b>			
Participate in SCSHP (see Policy Manual for specifics)			
Present two Pharmacy Department Lunch and Learns			
Present three ID Medical Fellowship Case Conferences			
Present two ID Medical Fellowship Journal Clubs			
Complete 360 hours of service obligation to the pharmacy department (208 weekend staffing hours, 144 clinical on call hours (shift: 4-10pm), 8 major holiday hours)			
Participate in Code Blue Medical Emergency responses during clinical on call			
Present IM Noon conference			
Present M3 lecture			
Attend Mandel's Review			
Cannot be absent for more than 24 hours on a month-long LE and cannot be absent for more than 25% for longitudinal LE+, regardless of nature of absence+			

\*\* Failure to do so may result in suspension or termination of the Residency Program.

^ As defined by assigned preceptor(s) and RPD

% Manuscript should be in a form that is suitable for submission to a peer-reviewed journal for publication

+ Any exception must be approved by preceptor, RPD and scheduler.

**Requirements for completion of PGY2 Internal Medicine Residency Program**

Requirement	Date Completed	Resident's Initials	Preceptor's Initials
<b>Orientation and Licensure</b>			
Obtain SC pharmacist license within 120 days of start of residency**			
Complete corporate / hospital orientation (if external PGY2)			
Complete orientation to pharmacy operations (if external PGY2)			
<b>Objectives</b>			
"ACHR" 100% R1 (patient care) objectives			
"ACHR" at least 80% other required objectives			
Sign off on 100% disease state list topics			
<b>Presentations</b>			
Present Grand rounds (or ACPE-accredited pharmacist CE)			
Present major non-pharmacist presentation			
Present two pharmacy department Lunch and Learn presentations			
<b>Clinical Teaching Certificate (CTC)</b>			
Participate in CTC (optional if completed during PGY1)			
<b>Formulary Management</b>			
Participate in System Wide Clinical Pharmacy Meetings			
<b>Research</b>			
Complete major project^ (including manuscript%)			
Complete medication use evaluation or other pertinent pharmacy project^			
Present poster at pertinent pharmacy focused meeting			
Present major project at SERC			
Present poster at Discover USC (if does not coincide with SERC schedule)			
<b>Recruitment</b>			
Participate in PPS and recruitment efforts at Midyear, if applicable			
Participate in On-Site and/or Virtual Interviews			
<b>Other Requirements</b>			
Participate in SCSHP (see Policy Manual for specifics)			
Participate in formulary management needs of the department as needed (IE: drug shortage plans, non-formulary reviews, formulary monographs)			
Complete 360 hours of scheduled staffing obligations to the pharmacy department (208 weekend hours, 144 clinical on call hours (shift 4-10pm), 8 major holiday hours)			
Cannot be absent for more than 24 hours on a month-long LE and cannot be absent for more than 25% for longitudinal LE+, regardless of nature of absence+			
Lead 8 educational experiences for staff and/or students (IE: journal club, in-service, topic discussions)			

\*\* Failure to do so may result in suspension or termination of the Residency Program.

^ As defined by assigned preceptor(s) and RPD

% Manuscript should be in a form that is suitable for submission to a peer-reviewed journal for publication

+ Any exception must be approved by preceptor, RPD and scheduler.

