Pharmacy Residency Manual

Applies to all MUSC residency programs

Table of contents

Overview

This manual applies to all Medical University of South Carolina (MUSC) pharmacy residency programs (all PGY1 and PGY2 programs) and defines the rules and guidelines that impact all residency programs. Residency program directors provide additional detail to residents directly regarding their specific programs.

The MUSC residency program is completely funded and operated by the Medical University Hospital Authority (MUHA). All pharmacy residents are employees of MUHA and are not considered university employees; MUHA is the operator of all of the residency programs.

Overview of Practice Site: MUSC Health Charleston is an 800+ bed academic medical center located in Charleston, SC. MUSC Health is comprised of a network of hospitals, clinics, infusion centers, procedure centers, and community practice groups throughout the state of South Carolina. The primary practice site is the downtown campus in Charleston, SC, but residents may be afforded the opportunity to rotate throughout the MUSC Health network based on their practice area and program structure to achieve their goals and objectives.

Duration of Program: All residency programs at MUSC are a minimum of 52 weeks in duration. Some programs may be 24 months in alignment with the time needed to meet the program goals and objectives. (e.g., pharmacotherapy, PGY1/2 HSPAL w/ MS, and non-traditional PGY1)

- See section on Extended Leave for more information if the resident will be absent from residency beyond the allotted paid holidays and paid time off (PTO) provided to all residents.

Goals and Objectives: All programs utilize the ASHP accreditation standards and the associated learning goals and objectives for guiding resident learning activities and evaluations.

- Each program both teaches and evaluates all of the required learning goals and objectives associated with their program's standard at least one time in a given residency year.
- Elective objectives may be selected to be taught and evaluated as well.

Program Oversight: All MUSC Pharmacy Residency Programs are under the control and are employed by the Medical University Hospital Authority (MUHA).

Roles & Responsibilities

Committees:

- **Residency Committee Meeting (RCM):** RCM is the large residency advisory committee ("RAC") for all residency programs. Issues and decisions that impact all or a subset of residents are discussed at this monthly meeting on the 2nd Wednesday of the month from 12-1 PM. RCM has a subcommittee structure that reports up through RCM to support the residency programs. Membership is limited to all residency program directors and coordinators, and monthly PGY1 and PGY2 resident representation. Monthly agendas consist of key residency announcements, reports from each subcommittee, and agenda items necessary for discussion. RCM Subcommittee leadership is tracked in RCM minutes in the Residency Committee folder on Teams (O365GRP-Pharmacy Residents/Residency Committee/RCM Meetings).

Table 1. RCM Subcommittees

RCM Subcommittee	Purpose
Diversity, Equity, Inclusion, and Belonging (DEIB)	Create an academic healthcare pharmacy community where every member is respected and valued by leveraging differences in ways that allow people to understand and be understood. We work together productively to change what's possible. Inspired by the mission and values of MUSC, diversity and inclusion are integral to the fabric of the MUSC pharmacy family. These values establish the foundation of introspection, awareness, understanding and mutual respect.
24-hour in-house Adult on-call	Adult clinicians, leaders, and resident representatives join together to manage the adult on call program, review operational issues/concerns, and implement improvements.
Scholarship	Responsible for managing residency research projects by way of collating research ideas, assigning projects to residents, reviewing their research proposals and data collection plans, approving their project design, and organizing practice sessions for presentations in the latter half of the year.
Resident Resiliency	Designed to focus on activities, develop resources for resident resiliency, and serve as a resource for residents who are not sure who to turn to.
Preceptor Resiliency	Support preceptors through resiliency programming throughout the residency year.
Preceptor Development	Identifies the needs for development of the preceptors and develops an implementation plan and shares content with preceptors.

- **Pharmacy Management Team (PMT)**: The membership of this group includes managers and directors in the pharmacy department and the group meets regularly. The Residency Manager (RM) attends PMT on a regular basis and reports out on updates to the residency program as well as informs PMT of any requested or suggested changes to the following:
    a. Funding
    b. Number of resident positions
    c. Staffing
    d. On-call
    e. Other discussions or decisions from RCM deemed necessary to take to PMT for discussion/approval

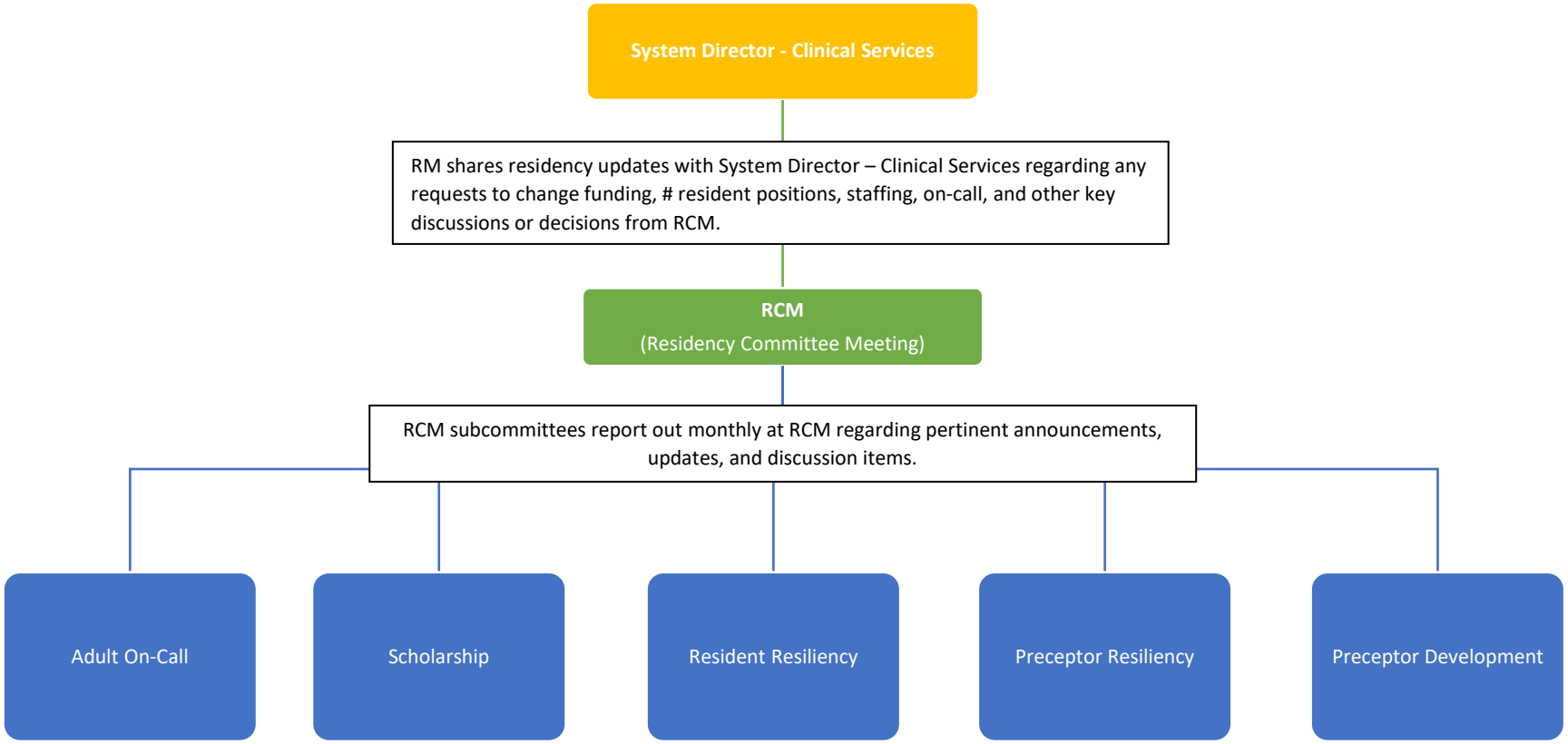


Figure 1. Reporting structure for residency committees and subcommittees; NOTE: DEIB committee is department wide and does not report up directly through RCM.

Leadership definitions:

- **Chief Pharmacy Officer (CPO):** The CPO is responsible for oversight the entire pharmacy enterprise of MUSC Health.

- **System Director - Clinical Services:** The residency programs program and residency manager (RM) report up through this role at the system level.

- **Residency Manager (RM):** The RM reports directly to the System Director - Clinical Services and is the PGY1 Residency Program Director. RM serves as Chair of RCM. All residents regardless of program report to the RM as their manager for employment.

- **Residency Program Director (RPD):** Each residency program is run by an RPD. The RPD is the leader for the residency program and is responsible for the oversight of the resident(s), their performance, and managing their plan and progress throughout the year, as well as accreditation compliance, and survey readiness.
    - RPDs are employed/funded by MUHA, and report to a supervisor. Their supervisor is responsible for evaluating their performance as both a preceptor and program director, and will incorporate feedback into their annual evaluation. A portion of the RPD's annual evaluation is dedicated to their performance as an RPD.

- **Residency Program Coordinator (RPC):** Can be designated by an RPD as an extender of the RPD responsibilities. RPCs typically have designee access in PharmAcademic. Exact roles and responsibilities vary from program to program based on RPD expectations of the RPC.

- **RCM Vice Chair:** RCM Vice Chair is an RPD of another residency program who helps inform, plan, and review the RCM agenda prior to the meeting. Vice Chair is voted on by other RPDs annually in June and is an RPD of another program in preparation for the next residency year.

- **Advisors:** RPDs often assign an advisor to serve as a secondary point of contact and resident advocate in addition to their RPD throughout the duration of the residency. Advisors are not required. When utilized, an advisor is always a pharmacist and a preceptor but does not have to be preceptor in the residency program where they serve as an advisor. Roles and responsibilities of the advisor vary between residency programs and are determined by the RPD.

Residency Programs

Each RPD has their own program structure, required/elective learning experiences, and learning experience descriptions to provide the best learning opportunity, environment, and schedule for the resident(s) in their program.

Please visit our pharmacy residency website for specific details regarding each residency program:

1. PGY1 Pharmacy (traditional)
2. PGY1 Community
3. PGY1 Non-traditional
4. PGY1/2 HSPAL w/ MS
5. PGY1/2 Pharmacotherapy
6. PGY2 Ambulatory Care
7. PGY2 Critical Care
8. PGY2 Emergency Medicine
9. PGY2 Infectious Diseases
10. PGY2 Internal Medicine
11. PGY2 Medication Use Safety & Policy
12. PGY2 Oncology
13. PGY2 Pediatrics
14. PGY2 Psychiatric Pharmacy
15. PGY2 Solid Organ Transplant
16. PGY2 Thrombosis & Hemostasis

Recruitment and Selection of Residents (ASHP Standard 1)

Each MUSC residency program conducts their own individualized evaluation of the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria. The predetermined criteria and procedure set by each RPD is used by all involved in the evaluation and ranking of applicants in each program.

PGY2 program applicants must be participating in, or have completed, an ASHP-accredited PGY1 pharmacy residency program or one in the ASHP accreditation process (i.e., one with candidate or preliminary accreditation status).

All applicants to MUSC residencies are graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five-year pharmacy degree program.

Licensure policy
All applicants to MUSC residency programs must be licensed pharmacists or eligible for pharmacist licensure in the state of South Carolina. Licensure exams (NAPLEX and MPJE) should be scheduled as early as possible. If exams are not able to be scheduled prior to the start date the RPD and RM must be notified as soon as possible.

Residents must take both NAPLEX (for PGY1s) and MPJE (for all PGY1s and out-of-state PGY2s) licensure exams by 7/31 annually. Residents that do not take exams as expected will be put into a Success Plan (see Appendices XYZ).Appendices XYZ).

If exams are not passed, note that re-examination has a 30-day waiting period for MPJE and 45-day waiting period for NAPLEX.

If pharmacist licensure is not obtained by the start date of the residency program a pharmacy intern license is necessary on the start date for both PGY1 and PGY2 residents. Contact the South Carolina Board of Pharmacy for details and questions regarding licensure.

Residents will be dismissed if not licensed within 90 days from their start date (Appendix Z).

Certification requirements
All residents must have an active Basic Life Support (BLS) Certification prior to employment. Residents will receive training in Advance Cardiovascular Life Support (ACLS) or Pediatric Advanced Life Support (PALS) as appropriate for their practice setting upon hire, if not already achieved. Residents must maintain these certifications during the duration of their residency training as indicated by the requirements for their program.

PGY1 Certificate Retention
All PGY2 residents, including those that completed a PGY1 at MUSC, must upload a copy of their PGY1 certificate to PharmAcademic under “Files” within 30 days of start date. Failure to upload certificate by the deadline may result in dismissal from the residency program.

Early commitment
Current MUSC PGY1 residents wishing to apply for a PGY2 Program at MUSC may do so through the early commitment process. The RPD of each PGY2 Program may or may not offer early commitment position(s) annually depending on variables such as interest in the program, preceptor availability, or baseline qualifications of interested candidates.

If an MUSC PGY1 resident is interested in pursuing early commitment to an MUSC PGY2 program, they should contact the RPD for the program as early as possible to discuss their interest, evaluate their candidacy, and whether a position will be available for application. If the RPD agrees to accept early commitment candidates, application materials listed below must be submitted by November 1st annually. All application materials must be received prior to initiation of selection process.

Application materials are submitted via email to the PGY2 RPD with PGY1 RPD cc'd:
1. Letter of Intent (LOI)
2. Curriculum Vitae (CV)
3. 2 letters of recommendation (LOR) completed by health professionals in a letter format, preferably from MUSC preceptors or PGY1 RPD

Decisions by RPDs and acceptance by PGY1s who interviewed is due the Wednesday before Thanksgiving annually to allow for planning for potential ASHP Midyear/PPS participation for both RPDs and PGY1s if needed.

External applicants
Applications for external candidates are only accepted via PhORCAS. Application deadline is updated annually in the ASHP Residency Directory.

Application materials submitted through PhORCAS include:
1. LOI
2. CV
3. Official transcripts of all professional pharmacy education
4. 3 LORs completed by health professionals utilizing the standardized PhORCAS form

Note that the applicant review, interview scoring, and ranking of candidates is confidential and program specific for each residency program. Every program does include a standardized scoring of the entire candidate application.

Phase II & Post-Match Scramble Procedure
Residency programs will participate in the Phase II Match Process and/or Scramble if necessary. All programs will still require LOI, CV, official transcripts, and all 3 LORs as outlined above. The applicant review process will remain largely intact. The timeline will be condensed. A phone or video interview may replace a required on-site interview process (if applicable). For more information on the Phase II match timeline and process; please visit: http://natmatch.com/ashprmp/schedule.html

MUHA employee expectations of residents
Residents abide by the MUSC Standards of Professional Behavior as all MUHA employees are held accountable to this standard. Residents who fail to meet the Standards of Professional Behavior and/or violate any MUHA policies and procedures are subject to disciplinary action in accordance with the MUHA Disciplinary Action Policy. MUHA employs a Just Culture when assessing employee behavior and processes to determine the best course of action, which may result in coaching of the employee, process changes, or disciplinary action up to and including termination.

15-day rule
For a rotation to count towards the residency the resident should plan to work at least 15 days out of the month – referred to as the 15-day rule.

Days that count towards the 15-days worked:
- Post-call days

- Project day
- Administrative leave (ie, conferences, interviews up to 24 hours)
- Remote work days (can count as rotation days and are permitted at the discretion of the preceptor)

Days that do not count:

- PTO (i.e., vacation days)
- Weekend staffing or weekend on-call days

Note that long rotation days can be pro-rated at the preceptor's discretion (i.e., 10-hour ED shifts count as 1.25 days each).

If preceptors do not think the resident has enough time on the rotation to be evaluated for objective(s) of the rotation, preceptors can elect to not evaluate and should choose "Not Applicable (NA)" in PharmAcademic and write a comment. If preceptors are concerned that objective(s) for a rotation are only evaluated during their rotation and choosing NA will limit the resident's ability to complete the residency program, they are encouraged to contact the RPD for a more detailed evaluation of the Taught/Evaluated (T/E) grid for the resident's year (i.e., Drug Information rotation for PGY1 has several objectives only evaluated there). Alternatively, the RPD can look into the possibility of deferring the transition to the next rotation to allow for more time on the current rotation for evaluation of objectives. Most objectives are evaluated several times throughout the year and can be evaluated on other rotations.

Changes to the rotation based on the 15-day rule:

- Should never result in a violation of duty hours and additional evening and weekend time should be avoided to meet days on rotation.
- Extra projects should be avoided as these would need to be completed on the resident's own time where they are using their vacation, interview, or administrative leave days.

All residents need to plan the months of December, February, and June carefully as these are months where the 15-day rule is often referenced. The ultimate authority to make the decision if the resident has sufficient days on rotation is given to the RPD.

Requirements for completion

All residents must complete all required items in the Residency Checkout Form (Appendix A) as defined by their program and RPD.

Residents not progressing as expected may enter a Success Plan (Appendix X) or Performance Improvement Plan (PIP; Appendix Y) at the discretion of their RPD to provide additional support. Residents who are unable to demonstrate progress despite support from a Success Plan (Appendix X) and Performance Improvement Plan (Appendix Y) will be dismissed from the residency program as outlined in the Dismissal Policy (Appendix Z).

Staffing

To help cover the cost of their salary and the work preceptors commit to training them, residents work weekends as clinical pharmacists at MUHA in various practice sites. See Appendix A for details. Some programs cover more on-call than others and have different staffing expectations.

On-call programs

There are many on-call programs for the MUSC Pharmacy Department. Residents typically serve as the first call with a clinical pharmacy specialist as their back up on-call. The on-call programs and which programs participate in which are summarized below:

Table 2. On-call programs that residency programs participate in

On-call Program	PGY1 Pharmacy	PGY1 Community	PGY1/2 Pharmacotherapy	PGY2 Ambulatory Care	PGY2 Critical Care	PGY2 Emergency Medicine	PGY1 HSPAL	PGY2 HSPAL	PGY2 ID	PGY2 IM	PGY2 MSUP	PGY2 Pediatrics	PGY2 Psychiatry	PGY2 Oncology	PGY2 Transplant	PGY2 Thrombosis & Hemostasis
24-hour in-house adult	X		X		X	X	X			X						X
Administrative								X								
Leader							X	X								
Infectious Diseases/ Antimicrobial Stewardship									X							
Outpatient pharmacy coordinator		X														
Pediatrics	X		X									X				
Pharmacotherapy clinic				X												
Psychiatric													X			
Transplant															X	
None											X			X		

In-House Call Programs Details – Duty Hours, Strategic Napping, and other details

1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
    - Residents are on call approximately 1-4 times per month, averaged over a four-week period.
2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients' safety and residents' well-being, and to provide a supportive, educational environment.
    - Residents will have a full 24 hours off between on call duties (post-call day) and daily rotational duties. Residents are encouraged and expected to submit their schedule monthly to preceptors including rotation days, staffing, and on-call days in order to ensure appropriate time out of hospital. Documentation of appropriate hours is completed in the PharmAcademic evaluations monthly and sent to residency program directors.

The well-documented, structured on-call process includes at a minimum:

1. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
    - The residents have an on-call room at each assigned hospital that is available for strategic napping throughout their overnight shift to prevent fatigue and sleep deprivation (ART On Call Room – 5083, Main On Call Room – 864N)
    - Residents are encouraged to reach out to their counterpart resident on weekends or clinical specialist back up to take over coverage for a period of time if needed to rest.

2. A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.
    - PharmAcademic evaluations are utilized to discuss resident performance on rotation and on-call. These evaluations are filled out by both preceptors and residents and can serve to document and escalate any concerns with resident performance.
    - Residents will not be on call more frequently than every third night (averaged over a 4-week period) to ensure adequate patient care and optimal learning.
    - Patient care issues that arise will be discussed with clinical specialist back up on a patient b patient basis. If the ability of resident to critically think is impaired, the clinical specialist back up will provide patient care.
    - Residents are expected to reach out to clinical specialist back up to establish the best way to hand off responsibility to their backups when having sleep deprivation or fatigue.