**Requirements for completion of PGY2 Pediatric Residency Program**

Requirement	Date Completed	Resident's Initials	Preceptor's Initials
<b>Orientation and Licensure</b>			
Obtain SC pharmacist license within 120 days of start of residency**			
Complete corporate/hospital orientation (if external PGY2)			
Complete orientation to pharmacy operations (if external PGY2)			
Complete training in pediatric pharmacy (if external PGY2)			
PALS (Pediatric Advance Life Support) Certification			
<b>Checklists</b>			
"ACHR" 100% of required goals and objectives***			
Sign off 100% of disease state topics			
<b>Presentations</b>			
Present Grand rounds (or ACPE-accredited pharmacist CE)			
Present two Pharmacy Department Lunch and Learns			
<b>Academia</b>			
Serve as pediatric pharmacotherapy elective course co-coordinator			
<b>Clinical Teaching Certificate (CTC) Program</b>			
Participate in CTC (optional if completed during PGY1)			
<b>Recruitment</b>			
Participate in PPS & recruitment efforts at ASHP Midyear Clinical Meeting			
Participate in On-Site and/or Virtual Interviews			
<b>Research</b>			
Complete major project (including manuscript submission)^%			
Present research in progress or MUE at ASHP Midyear Clinical Meeting			
Present major project at PPA (or other appropriate national meeting)			
Present poster at Discover USC			
<b>Other Requirements</b>			
Participate in SCSHP (see Policy Manual for specifics)			
Serve on the Adverse Drug Events (ADE) Committee			
Provision of 264 staffing hours (every 4 <sup>th</sup> weekend)			
Cover all medical emergencies while on campus			
Complete a medication use evaluation			
Submission of an electronic notebook in PharmAcademic™			
Completion of all required and elective rotations (n=12) and the associated evaluations			
Cannot be absent for more than 24 hours on a month-long LE and cannot be absent for more than 25% for longitudinal LE <sup>+</sup> , regardless of nature of absence <sup>+</sup>			

\*\* Failure to do so may result in suspension or termination of the Residency Program.

\*\*\* Refer to criteria for ACHR as defined on page 17 of the manual

<sup>^</sup> As defined by assigned preceptor(s) and RPD

<sup>%</sup> Manuscript should be in a form that is suitable for submission to a peer-reviewed journal for publication

<sup>+</sup> Any exception must be approved by preceptor, RPD and scheduler.

**Appendix E – Residency Program Learning Experiences**

**PGY1 Pharmacy Residency (Acute Care) Learning Experiences**

<b>Required Learning Experiences</b>	<b>Months</b>	<b>Required Options</b>	<b>Elective Options* (in practice area)</b>
Orientation to Pharmacy Operations	July		
Critical Care	1	Medical ICU Cardiopulmonary ICU	Surgical / Trauma Intensive Care Pediatric ICU Neonatal ICU Emergency medicine Neuroscience ICU
Pediatrics	1	Pediatrics General Pediatric ICU Pediatric Hematology/Oncology Pediatric Infectious Diseases/Antimicrobial Stewardship	Neonatal ICU
Adult general acute care	1	Geriatrics Family Medicine Teaching Service Internal Medicine Teaching Service Medical Stepdown	
Adult specialized acute care	1	Cardiology Teaching Service Cardiology (Heart Failure) Oncology Neurology Any Critical Care Required or Elective	Cardiovascular Surgery
Infectious Diseases	1	Pediatric Infectious Diseases/Antimicrobial Stewardship Adult Antimicrobial Stewardship and Support Team Infectious Diseases Consult Service	Immunology Clinic
Support Services^	1	Medication Safety/regulatory Formulary management/supply chain Pharmacy change management and technology integration Clinical administration Ambulatory administration Support services administration Value-Based Care and Managed Care	
Ambulatory Care	1	Internal Medicine Outpatient Clinic Primary Care Practices Heart Failure/LVAD Clinic Family Medicine Center Immunology Center – ID Clinic Cardiology Outpatient Clinic Prisma Health SeniorCare Value-Based Care and Managed Care	
December Project Month	1		

Electives^	3		Academia Any of the above listed
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According to ASHP Pharmacy Practice Accreditation Standards, "No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient population (e.g., critical care, oncology, cardiology). Residents must spend two thirds or more of the program in direct patient care activities." RPD will monitor each resident's schedule to ensure adequate diversity is maintained.

\*Required rotations options may also serve as electives if the requirement was already satisfied by another rotation. Final approval of electives is based on RPD discretion.

^ HSPAL PGY1 must take Operations Administration, Clinical Administration, and one additional support services/administration rotation as electives, with one remaining elective from 'other elective and non-patient care' options.