24-Hour In-House Adult On-call coverage plan for July annually

Annually, after the match in March, the schedule can be finalized for July on-call schedule to incorporate the final number of PGY1s and any PGY2s that matched with MUSC and will participate in the 24-Hour In-House Adult On-call program.

Each year, PGY2 on-call coverage in July drops to a single resident covering both hospitals on the weekends throughout the month of July. If the number of residents on-call increases to more than 1 resident at a time in July, this strategy will need to be re-evaluated. The following cascade of scheduling resident to cover 24-Hour In-House Adult On-call will occur annually:

1. 1st, early committed 24-Hour In-House Adult On-call participants will be scheduled up to 3 shifts in July (Critical Care, Internal Medicine, Pharmacotherapy, Emergency Medicine, Infectious Diseases, Thrombosis and Hemostasis, Non-traditional PGY1). Allocation of weekends amongst this group will be as equitable as possible.
2. 2nd, early committed MSUP residents & PGY2 of PGY1/2 HSPAL w/ MS will be scheduled no more than 3 shifts that are evenly spread between residents.
3. Next a 4th shift for residents that participate in the adult on-call program (Critical Care, Internal Medicine, Pharmacotherapy, Emergency Medicine, Infectious Diseases, Thrombosis and Hemostasis, Non-traditional PGY1); on-call coverage in July cannot lead to violation of duty hours and if needed staffing weekend shifts will be deferred to start in August.
4. Early committed oncology residents are last priority for 24-Hour In-House Adult On-call coverage since their PGY2 does not have an on-call component, and they would be scheduled no more than 2 shifts each in July.
5. If there are no residents trained to take primary call (i.e., no one early committed) or there are not enough residents available to provide coverage, then the 24-Hour In-House Adult On-call program structure will be re-evaluated and covered remotely by on-call back up preceptors until residents are able to take call.

Changes to Adult In-house On-call Participation

If there is a need to adjust which residency program(s) participate in the 24-hour In-house Adult On-call Program, the request for participation, reduction, or removal should be sent from the Resident Program Director to the Residency Manager, who will then discuss the request with the System Clinical Director of Pharmacy Services. Currently, no less than 19 residents are required to participate in the program as currently structured.

The request should consider and speak to the following (if applicable):

1. Overall return on investment for the residency position. This includes the weekend staffing and alternative on-call program commitment as compared to other residents.
2. Additional expectations of the resident as dictated by their program (i.e., advanced degree)
3. If a reduction is requested, a plan to assure the resident's participation in the on-call program is frequent enough to foster an environment of learning, retention, and development of the on-call skillset. A minimum of two shifts per month is recommended.
4. If entering their PGY2, the expectation of the resident's participation in the July schedule.

The Residency Program Director, Residency Manager, and System Clinical Director of Pharmacy Services will review the request for completion and assure alignment with the clinical needs of the department. The plan will be presented to the Pharmacy Management Team (PMT) for discussion and feedback. The ultimate decision will be made by the System Clinical Director of Pharmacy Services.

Communication of decisions will be sent directly to the Resident Program Director of the program making the request. The recommendation will be shared at the next Resident Committee meeting (RCM) as well as the next On-Call Subcommittee meeting following RCM.

Teaching and precepting expectations for residents

The MUSC College of Pharmacy (COP) is located on campus in downtown Charleston within the medical center campus. Many MUSC COP students complete introductory pharmacy practice experiences (IPPEs) as well as advanced pharmacy practice experiences (APPEs) at MUSC. Often these IPPE and APPE students are on the same rotation experiences as residents. Precepting of students may be delegated to or shared with residents at the preceptor's discretion based on the progress of the resident.

Focused skill development with respect to teaching and precepting can be developed with the Academic Preparation Program (APP).

All residents must also evaluate 4 MUSC COP student Grand Rounds each year, and at least 1 co-resident Seminar presentation each year. This requirement is separate from the APP requirements and is an expectation of all residents.

Starting PGY2 residency

By the first day of the PGY2 residency, all residents whether internally early committed or coming from external programs must scan and email a pdf copy of their PGY1 residency certificate to their RPD, the RM, and the administrative assistant of the residency program. All PGY2 residents need to upload a copy of their PGY1 residency certificate to PharmAcademic under "Files" by 7/31 annually.

Responsibilities of the Program to the Resident (ASHP Standard 2)

Program Length
Each year of residency is 52 weeks in length and runs a full calendar year from July 1st to June 30th annually.

Residents who early commit to a PGY2 program stay employed continuously from PGY1 to PGY2 year along with the two 24-month programs, PGY1/2 HSPAL w/ MS & PGY1/2 Pharmacotherapy. External PGY2 residents coming from other PGY1 programs will start the first Monday after June 30th annually.

Non-traditional residency program is 24 months in duration and alternates monthly between resident and full-time clinical pharmacist staffing responsibilities. The resident rotation months mimic the required and elective rotation schedule of a PGY1 Pharmacy resident.

Duty Hours
ASHP Duty-Hours Requirements for Pharmacy Residencies are followed. Residents are expected to review scheduled shifts at the beginning of each month with their new preceptor. The resident tracks and reports to their preceptor if a concern for a duty hour violation arises. RPD should be included in discussion to adjust or make accommodations to proactively prevent duty hours from being violated.

Note that there are mandatory duty-free times. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days. Residents must have at a minimum of 8 hours between scheduled duty periods.

All residency programs use pre-built PharmAcademic tool for tracking duty hours and for being alerted to potential violations of duty hours. Tracking and response of incidences of violation of duty hour is the responsibility of the RPD and how the duty hours violation is handled will now be documented in the PharmAcademic comments when an RPD is alerted via PharmAcademic; when necessary, RPD can bring issues to the Residency Manager, Residency Committee, or On-call Subcommittee for discussion/plan development.

Moonlighting
Any work done outside of the residency program (including non-pharmacy work) is moonlighting. Residents picking up extra hours for MUHA is also referred to as moonlighting. Moonlighting must be approved by the RPD before the resident commits to the additional hours. All additional internal and external employment must be approved by the RPD. Moonlighting is considered duty hours. Moonlighting is limited to 32 hours averaged over a 4-week period; if extra 24-hour in-house on-call shifts are picked up as moonlighting, each shift will count as 8 hours towards the 32-hour maximum and will also come with a post-call day if the day after the call shift does not fall on a weekend. Professional liability insurance provided by the residency program does not cover the resident for additional outside employment. Residents may not work additional shifts when they are primary clinician on-call.

Match letter
MUSC Residency Program sends a match letter directly to each matched candidate annually within 30 days of the match.

The match letter will include the following:
1. Licensure requirements (including the 1500 intern hours required by SC for initial licensure, requirement for a SC pharmacist or SC intern license on start date)
2. Human resources requirements (including vaccination/booster requirements, physical, drug testing, and criminal background check)
3. Salary
4. Benefits (including health and retirement)

5. Start and end date of the program
6. Expectations and requirements for successful completion of the program

Match letters must be reviewed and signed by the matched candidate and kept on file by the RPD for each matched candidate.

Salary and benefits

Each resident is offered the following compensation package:

- **Annual salary paid bi-weekly**
  - PGY1 $47,476 annually
  - PGY2 $49,461.98 annually

- **Paid time off (PTO)**
  - 23 days (or 184 hours which is inclusive of 9 holidays) is provided to each resident at the start of the residency year which is July 1st annually. PTO does not accrue; it is provided at the start of the year in a lump sum.
  - Sick days come out of this allocation of PTO.
  - PTO should be entered into OurDay at least 2 weeks before the start for documentation;
    - PTO requests are only routed to Residency Manager for electronic documentation and record keeping.
    - Prior to submitting in OurDay, the primary preceptor needs to be notified and have approved the PTO before PTO request is routed to the RPD must approve.
    - PTO request should confirm approval by primary preceptor and RPD in the comments section.
  - PTO must be used within the PGY1 or PGY2 year; if resident elects to stay on for a PGY2 year or is in a 24-month program, they lose any unused PTO on July 1st of the start of PGY2 year.
  - No PTO payout is offered at the end of each residency year or if a resident leaves the residency program.

- **Designated MUHA holidays**
  1. Independence Day (minor)
  2. Labor Day (minor)
  3. Thanksgiving Day (major)
  4. Day after Thanksgiving (minor)
  5. Christmas Eve (minor)
  6. Christmas Day (major)
  7. New Year's Day (minor)
  8. Martin Luther King (MLK) Day (minor)
  9. Memorial Day (minor)
     - Note:
       - If MUHA observed holidays change, residents will follow the MUHA holiday schedule.
       - Observed holidays are on weekdays when the holidays fall on the weekend
       - Must clock-in on the holiday if you work to ensure that PTO is not deducted for the holiday that you work.
       - Residents staff or are on-call for:
         - 1 major holiday stretch (either Christmas & Christmas Eve or Thanksgiving & Day after Thanksgiving along with accompanying weekend for either) and 1 minor holiday annually
         - OR 3 minor holidays annually

    - For both major and minor holidays, residents are also scheduled the accompanying weekend (i.e., Christmas weekend, weekend after Thanksgiving, weekend before MLK/Labor/Memorial Day). Staffing the accompanying weekend counts towards the weekend shift count total.
  - If not scheduled to staff or be on-call, residents must take the MUHA holiday off. Choosing to be on rotation on a holiday is not permitted.

- **Project day**
  - If they do not have a dedicated project month (often in December), residents receive 1 project day per month to support working on their research projects.
  - Project Days are not tracked in OurDay and do not need to be submitted. Clocking in on a project day or during all worked days of a project month is required.
    - Note:
      - Resident is responsible for coordinating and advocating for their project day with their preceptor each month. The selected project day is negotiable with the preceptor.
      - Project days are not available during orientation or during the PGY1 Clinical Generalist rotation which has built in days off throughout the month.
      - RPDs may choose to have a project month for their resident(s) in lieu of a project day each month.

- **Administrative leave**
  - Specified amount of administrative leave is not designated, but time off to attend conferences, or other professional activities may be requested.
  - Residents are not responsible for submitting Administrative Leave in OurDay.
  - Preference is given to residents presenting research or actively participating in the meeting or conference.
  - All residents interviewing for external positions receive 24 hours of leave for interviews only (ie, external PGY2 or post-residency employment). This is considered a type of administrative leave and is categorized that way when interpreting the 15-day rule.

- **Time away from the residency program**

  The total number of days taken for PTO (i.e., vacation, sick, holidays), administrative leave (i.e., conferences and interviews), jury duty, bereavement, and other extended leaves of absence must not exceed 37 days per 52-week training period.
  - Post-call and project days do not count towards the 37 days.
  - If a resident exceeds the 37 allowable days away from the residency program, the program may be extended on a case-by-case basis by the number of days needed to complete the residency program. The residency program cannot be extended by more than 30 days.

- **Extended Leave**
  - Residents are eligible for up to 30 days of unpaid extended leave for personal or family-related medical issues or illness (i.e., maternity leave, post-surgical recovery, or immediate family member's illness).
  - If leave results in not being able to complete a rotation, additional time will be allocated to meet the minimum expectations of the rotation which is generally 15 days on rotation. This will be discussed on a case-by-case basis and carefully planned with the RPD and impacted preceptor(s).
  - Time made up must be in same manner as time that was missed (i.e., if missed out on a specific rotation, would make up time on a rotation that still meets that requirement). Time cannot be made up just with added staffing.

- Time taken as unpaid extended leave will be added on to the end of the residency year as paid time. In these instances, annual salary can be looked at as a stipend that the resident will be awarded.
- The maximum amount of time the residency can be extended is 30 days. If the residency requirements cannot be completed within that timeframe, the resident will not receive a certificate of completion and will be dismissed from the residency program.

- **Eligibility to enroll in benefits**
  - Benefits package is updated annually by Human Resources (HR) and includes the following:
    - Health insurance (including health, dental, and vision plans)
    - Selection of retirement benefits
    - Parking onsite downtown (payroll deduction available)
    - MUSC Perks and Discounts program

Material and financial support

Residents receive a laptop, pager, and personal desk space in one of 2 large shared offices (or equivalent space in another hospital). Each resident receives $3000 annually to support meeting registration and travel for meetings. Covered expenses are outlined in the policy B-31 – Pharmacy ICCE Travel.

Incoming residents do not receive their laptop, pager, and personal desk space on their start dates; outgoing residents turn in their items and clean out their desks by their last day of residency and then the items/spaces are cleaned and prepped for the new incoming residents, typically by mid-July annually. Use of personal laptop is encouraged in July for new incoming residents and physical rooms outside of the resident offices for training activities will be shared to provide a location for new residents to meet and complete required onboarding activities.

Accreditation documentation retention

MUSC Health Pharmacy Residency expectation of RPDs is to upload all necessary accreditation and resident documents (i.e., recruitment materials, Greenbooks, and other program-specific materials) for ASHP Accreditation to PharmAcademic by the time residents are closed out of each residency year.

Design and Conduct of the Residency Program (ASHP Standard 3)

Residency Program Purposes:

- **PGY1 Pharmacy, PGY1 Community-Based Pharmacy, PGY1 (of PGY1/2) HSPAL, and PGY1 (of PGY1/2) Pharmacotherapy Purpose:** PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.
- **PGY2 Program Purpose:** PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

Residency Structure:

- At the start of each residency year, the RPD plans a schedule of evaluations for each resident that allows for them to meet all required educational goals and objectives that is reflected in the Taught and Evaluated (T/E) grid report from PharmAcademic.
- All required goals and objectives are assigned to be taught and evaluated at least once. Some goals and objectives may need to be taught and evaluated several times to enable residents to achieve competency.
- Quarterly meetings with residents, advisors, and/or RPDs are used as a means of tracking steps towards achievement of all required goals and objectives for the residency program.
- Residency rotations and learning experiences are 1 calendar month in duration unless otherwise designated in PharmAcademic (i.e., longitudinal).
- Orientation is a learning experience that is built in PharmAcademic for all residents regardless of year or whether early committed into their programs. Duration and content of orientation will differ between residencies. Orientation for each new year includes a review of the residency manual for all residents.

Summative Evaluation:

Each residency learning experience or rotation is accompanied by a formal written evaluation which will be maintained in PharmAcademic. The following evaluation types and frequency of evaluation are required for each resident in all programs.

- **Month Learning Experiences**

Type of evaluation	Who	When
Introduction to the Learning Experience	Preceptor	Beginning
Duty Hour Attestation	Preceptor	End
Midpoint	Preceptor	50%
Summative Evaluation of Resident	Preceptor	End of learning experience
Summative Self-evaluation	Resident	End of learning experience
Summative Evaluation of the Preceptor	Resident	End of learning experience
Summative Evaluation of the Experience	Resident	End of learning experience

- **Longitudinal Learning Experiences**

Type of evaluation	Who	When
Introduction to the Learning Experience	Preceptor	Beginning

Summative Evaluation of Resident	Preceptor	Quarterly and end
Summative Self-evaluation	Resident	Quarterly and end
Summative Evaluation of the Preceptor	Resident	End of learning experience
Summative Evaluation of the Experience	Resident	End of learning experience

Summative Evaluation Definitions:
The following definitions for NI, SP, ACH, and ACHR are used by residents, preceptors, and RPDs when providing summative evaluation for residents. Summative evaluations are due within 7 days of the end of the rotation.

- **Needs Improvement (NI)**
  - Resident displays ≥1 of the following characteristics:
    a. Requires direct and repeated supervision, guidance, intervention, or prompting
    b. Makes questionable or unsafe decisions
    c. Fails to seek out feedback, incorporate feedback, or is unable to create a sound plan for improvement
    d. Fails to complete tasks in a time appropriate manner
    e. Acts in an unprofessional manner

- **Satisfactory Progress (SP)**
  - Resident performs at the level expected for their training:
    a. The resident responds to feedback and requires limited prompting and guidance to complete tasks appropriately
    b. Resident can accurately reflect on performance and create a sound plan for improvement

- **Achieved (ACH)**
  - Resident displays ALL of the following characteristics:
    a. Independently and competently completes assigned tasks
    b. Consistently demonstrates ownership of actions and consequences
    c. Accurately reflects on performance and can create a sound plan for future growth
    d. Appropriately seeks guidance when needed

- **Achieved for Residency (ACHR)**
  - Assessed by the RPD only
  - Resident demonstrates continued competency of the assessed goal and can effectively model and/or teach goal to a learner
  - Resident consistently performs objective independently at the "Achieved" level as defined above. This should be done across multiple settings, patient populations, or acuity levels as applicable for the residency program.

Resident Development Plans:

Each resident has a development plan documented by the RPD or designee (i.e., advisor or RPC). The development plan is created and established at the beginning of each residency year utilizing a standardized template as defined by the RPD. See Appendix B for a template to use for development plans; RPDs are not required to use Appendix B.

- Development plans are completed and uploaded to PharmAcademic according to the following schedule:

Plan	Due date from start of residency	Approximately the end of month
Initial	30	July
Q1	90	September
Q2	180	December
Q3	270	March

  - Note that a Q4 plan is not required but a check-in regarding progress towards program completion is highly encouraged in late May to early June.
  - Resident self-assessment includes:
    a. An assessment of their progress on previously identified opportunities for improvement related to the competency areas (3.3.d.1.a).
    b. Identification of the new strengths and opportunities for improvement related to the competency areas (3.3.d.1.b).
    c. Changes in their practice interests (3.3.d.1.c).
    d. Changes in their careers goals immediately post residency (3.3.d.1.d).
    e. Current assessment of their well-being and resilience (3.3.d.1.e).
  - RPD or designee provides an update on the following:
    a. An assessment of progress on previously identified opportunities for improvement related to the competency areas (3.3.d.2.a).
    b. Identification of new strengths and opportunities for improvement related to the competency areas (3.3.d.2.b).
    c. Objectives achieved for the residency (ACHR) since last plan update (3.3.d.2.c).
    d. Adjustments to the program for the resident for the upcoming quarter (or 90 days; 3.3.d.2.d).
    e. The RPD or designee documents updates to the resident's progress towards meeting all other program completion requirements at the same time the development plan update is documented (3.3.e).

  Development plans must be uploaded to PharmAcademic under the "Development Plans" tab once finalized after each quarterly meeting; this upload automatically sends the updates to all preceptors assigned to the resident for the year to share the resident's progress.

Continuous Residency Program Improvement:

Each residency program is responsible for their own process for program quality improvement. RPDs can choose to meet with and/or survey preceptors and/or residents. Documentation of minutes or survey results should be saved for reference.

Requirements of the Residency Program Director and Preceptors (ASHP Standard 4)

Residency Program Directors (RPDs)

Each residency program is led by a single RPD who is a pharmacist employed by MUHA from a practice site involved in the program. RPD may delegate, with oversight, a residency program coordinator (RPC) to assist with administrative duties/activities for the conduct of the residency program. RPDs meet eligibility requirements in accordance with ASHP standards.

PGY1 RPD Eligibility:

- Licensed Pharmacist
- Demonstrated related practice experience as demonstrated by 1 of the following:
  a. Completed an ASHP-accredited PGY1 residency followed by 3 years of pharmacy practice experience
  b. Completed ASHP-accredited PGY1 and PGY2 residencies with 1 year of pharmacy practice experience
  c. Without completion of an ASHP-accredited residency, have 5 years of pharmacy practice experience
  d. Pharmacy practice experience must be relevant to the practice setting in which the residency is conducted

PGY2 RPD Eligibility:

- Licensed pharmacist
- Demonstrated related practice experience in chosen area of specialty as demonstrated by:
  a. Completed an ASHP-accredited PGY2 residency in the advanced practice area, followed by 3 years of practice experience or equivalent years of experience in the advanced practice area (i.e., 5 years in advanced practice area with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency)
  b. Board certification in the specialty if it is available. Must sit for the board certification exam by January 1 following 3 offerings of the exam.
  c. Current active practice in the respective advanced practice area. Active practice may include:
     i. Contribution to the development of clinical or operational policies/guidelines or protocols in the practice site
     ii. Contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site.
     iii. Active participation on a multi-disciplinary or pharmacy committee or task force responsible for patient care or practice improvement, etc.
     iv. Demonstrated leadership within the practice area.