**PGY1 Pharmacy Residency (Outpatient Care) Learning Experiences**

<b>Required Learning Experiences</b>	<b>Months</b>	<b>Learning Experience Options</b>
Orientation to Pharmacy Operations	July	
Resident Clinic	1	Family Medicine Clinic Internal Medicine Clinic
Cardiology	1	Heart Failure / LVAD Clinic Cardiology Outpatient Clinic
Primary Care	1	Primary Care Practices
Geriatrics	1	Ambulatory Geriatrics Prisma Health SeniorCare
Inpatient Medicine	1	Family Medicine Teaching Service Internal Medicine Teaching Service Geriatrics
Inpatient Cardiology	1	Cardiology Teaching Service Cardiology (Heart Failure)
Support Services	1	Medication Safety Formulary management and supply chain Informatics and change management Clinical administration Ambulatory care administration Support services administration
December Project Month	1	
<b>Elective Learning Experiences</b>	<b>4</b>	<i>Any above rotation not taken as required can be taken as an elective</i>
	<p><b><u>Clinical:</u></b></p> <p>Academia (50% clinical in primary care) Electrophysiology (Inpt/Outpt NP preceptor) Endocrinology and Allergy Ambulatory Practice Global Health Immunology Center – ID Clinic Ambulatory Stewardship &amp; ID Transitions of Care Pediatric Hematology/Oncology</p> <p><b><u>Non-Clinical:</u></b></p> <p>Administration Pharmacy Support Services Value-Based Care &amp; Pop Health</p>	

*\*No more than one third of the residency year can be concentrated in one clinical area.*

**PGY2 Health-System Pharmacy Administration and Leadership (HSPAL) Residency Learning Experiences**

**\*\*For PGY1 experiences, see Acute Care PGY1 Learning Experiences**

<b>Required Learning Experiences (1-month)</b>
Orientation to Pharmacy Operations*
Intro to Health-System Pharmacy Leadership
Acute Care Pharmacy Operations Administration
Executive Pharmacy Leadership
Clinical Pharmacy Administration
Ambulatory Pharmacy Services Administration
Oncology/Infusion Pharmacy Services Leadership
Pharmacy Informatics
Interim Pharmacy Manager Experience
<b>One-month learning experiences (elective): choose 4 (3 if did not complete PGY1 at Prisma Health Richland)</b>
Apexus 340B Operations
340B Program Management
Community Hospital Pharmacy Administration
Education and Training Management
Emergency Management and Preparedness
Medication Safety/Quality Improvement
Pharmacy Supply Chain/Formulary Management
Repeat of any required experience
<b>Yearlong longitudinal learning experiences (required)</b>
Leadership and Practice Management* (Mondays, 3:30-5pm)
Residency Leadership Academy (Mondays, 3:30-5pm)
Pharmacy Administrator On-Call (every 6 <sup>th</sup> week, 7pm-7am and includes week of Christmas)
Pharmacy Accreditation Readiness and Regulatory Compliance (4hrs/month)
Pharmacy Financial Management (4hrs/month)
Advanced Health-System Leadership and Strategic Planning (Fridays, 8-10 am)
Pharmacy Intern/Resident Management and Human Resources

\*If did not complete PGY1 at Prisma Health Richland

**PGY2 Cardiology Learning Experiences**

Required Learning Experiences	Months	Options
Orientation to Pharmacy Operations	July*	
Cardiopulmonary ICU	1	
Cardiology Teaching Service	1	
Cardiology Teaching Service – Teaching Experience	1	
Cardiovascular Surgery	1	
Cardiology (Heart Failure)	1	
Heart Failure/LVAD clinic	1	
Interventional Cardiology & Electrophysiology	1	
December Project Month	1	
Electives	3	