All RPDs must have the following qualifications as reflected on their Academic and Professional Record (APR) forms:

a. Leadership within the pharmacy department or within the organization through a documented record of improvements in and contributions to pharmacy practice.
b. Demonstrate ongoing professionalism and contributions to the profession.
c. Represent the the pharmacy department on appropriate drug policy and other committees within the organization.

In serving as leaders of their programs, RPDs also are responsible for the following:

a. Chairing a committee (i.e., PGYX RAC) that provides guidance for their program conduct and related issues;
b. Overseeing progression of residents within the program and documentation of completed requirements;
c. Using criteria for appointment and reappointment of preceptors;
d. Evaluation, skills assessment, and development of preceptors in the program;
e. Creating and implementing a preceptor development plan for the residency program;
f. Continuous residency program improvement in conjunction with RCM; and,
g. Working with PMT to ensure ongoing support of the program.

Selection of RPDs:

- RPDs will either be self-identified or selected by their peers to serve in this role. They must meet all of the aforementioned criteria.
    1. Interested RPD candidate(s) submit letter of interest outlining qualifications, interest, and vision for the role
    2. All qualified candidates per ASHP will receive a standardized interview process with the same questions to each candidate not to exceed 90 minutes across at least 3 members of RCM (2 of interviews will be with Chair and Vice Chair)
    3. Interview committee will meet and discuss candidates, engage managers to ensure that commitment can be supported

- Their supervisor must agree with their role as RPD, and support the time needed for administrative support of the residency program, residents, and preceptors.
- A portion of the RPD's annual evaluation will be dedicated to assessing their performance as an RPD as part of their employment with MUHA.

Preceptors

Preceptorship definitions:

- **Pharmacist preceptors:** Unless otherwise stated, mention of "preceptor" refers to a pharmacist preceptor. Preceptors are pharmacist employees of either MUHA or MUSC, but are funded by MUHA for all residency-related activities. Pharmacist preceptors update ASHP Academic and Professional Record (APR) form annually ensuring that they use the most updated template form from ASHP. The APR form documents their qualifications to be a preceptor.

- **Non-pharmacist preceptors:** Other medical professionals can be used as preceptors for the residency program and are referred to as non-pharmacist preceptors. Learning experiences with non-pharmacist preceptors must be scheduled after the RPD and preceptors agree that resident is ready for independent practice (ie, marked as achieved for residency in R1 of the competency areas goals and objectives). Utilization of non-pharmacist preceptors may occur when a qualified pharmacist preceptor does not maintain an active practice in the area but the experience adds value to residents' professional development. Non-pharmacist preceptors do not need to meet ASHP preceptor requirements and do not have to fill out an APR form. Non-pharmacist preceptors do have to participate in the evaluation process. However, pharmacist preceptors can enter the information into PharmAcademic based on input from non-pharmacist preceptors.

ASHP preceptor criteria correlates with the ASHP APR form and includes the following:

PGY1 Preceptor Eligibility

- Licensed pharmacist
- 1 of the following:
  - Completed an ASHP-accredited PGY1 residency followed by a minimum of 1 year of pharmacy practice experience; or
  - Completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of 6 months of pharmacy practice experience; or
  - Without completion of an ASHP-accredited residency, have 3 years of pharmacy practice experience.

PGY2 Preceptor Eligibility

- Licensed pharmacist
- 1 of the following:
  - Completed an ASHP-accredited PGY2 residency followed by a minimum of 1 year of pharmacy practice in the advanced practice area; or,
  - Without completion of an ASHP-accredited PGY2 residency, have 3 years of practice in the advanced area.

Preceptor Qualifications

Details regarding what qualifies can be found on the ASHP APR form or the Guidance Document for the residency program. Note that letters "c", "d", and "f" have very specific criteria that must be met

a. demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
b. the ability to assess residents' performance;
c. recognition in the area of pharmacy practice for which they serve as preceptors;
d. an established, active practice in the area for which they serve as preceptor;
e. maintenance of continuity of practice during the time of residents' learning experiences; and,
f. ongoing professionalism, including a personal commitment to advancing the profession.

Preceptor Responsibilities at MUSC:

1. If new to precepting at MUSC, must go through preceptor orientation and review the residency manual as well as all preceptor orientation materials as instructed by Preceptor Advisory Committee (PAC) and the RPD of any program where they precept.
2. Required to participate in the MUSC preceptor development sessions. All sessions are required, recorded when possible, and are offered at least quarterly.
3. Update learning experience descriptions (LEDs) for the rotations as requested by the RPD. This may include reviewing and revising or creating an LED. Preceptors need to ensure that selected objectives are able to be taught and that they have appropriate activities assigned.
4. Must introduce the learning experience each month to the resident using the LED.
5. Complete a midpoint (if applicable) and final evaluation within 7 days of the due date.
6. Reach out to RPD regarding any performance or personal-related concerns about the residents they precept.
7. Complete hand-off communication as needed between preceptors from month-to-month to ensure continuity of resident progression.

Preceptor ASHP Academic and Professional Record (APR) forms

1. All preceptors must submit an updated APR form annually to PAC.
2. Preceptors that do not meet ASHP criteria as outlined on the APR form:
    a. Must submit a plan outlined on their APR form of how they plan to meet criteria in the next 2 years. The preceptor development plan is an additional box on the APR form that outlines how the preceptor plans to meet criteria in the next 2 years.
    b. Will have their APR form and associated development plan reviewed annually by PAC to continue their appointment as a preceptor.
3. Preceptors that meet ASHP criteria as outlined on their APR form will be reviewed at a minimum of every 4 years by PAC and assessed for re-appointment.

Research Project

Selection

Annually in the spring, a list of potential projects is generated by the care team members within the MUHA pharmacy department. Proposed projects are reviewed by the Scholarship Committee, RCM, and PMT. The approved list will be distributed to the new residents in early July. Residents then reach out directly to project preceptors and plan to meet individually or in groups with the project preceptor to better understand the project(s) to inform their rankings. Project rankings are then collected by mid-July and assigned by the RM and RPDs by the end of July.

Scholarship Committee Proposal Presentations

All residents present their research project to the ROC starting in late August through September. These presentations are brief (~10 min), led by the resident, and utilize the **Scholarship Committee Project Presentation Form** (Appendix C).

Example timeline with potential priorities and anticipated deadlines is included below for reference:

Month	Priorities & Deadlines
July	• Review project list • Submit rankings of preferences • Receive project assignment
August	• Research background and methods • Write background for manuscript • Identify where will obtain data • Finalize whether will be a project reviewed by the Institutional Review Board (IRB) or will be considered a quality improvement project that is IRB exempt • Prepare and give Scholarship Committee presentation (Appendix C)
September	• Submit data request
October	• ASHP Midyear deadline in early October annually • Vizient deadline in mid-late October • Write methods • Data request and collection begin
November	• Data request and collection continues • Data analysis starts • Scholarship Committee reviews MUE poster (for PGY1 traditional) for Midyear or Vizient
December	• ASHP Midyear and Vizient meetings occur in early December; PGY1 traditional residents present MUE posters at **Vizient** if attending in-person • Data request and collection conclude • Data analysis continues
January	• Data analysis concludes • Write results and discussion
February	• Complete writing results and discussion
March	• Prepare slides and/or poster for spring presentation • Scholarship Committee reviews presentation for spring conference
April	• Complete slides and/or poster for spring presentation • PGY1 traditional residents present their MUE poster and any encore any other posters at an internal **MUSC Pharmacy Research Day** (plan to re-instate for April 2023) for MUSC-COP and MUHA which would include residents, students, and any other staff members
May	• **UNC-REPS** (University of North Carolina – Research in Education and Practice Symposium) occurs in mid-May annually and is attended by all PGY1 traditional residents to present platform presentation
June	• Manuscript suitable for publication due to project preceptors June 1st

Status Reports
Project preceptor will complete a criteria-based evaluation on a quarterly basis in PharmAcademic and the resident will include a progress report in each Quarterly Development Plan. Residents present interim updates of their research project to Research Oversight Committee in November and March in order to gain additional feedback, insight, and assistance throughout the course of their project.

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 submitted to the RPD (due June 1st), and the project is presented at a local, state, regional or national conference. A residency certificate will not be awarded until all aspects of the project are complete.

Appendix A: Residency Checkout Form

This form is used by resident and RPD to ensure all requirements for residency are completed before a resident can receive their residency certificate. This form can be used throughout the year at quarterly meetings to track resident progress on meeting milestones and sharing deliverables.

Residents may receive their certificates at graduation for ceremonial purposes but are not permitted to keep their certificates until all requirements below are completed.

Requirements for completion of program and receipt of certificate	**Resident check-off**	**RPD check-off**	**Date**
Licensure & Certifications			
Upload PGY1 certificate to PharmAcademic under "Files" within 30d of start (required for PGY2 residents; PGY1s "N/A")			
South Carolina Pharmacist Licensure within 90 days of start date			
Active Basic Life Support (BLS) throughout residency			
ACLS and/or PALS certification, if required for staffing or on-call			
Residency Learning System (RLS) Competency Areas, Goals, and Objectives (CAGOS)			
Attain "Achieved for Residency" (ACHR) on 100% of R1.1 objectives (for clinical PGY1s & PGY2s; 100% of R5 for PGY2 HSPAL only) and 85% ACHR of all required objectives (MSUP must ACHR 85% overall only)			
All required objectives evaluated as "Satisfactory Progress" or "Achieved" at least once; elective objectives do not have to be ACHR or evaluated			
No objectives with most recent evaluation "Needs Improvement" (NI)			
All assigned evaluations in PharmAcademic completed by resident and preceptors			
PharmAcademic Exit Survey			
Service Commitment			
Completion of all scheduled staffing shifts			
Completion of all scheduled on-call shifts			
Presentations			
Research Project presented at a local, state, regional, or national meeting – title/topic: _____ Meeting presented at: _____			
Clinical Case Conference – title/topic: _____; date presented_____			
Medication Use Evaluation results presented (if MUE required) – title/topic: _____ Meeting presented at: _____			
ACPE-accredited Seminar presentation given – title/topic: _____			
Resident Deliverables = "Greenbook"[4]			
Required			
Research Project poster or slides presented at a local, state, regional, or national meeting			
Research Project manuscript suitable for publication in a peer-reviewed biomedical journal and approved by project preceptors			
ACPE-accredited Seminar slide set and/or other materials presented			
Medication Use Evaluation (MUE) write up including background, methods, findings, and recommendations[1]			
MUE slide set and/or other materials presented at meeting[1]			
Drug class review, monograph, treatment guideline, or protocol[1] – title/topic: _____			
Other required deliverables for program (RPD specific):			
Elective[3]			
Academician Preparation Program (APP) deliverables[3]			
Research Certificate deliverables[3]			
Pharmacy student lecture slide set or other materials presented[3]			
Other major presentations slide sets or other materials presented[3]			
Other elective deliverables for program (RPD specific):			
Other			
Evaluate 4 Grand Rounds presentations through the MUSC College of Pharmacy (ensure titles and dates are listed for review)			
Disease state appendix completed[2]			
All quarterly development plans and quarterly progress reports completed, signed, and uploaded to PharmAcademic by RPD			

[1]PGY1 Specific Requirement; [2]PGY2 Specific Requirement; [3]Elective, include documentation of all work products if participated; [4]RPD to confirm location for saving electronic materials as PharmAcademic and communicate any standardized naming conventions with residents.

Resident Signature: _____Date: _____ RPD Signature: _____Date: _____

Appendix A (continued) – Program Specific Completion Requirements

Residency Program	Max Staffing	Max On-call	Other requirements not on Appendix A
PGY1 Pharmacy	35, 8-hour weekend shifts (average of every 3rd weekend over 52 weeks)	Up to 26, 24-hour in-house on-call shifts	1. Attendance and podium presentation at UNC-REPS (yearlong project presentation) 2. Vizient poster presentation of MUE, if also attending Midyear
PGY1 HSPAL	35, 8-hour weekend shifts (average of every 3rd weekend over 52 weeks)	• Leader on-call, 1 week/month in the Spring	1. Attendance and podium presentation at UNC-REPS (yearlong project presentation) 2. Vizient poster presentation of MUE, if also attending Midyear 3. Complete MS year 1 program requirements
PGY2 Critical Care	26, 8-hour weekend shifts (average of every 4th weekend over 52 weeks)	Up to 26, 24-hour in-house on-call shifts	1. Present 3 Critical Care Lecture Series (CCLS) 2. Research Certificate required (if not completed already) 3. Journal club presentations – 4 required 4. Complete 1 Committee assignment 5. Revise or develop 1 guideline/protocol
PGY2 EM	24, 10-hour weekend ED shifts (average of every 4th weekend over 52 weeks)	Up to 26, 24-hour in-house on-call shifts	1. Present 1 CCLS 2. Research certificate required (if not completed already)
PGY2 Infectious Diseases	26, 8-hour weekend shifts (average of every 4th weekend over 52 weeks)	• Stewardship on-call program, 1 weekend every 4 weeks done remotely • Stewardship on-call, 1 week/month at home after hours (5:01pm –7:59am)	1. Present 1 CCLS 2. Longitudinal clinic responsibility (NTM/CF/OPAT) ½ day per week 3. Research Certificate required (if not completed already) 4. 1-hour ID Department Grand Rounds CE 5. Drug class review/Monograph – prepare or review 6. Treatment guideline/protocol – prepare or review
PGY2 Internal Medicine	26, 8-hour weekend shifts (average of every 4th weekend over 52 weeks)	Up to 26, 24-hour in-house on-call shifts	1. Oversee & organize IM team teaching series 2. Develop or revise at least 1 clinical pathway/protocol/guideline
PGY2 Pharmacotherapy	26, 8-hour weekend shifts (average of every 4th weekend over 52 weeks)	Up to 26, 24-hour in-house on-call shifts	1. APP & Research Certificate required (if not completed already) 2. Longitudinal clinic responsibility, ½ day per week 3. Committee participation (departmental or resident leadership role/committee)
PGY2 Ambulatory Care	13 shifts verifying prescriptions for the Tobacco Treatment Fund. Hours vary based on volume but does not exceed 8 hours/shift	Up to 13 shifts per academic year of on call (24 -hour Friday to Friday) for Pharmacotherapy Clinic)	1. Journal club facilitation for students 2. 2 Clinical Pearls 3. Quality improvement plan or medication use evaluation 4. Collaborative Drug Therapy Management Protocol or Other Protocol
PGY1 Community	26 weekend shifts (Sat or Sunday 0800-1730) Weekly staffing (32 hours per month)	8 weeks of on-call (24-hour Friday to Friday) for outpatient manager/coordinator call	1. Complete 1 business plan 2. Develop 1 quality improvement plan or medication use evaluation 3. 1 Collaborative Drug Therapy Management Protocol or Other Protocol 4. Attendance and podium presentation at UNC-REPS
PGY2 HSPAL	16 hours/weekend (2 separate shifts - 8 hrs long) every 4-5 weekends - up to 24 shifts per academic year	Up to 12 weeklong shifts Pharmacy Administrator on Call (24-hour Friday to Friday)	1. Business plan or ROI document 2. 1 didactic lecture at College of Pharmacy 3. Chair pharmacy committee 4. APP and Research certificate required (if not completed already)

			5. Pharmacy Week coordination 6. Program review participation
PGY2 MUSP	26, 8-hour weekend shifts (average every 4th weekend over 52 weeks)	N/A Up to 3 in-house on-call shifts in July for returning PGY1 resident	
PGY2 Oncology	• 4, 8-hour weekend shifts (July) • 24, 10-hour weekend inpatient oncology weekend shifts (average every 4th weekend over 48 weeks) • 8 weekday hours monthly staffing in infusion center pharmacy	N/A Up to 2 in-house on-call shifts in July for returning PGY1 resident	1. Longitudinal clinic starting quarter 2 (8 hours/week) for 6 months 2. Attend and present research at HOPA annual meeting 3. 1 didactic lecture at College of Pharmacy 4. 2 journal club presentations 5. 2 patient case presentations 6. Oncology P&T Committee Minute Completion 7. Team teaching coordination for students 8. Program review and retreat participation
PGY2 Psychiatry	• IOP Pharmacy for 4 hour shifts every other Friday afternoon (1:00pm-5:00pm) and every third weekend (8:30am-12:30pm). • Max # of staffing shifts (excluding operations activity during July Orientation) are 25 Friday afternoons and 16 weekends	• Psychiatric Pharmacist On-Call program 1 week out of every 6 (maximum 9 weeks). • This program consists of on-call responsibilities while at work during usual business hours (8:30am-5:00pm) and at home after hours (5:01pm – 8:29am).	1. 1-hour Psychopharmacology lecture to Physician Residents
PGY2 Pediatric	• 16 hours per weekend (separate shifts - 8 hrs long) every 4-5 weekends - up to 24 shifts per academic year	• Pediatric on-call program 1 week every 4-5 weeks (max 12 weeks) • At work during usual business hours (8:00 am-5:00pm) and at home after hours (5:01pm –7:59am)	1. Give 1 didactic lecture 2. Primary preceptor for student for 1-month rotation 3. At least 3 Journal club presentations 4. Lead at least 3 code refreshers 5. Complete 1 committee assignment 6. Create or revise 1 guideline or protocol 7. Longitudinal Clinic (16 hours per month)
PGY2 SOT	• 8 weekday hours monthly staffing in specialty pharmacy	• Transplant on-call 24 hours/day, 2 weekends a month first 3 months followed by every 3rd weekend; can be remote overnight	1. Develop or review 1 transplant protocol 2. Give 1 didactic lecture for Transplant Elective at COP 3. Lead 1 Grand Rounds presentation outside of pharmacy department 4. Transplant surgery in-service monthly (split between residents 5. Lead Topic Discussion Series presentations

PGY2 Thrombosis & Hemostasis	• 26, 8-hour weekend shifts (average of every 4th weekend over 52 weeks)	• Up to 26, 24-hour in-house on-call shifts	• Research Certificate required (if not completed already) • Journal club presentations – 4 required per quarter as part of the Thrombosis and Hemostasis group. • Complete 1 Committee assignment • Revise or develop 1 guideline/protocol

Appendix B: Quarterly Development Plan

ASHP Development Plan Template

Resident Name:
Program:
Advisor:
Leadership Role(if applicable):
DISC Style (if applicable/known):
Project Title (Preceptors):
MUE Title (Preceptors):
Staffing Location (if applicable):

Resident	Program	July	August	September	October	November	December	January	February	March	April	May	June

Resident's Self-Reflection and Self Evaluation **Self-Reflection includes Strengths, Opportunities for Improvement, Practice Interests, Career Goals, and Well-being and Resilience.** **Self-Evaluation is related to the Program's Competency Areas**				
	Initial	**Quarter 1**	**Quarter 2**	**Quarter 3**
Date				
Personal Strengths and Weaknesses:	**From initial self-reflection:** **Personal Strengths:** **Personal areas of Improvement:**	**Personal Strengths:** **Personal areas of Improvement:**		
Practice Interests/ Career Goals	**From initial self-reflection:** **Practice Interest (in order of preference):** **Career Goals:** Short term: Long term:	**Changes to:** **Practice Interests:** **Career Goals:** Short term: Long term:	**Changes to:** **Practice Interests** **Career Goals:** Short Term: Long term:	**Changes to:** **Practice Interests** **Career Goals:** Short Term: Long term:
Well-being and Resilience:	**From initial self-reflection:**	**Current well-being:**	**Current well-being:**	**Current well-being:**