\*if external candidate

**PGY2 Critical Care Learning Experiences**

<b>Required Month-Long Learning Experiences</b>	<b>Elective Month-Long Learning Experiences</b> (3 required if did not complete PGY1 at Prisma Health Richland; 4 required if completed PGY1 at Prisma Health Richland as no Orientation to Pharmacy Operations)
Orientation to Pharmacy Operations (July)*	Academia
Cardiopulmonary ICU	Administration
Cardiovascular ICU (surgery)/Nutrition	Antimicrobial Stewardship and Support Team
Emergency Medicine	Infectious Diseases Consult Service
ICU - Teaching Experience	Medical-Surgical Stepdown
Medical ICU	Neonatal ICU
Neuroscience ICU	Pediatric ICU
Surgical/Trauma ICU	Advanced experience in any required month-long learning experience (excluding Orientation to Central operations and December Project Month)
December Project Month	
<b>Required Longitudinal Experiences (52 weeks)</b>	
Staffing (360 hours total) <ul style="list-style-type: none"> <li>- Weekends (208 hours): two 8-hour shifts every fourth Saturday and Sunday</li> <li>- Clinical on Call (144 hours): on average one 4-10pm shift every two weeks</li> <li>- Major Holidays (8 hours): 8-hour shift on Christmas day, time of shift may vary</li> </ul>	
Residency Leadership Academy: Monday, 3:30-5pm	

\*If did not complete PGY1 at Prisma Health Richland

**Infectious Diseases (ID) PGY2 Residency Learning Experiences**

Required Learning Experiences	Number of months	Options
Orientation to Pharmacy Operations	July*	
Infectious Diseases Consult Service	2	
Antimicrobial Stewardship and Support Team	2	
Outpatient Adult Stewardship	1	
Pediatric Infectious Diseases/Antimicrobial Stewardship	1	
Immunology Center – ID Clinic	1	
Microbiology	1	
Research	1	
Electives	2	<p><b><u>Patient care focused experiences</u></b>                      Medical ICU                      Antimicrobial Stewardship and Support Team - Community                      Global Health                      Pediatric Infectious Diseases Consult Service                      Transplant Infectious Diseases</p> <p><b><u>Nonpatient care focused experiences</u></b>                      Academia                      Antimicrobial Stewardship Collaborative of SC (ASC-SC/ECHO)</p> <p>Repeat any required</p>

\*if external candidate

**Internal Medicine (IM) PGY2 Residency Learning Experiences**

<b>Required Learning Experiences</b>	<b>Months</b>	<b>Options</b>
Orientation to Pharmacy Operations	July *	
Internal Medicine	3	Internal Medicine Teaching Service Family Medicine Teaching Service Geriatrics
December Project Month	1	
<b>Selective Required Experiences</b>	<b>Months</b>	<b>Options</b>
Internal medicine subspecialty	1	Neurology Oncology Medical/Surgical Unit Medical-Surgical Stepdown
Cardiology	1	Cardiology Teaching Service Cardiology (Heart Failure)
Critical Care	1	Medical ICU Cardiopulmonary ICU
Ambulatory Care	1	Internal Medicine Outpatient Clinic Family Medicine Clinic
Infectious Diseases	1	Infectious Diseases Consult Service Antimicrobial Stewardship and Support Team
Elective Learning Experiences	2	<p><b><u>Patient Care Focused Experiences</u></b> Emergency Medicine Obstetrics Transplant</p> <p><b><u>Non patient care focused experiences</u></b> Academia Administration</p> <p>Repeat any required learning experience</p> <p>Additional selective</p>

\*if external candidate

**PGY2 Pediatric Learning Experiences**

<b>Resident who has completed a PGY1 at an <u>adult</u> focused residency program</b>		
<b>Required learning experiences</b>	<b>Months</b>	<b>Options</b>
Orientation to Pharmacy Operations	July	
Pediatrics General	2	
Pediatric ICU	2	
Neonatal ICU	1	
Pediatric Hematology/Oncology	1	
Pediatric Infectious Diseases/Antimicrobial Stewardship	1	
December Project Month	1	
Pediatric Special Care Clinic (longitudinal)	(Every other Thursday, starting on the second Thursday in July and through the last Thursday in June)	
Academia: Pediatric Elective Course Co-coordinator (PHMY 786: Pediatric Pharmacotherapy)	N/A	
Electives	3 months of electives	