	Current well-being strategies from initial self-reflection: 1.				
Strengths and Areas of Improvement Related to Competency Areas	**R1**	**From Initial Self-Evaluation Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
	R2	**From Initial Self-Evaluation:** **Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
	R3	**From Initial Self-Evaluation:** **Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
	R4	**From Initial Self-Evaluation:** **Strengths:** **Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
RPD: Assessment of Strengths and Opportunities for Improvement Related to the Program's Competency Areas					

Date				
Strengths: **Opportunities for Improvement:**		**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for improvement:**	**Progress on Previous Opportunities for Improvement:** **Strengths:** **New Opportunities for Improvement:**
RPD: Planned Initial and Quarterly Changes to the Program*				
Initial		**Quarter 1**	**Quarter 2**	**Quarter 3**
Changes Related to Competency Areas: **Changes Related to Resident's Self Reflection:**		**Changes Related to Competency Areas:** **Changes Related to Resident's Self Reflection:**	**Changes Related to Competency Areas:** **Changes Related to Resident's Self Reflection:**	**Changes Related to Competency Areas:** **Changes Related to Resident's Self Reflection:**

***Changes are based on assessment of the resident's strengths and opportunities for improvement related to the program's Competency Areas and well as the resident's self-reflection of personal strengths and opportunities for improvement, practice interests, career goals, and well-being and resilience**.

Quarterly tracking of graduation requirements	**Q1 (90 days)**	**Q2 (180 days)**	**Q3 (270 days)**	**Check-out**
	Date of meeting:	Date:	Date:	Date:
Licensure & Certifications	*Initial below unless otherwise noted*			
Upload scan of PGY1 certificate to PharmAcademic under "Files" within 30 days of start of residency (required for all PGY2 residents; PGY1s "N/A")				
South Carolina Pharmacist Licensure within 90 days of start date				
Active Basic Life Support (BLS) throughout residency – BLS expiration date: 2024				
ACLS and/or PALS certification, if required for staffing or on-call – ACLS expiration date: 07/2025				
Residency Learning System (RLS) Competency Areas, Goals, and Objectives (CAGOS)				

Record # of ACHR of R1.1 • *Must attain "Achieved for Residency" (ACHR) on 100% of R1.1 objectives (for clinical PGY1s & PGY2s; 100% of R5 for PGY2 HSPAL only)*	#	#	#	#			
Record overall # of ACHR • *Must attain 85% ACHR of all required objectives (MSUP must ACHR 85% overall only)*	#	#	#	#			
Record # of "Needs Improvement" (NI) in evaluations since the last quarterly meeting	#	#	#	#			
All assigned evaluations in PharmAcademic completed by resident	Y/N	Y/N	Y/N	Y/N			
PharmAcademic Exit Survey completed							
Service Commitment							
Record total # of 8-hour staffing shifts completed	#	#	#	#			
Record total # of on-call shifts completed	#	#	#	#			
Research Project – Title (co-investigators): _____; Anticipated Meeting(s) for presentation: _____ ; Anticipated Abstract deadlines:							
• Presented at: _____							
• Manuscript suitable for publication approved by project preceptors and RPD notified							
Medication Use Evaluation (MUE)[1] – Title (co-investigators): _____Anticipated Meeting(s) for presentation: _____; Anticipated Abstract deadlines: _____							
• Presented at:							
• Write up including background, methods, findings, and recommendations							
Seminar – Title: _____Presentation advisor: _____Date: _____							
ACPE-accredited Seminar presentation completed							
Clinical Case Conference – Title: _____ Date: _____							
Completed							
Resident Deliverables = "Greenbook"[4]							
Completed (see guidance document from RPD regarding details)							
All documents uploaded to PharmAcademic under "Files"							
Elective							
Academician Preparation Program (APP) – on-track for completion?					Yes		
Research Certificate – on-track for completion?					Yes		
Other							
Evaluate 4 Grand Rounds presentations through the MUSC College of Pharmacy (list titles and dates below): 1. Title (date) 2. Title (date) 3. Title (date) 4. Title (date)				#	#	#	#
Disease state appendix updated?[2]							
Quarterly development plan completed and uploaded to PharmAcademic							

Appendix C: Scholarship Committee Project Presentation Form

Basic Project Information

Resident Name:
Project Title:
Primary Preceptor:
Other Preceptor(s)/ Team Members:

Background and Rationale

1. Describe how this project aligns with department or organizational goals. What data from MUSC Health is pertinent to your project?
2. What is the current practice at MUSC Health?
3. Why are you doing this project? How does this project advance pharmacy practice and/or fill a void in the literature/research? How will your project impact patient care?
4. List citation(s) of similar study with similar design (e.g., study that inspired the project or you are modeling project after):

Objectives

Primary objective:
Secondary objective(s):

Methods

Patient selection:

1. What is the study design? Is the study retrospective or prospective? How will patients be identified? Please provide *specific* details on what diagnostic codes and/or discrete data will be used to identify patients for inclusion/ your list, as well as details such as the time frame, age of included patients etc. See "Examples Specifying How a Patient List will be Identified" below for an example of the level of detail required to answer this question.
3. How will you obtain the patient list?
4. What are your inclusion and exclusion criteria?
5. How many patients do you plan to include?

IRB:

Do you need IRB approval or will you use the quality improvement/ self-certification tool? What kind of IRB approval is needed (full, expedited, exempt)? See links for IRB and QI tool at end of this document for details.

Primary exposure:

1. What is the primary exposure or intervention? Will be comparing 2 or more groups? How will the groups you are comparing be defined?
2. What if any subgroups will be evaluated?

Outcomes:

1. Primary outcome:
2. How will the primary outcome be defined?
3. Secondary outcome(s):
4. How will the secondary outcome(s) be defined?

Data collection:

1. Submit/attach your data sheet or at a minimum a list of data points you are planning to collect (ie, race, zip code, referrals/consults, some types of lab values, medication administrations…).
2. Include blank tables (plan to include at least 1 baseline table and 1 outcomes table) that you are planning to include in your final publication (ie, in your poster and/or manuscript).
3. What data, if any, will be automatically pulled and from where? What data requires manual chart review?

Statistics:

Please state your statistics plan. (If two or more groups are being compared, at a minimum state the groups being compared and the statistical test that will be used to compare the groups for all outcomes)

Timeline

1. Provide a timeline (At a minimum, provide a deadline for each of the following: data collection, data analysis, abstract submission, manuscript submission)
2. Do you need meetings with key stakeholders?
3. How much time per patient will be required for data collection?
4. Where / when do you plan to present the results of your project?

Barriers and Limitations

1. At this point in your project, describe what you perceive as your biggest barriers.
    a. Is this data readily available?
    b. Ease of collecting data or identifying patients?
    c. Resources needed?
    d. Collaboration with other departments, etc.?
    e. Other?
2. What are the limitations?

Questions

What questions do you have for the Scholarship Committee?

Examples Specifying How a Patient List will be Identified

Example 1

All patients 18 years of age or older discharged from an inpatient admission to MUSC Health (excluding RHN locations) for heart failure between 7/1/2014 and 7/1/2020 will be included. Heart failure will be identified by the presence of any of the following ICD9/10 codes in the primary diagnostic position: 428.X, 398.91, 404.01, 404.11, 404.91, 404.03, 404.13, 404.93, I50.X. Only patients receiving a SGLT2I any time during their HF admission will be included. SGLT2Is of interest include the following medications: canagliflozin, dapagliflozin, empagliflozin or ertugliflozin.

Example 2

- Patients 18 years of age or older
- Discharged between 7/1/2014 and 6/30/2020 from an inpatient admission at MUSC Health parent location (ie, excluding RHN locations)
- Primary ICD9/10 diagnosis code of heart failure (428.X, 398.91, 404.01, 404.11, 404.91, 404.03, 404.13, 404.93, I50.X)
- Received any of the following medications during their inpatient admission: canagliflozin, dapagliflozin, empagliflozin or ertugliflozin

Links and Information

- See information on MUSC IRB: IRB
- See information about QI tool/information about reporting results of these projects: QI tool
- Projects using SPARC or Redcap: see citation information

Appendix X1: Pharmacy Resident Success Plan

If you are going to place your resident into a Success Plan, the Residency Manager should be contacted. The Residency Committee Meeting (RCM) is not the place to bring resident concerns on whether they need to be put into a Success Plan or not.

Reasons to initiate a Success Plan may include the following:

a. Inability to pass licensure exams (ie, any NAPLEX failure or anyone still not licensed by August 1st)
b. Patient safety concerns (ie, RPD provided evidence that resident harmed or could have caused significant harm)
c. Professionalism concerns (ie, not adhering to MUHA-HR #12 Standards of Professional Behavior)
d. Time management issues (ie, consistently missing deadlines, inability to manage patient workload)
e. Clinical knowledge retention concerns (ie, failure to retain clinical information despite re-education)

Note that if a resident is not performing at the expected level of the RPD, the Success Plan can be started at the discretion of the RPD which includes reasons beyond those listed above.

The RPD is ultimately responsible for deciding if a Success Plan is started for a resident. The RPD can delegate oversight of the Success Plan to another RPD or manager.

Success Plan procedure**:**

i. The RPD will provide to the resident written evidence of their performance and how it is misaligned with expectations as outlined in learning experience materials and preceptor feedback.
ii. The resident will be expected to review the concerns and feedback and the resident and RPD will collaborate on developing the Success Plan (Appendix Y) to focus on the concern.
iii. A timeline for follow-up and improvement, not to exceed 6 weeks, will be outlined in all documentation; progress should be documented on a weekly basis and the resident could be progressed to a Performance Improvement Plan at any point per RPD discretion.
iv. Resident advisor for the residency program should be aware of and included in the planning, discussion, and meetings with the resident whenever possible.
v. Additional resources/considerations for inclusion in the Success Plan include but are not limited to:
    a. Referral to:
        a. Employee Assistance Program
        b. Library for Writing or Learning Support
        c. Provider for learning disability assessment
    b. Modification to:
        a. Research or MUE project timeline
        b. Rotation responsibilities
        c. Workspace
        d. Other residency responsibilities

vi. If at the weekly meetings with resident, it appears that resident will progress to the Performance Improvement Plan within next 2 weeks, convene meeting with RPD panel to orient them to current state and schedule future meeting with resident. This can be done during week 1 of the Success Plan if needed.

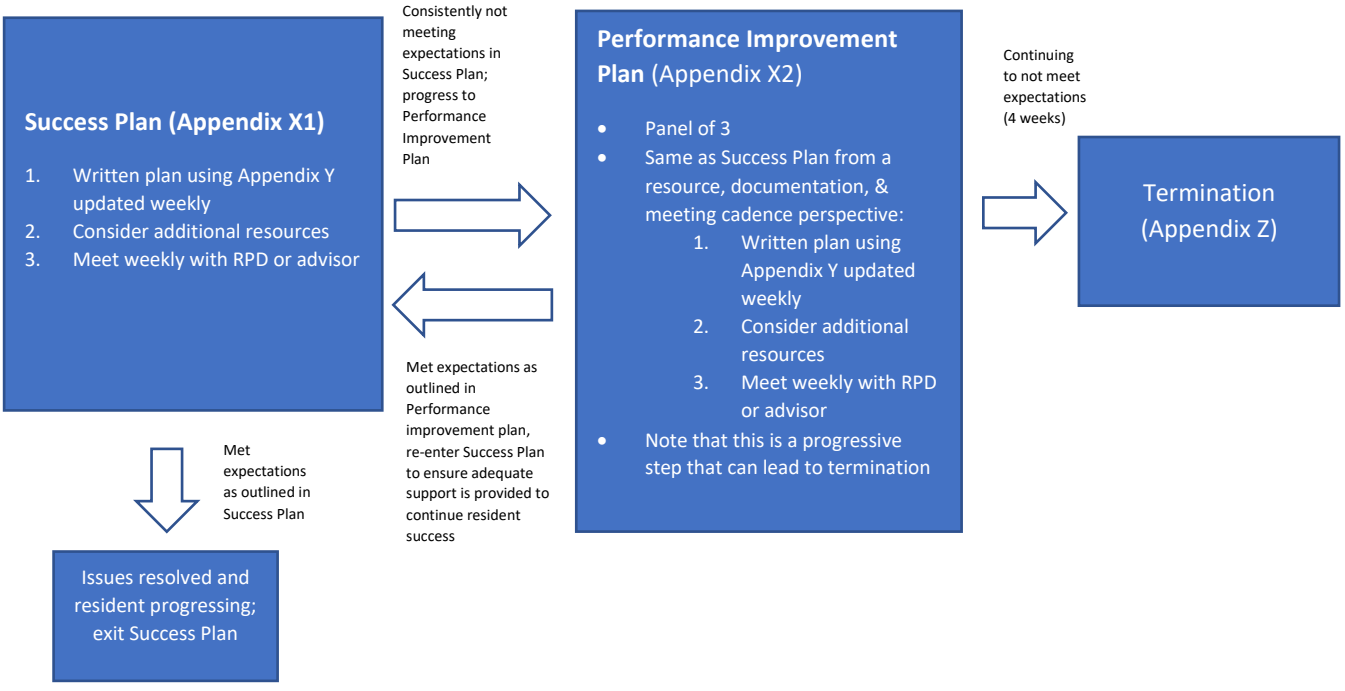
Appendix X2: Performance Improvement Plan

If the resident does not meet Success Plan expectations as outlined in the Success Plan by the end of 6 week period (or sooner), then the RPD will meet with the resident, and enter the Performance Improvement Plan.

RPD calls upon peers from RCM and experienced preceptors, managers, or HR representatives (not to include the RPD, resident advisor, or preceptors involved) to convene a panel of 3 members. This panel will meet with the resident, review the documentation, and determine if additional support may be provided to the resident to assist in improving their performance. Either RCM Chair or RCM Vice Chair should be on panel unless there is a direct conflict of interest. The panel will provide a written recommendation to the RPD within 1 week of requesting review, and the RPD will provide a modified plan within 2 business days after receiving feedback and recommendations from the panel.

The resident will have an additional 4 weeks in the Performance Improvement Plan from the receipt of the modified plan to demonstrate improvement and comply with the plan as outlined and as agreed upon in writing.

During the Performance Improvement Plan Resident needs to meet with advisor or RPD weekly and document using Appendix Y. All previous and new resident PTO requests are to be reviewed for appropriateness by RPD as part of the Performance Improvement Plan and may be modified or cancelled at the direction of the RPD. Note that residents cannot complete a PGY1 or PGY2 residency while in a Performance Improvement Plan.



Dismissal

If the resident fails to meet expectations for improvement in performance during Performance Improvement Plan, the resident will be dismissed from the residency program due to failure to progress as outlined in the Dismissal Policy (Appendix Z).

Appendix Y: Documentation Tool for Success Plan or Performance Improvement Plan

Resident:	
RPD:	
Advisor:	
Residency Manager (RM):	
Date & type of plan initiated:	__/__/__ & [ ] Success Plan or [ ] Performance Improvement Plan
Documentation requirements (ie, who is documenting the plan)	

The purpose of this tool is to address specific behaviors that are in violation of a policy, procedure or the code of conduct, or to address insufficient performance and provide a reasonable plan, including expectations, for the resident to be able to improve performance. Residents are still responsible for all policies and procedures; however, those presented within have been identified as areas where improvement is needed. All performance and behaviors must continue to be aligned with all processes, policies and procedures during and after the formal performance improvement plan process.

Specific areas of concern:	1. 2. 3.

The group outlined above (resident, RPD, advisor, & RM) must collaborate to develop a specific, comprehensive plan (complete Appendix Y, this document) addressing the issues noted above to ensure they can make satisfactory progress towards performing job duties.

After plan is agreed upon, it should be signed and then shared with the RM for awareness and signature and saving in the resident employee file.

Improvement that is acceptable to both parties must be achieved at 4 weeks and 8 weeks from the implementation date to consider successful implementation.

Check one:

□ Success Plan OR □ Performance Improvement Plan

Duration of plan:	
Date of initial meeting:	
Weekly meeting dates:	**Week 1:** **Week 2:** **Week 3:** **Week 4:** **…**

Goal:

Action 1:	
Resident Responsibility	Program Director Responsibility
Success Criteria:	

Observed Performance:

Action Plan:

Goal:

Action 2:	
Resident Responsibility	Program Director Responsibility
Success Criteria:	

Observed Performance:

Action Plan:

Goal:

Action 3:	
Resident Responsibility	Program Director Responsibility
Success Criteria:	

Observed Performance:

Action Plan:

Performance Review Progress Notes:

Dates	Performance Status: Notate whether the Resident is meeting the Success Criteria within each action.			
	Action 1: Success Criteria	Action 2: Success Criteria	Action 3: Success Criteria	Initial at the end of each meeting after the row is completed.
1 week	☐ Yes ☐ No RPD Explanation: Resident Comments:	☐ Yes ☐ No RPD Explanation: Resident Comments:	☐ Yes ☐ No RPD Explanation: Resident Comments:	RPD: Resident:
2 weeks	☐ Yes ☐ No RPD Explanation: Resident Comments:	☐ Yes ☐ No RPD Explanation: Resident Comments:	☐ Yes ☐ No RPD Explanation: Resident Comments:	RPD: Resident
3 weeks	☐ Yes ☐ No RPD Explanation: Resident Comments:	☐ Yes ☐ No RPD Explanation: Resident Comments:	☐ Yes ☐ No RPD Explanation: Resident Comments:	RPD: Resident
4 weeks	☐ Yes ☐ No RPD Explanation: Resident Comments:	☐ Yes ☐ No RPD Explanation: Resident Comments:	☐ Yes ☐ No RPD Explanation: Resident Comments:	RPD: Resident

By signing below, I am agreeing and understand the Plan, my role and expectations.

_____ _____

Resident Signature Date

_____ _____

RPD Signature Date

_____ _____

RM Signature Date

Appendix Z: Pharmacy Resident Dismissal Policy

The resident will be dismissed from the residency program if they meet any of the following criteria:

i. Licensure is not obtained within 90 days from their start date.
ii. If resident goes through Step 1 and 2 of the Failure to Progress (Appendix X) procedure and fails to meet expectations for improvement as outlined in the Performance Improvement Plan (Appendix Y)
iii. The resident fails to meet the MUHA-HR #12 Standards of Professional Behavior or violates another MUHA policy that warrants disciplinary action and meets criteria for dismissal. Refer to the MUHA-HR #45 Corrective Actions for further information.

Appeals Procedure

Residents, as temporary employees of MUHA, are not eligible for MUHA-HR #44 Grievance Procedure. However, any resident dismissed from the program is eligible to appeal their termination to the CPO if they believe the appropriate procedures surrounding their termination were not followed (except in cases where the CPO is also the RPD, in which case the RM will serve in this role).

If a resident wishes to appeal, they must follow the following procedure:

i. Within 5 calendar days of dismissal, the resident must submit a letter of appeal to the CPO (or RM) outlining how the Failure to Progress (Appendix X) steps were not followed and any additional relevant information.
    - If the letter is not submitted within 5 calendar days of the effective date, the appeal period is closed and no further action will be taken. The day of dismissal counts as day 1.

ii. Upon receipt of the appeal, the CPO (or RM) will review the appeal and other relevant information. The CPO (or RM) will render a final decision within 7 calendar days of receipt of the appeal.

iii. If the CPO (or RM) determines that the proper steps to dismiss the resident were not followed, the resident will be offered to continue their residency program. Due to the nature of residency programs and the requirements for RPDs, the same RPD will be assigned to the readmitted resident.
    - If the resident is readmitted to the program, they will restart in Step 2 of the above Failure to Progress (Appendix X) process.