		Pediatric Hematology/Oncology 4-8weeks Neonatal ICU 4-8weeks Pediatric Infectious Diseases/Antimicrobial Stewardship 4-8weeks Pediatric ICU 4-8weeks <u><b>Non patient care focused learning experiences:</b></u> Microbiology Lab- 2weeks
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**Resident who has completed a PGY1 at a pediatric focused residency program**

Required learning experiences	Months	Options
Orientation to Pharmacy Operations	July	
Pediatrics General	1	
Pediatric ICU	2	
Neonatal ICU	1	
Pediatric Hematology/Oncology	1	
Pediatric Infectious Diseases/Antimicrobial Stewardship	1	
December Project Month	1	
Pediatric Special Care Clinic	(Every other Thursday, starting on the second Thursday in July and through the last Thursday in June)	
Academia: Pediatric Elective Course Co-coordinator (PHMY 786: Pediatric Pharmacotherapy)	NA	



Electives	4 months of electives	Same as above
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**Additional Requirements:**

- Serve on the Adverse Drug Events (ADE) Committee
- Serve on the Pediatric Formulary Evaluation Team
- Complete a Medication Use Evaluation (MUE)
- Provide a minimum of one Accreditation Council for Pharmacy Education (ACPE)-accredited continuing education program for pharmacy grand rounds
- Provide two lunch and learn presentations to the pharmacy department
- Attend residency research series
- Present research in progress or MUE at ASHP Midyear Clinical Meeting
- Poster presentation at Discover USC
- Present research project at PPA
- Complete a manuscript of research project
- PALS (Pediatric Advance Life Support) Certification
- Cover all medical emergencies while on campus
- Participate in PPS & residency showcase at ASHP Midyear Clinical Meeting
- Present a Grand Rounds (ACPE accredited CE for pharmacists)
- Present two pharmacy department lunch and learns

## Appendix F – Clinical Teaching Certificate Program

### USC College of Pharmacy Clinical Teaching Certificate (CTC) Program

#### Summary:

The University of South Carolina College of Pharmacy recognizes that regardless of their career path, pharmacists are relied upon to effectively impart their knowledge, skills, and expertise to others. The Clinical Teaching Certificate (CTC) is a structured educational program to enhance teaching and precepting skills, allowing pharmacists to become confident and motivational educators in both academic and clinical pharmacy settings. Each participant benefits from the guidance and supervision of an experienced educator who provides mentorship and facilitates engagement with the College of Pharmacy. Through development workshops, hands-on learning activities, and opportunities to create, implement, and evaluate educational experiences within academic and clinical practice environments, the CTC produces skilled life-long pharmacy educators.

#### Objectives:

*Upon completion of this program, the participant will be able to:*

1. Develop, deliver, and assess teaching activities in a variety of instructional settings, including didactic lectures, clinical teaching/precepting, and small or large group facilitation.
2. Employ effective teaching techniques based on the principles of learning.
3. Assess learner performance in an effective, objective, equitable, and constructive manner.
4. Incorporate self-assessment, peer assessment, mentor evaluation, and learner feedback to improve personal teaching performance.
5. Demonstrate the knowledge, skills, and attitudes needed to provide effective learner-centered education as a preceptor, mentor, colleague, or faculty member.

#### Program Tracks:

1. Clinical Preceptor
2. Clinical Academician

The residents that participate in CTC have the opportunity to be an Affiliate faculty member with the University of South Carolina College of Pharmacy ([Academic Affiliates - My Pharmacy | University of South Carolina \(sc.edu\)](#))

More information about the CTC program can be found at our website:

[https://www.sc.edu/study/colleges\\_schools/pharmacy/pharmacy\\_education/certificates/ctc/index.php](https://www.sc.edu/study/colleges_schools/pharmacy/pharmacy_education/certificates/ctc/index.php)