



# Pharmacy Residency Manual

Revised: June 2025

Contact: Pharmacy Educational Programs

# Residency Program Sites Across the System

## Novant Health Forsyth Medical Center



- PGY1 Pharmacy
- PGY1 Pharmacy (Ambulatory focus)
- PGY2 Critical Care
- PGY2 Emergency Medicine
- PGY2 Infectious Diseases
- PGY2 Oncology
- PGY1 & PGY2 Health System Pharmacy Administration and Leadership with Master of Science

## Novant Health Presbyterian Medical Center



- PGY1 Pharmacy
- PGY2 Emergency Medicine
- PGY2 Infectious Diseases
- PGY2 Oncology
- PGY1 & PGY2 Health System Pharmacy Administration and Leadership with Master of Science

## Novant Health Rowan Medical Center



- PGY1 Pharmacy

## Novant Health New Hanover Regional Medical Center



- PGY1 Pharmacy
- PGY1 Community-Based Pharmacy
- PGY1/2 Health System Pharmacy Administration and Leadership with Master of Science
- PGY2 Ambulatory Care
- PGY2 Critical Care

## Novant Health Residency Programs

**MedVenta**  
HEALTH SOLUTIONS

- PGY2 Ambulatory Care
- PGY1 Community-Based (Specialty Pharmacy)
- PGY1 Community/PGY2 Specialty Pharmacy Administration and Leadership with Master of Science

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## Introduction to Novant Health

At Novant Health, we will embrace the changing healthcare landscape and will remain true to our commitment to patient safety, quality, health equity, and the human experience. We are united by a shared Cause.

## Our Cause

We create a healthier future and bring remarkable experiences to life.

### Discover.

We consistently seek to innovate, courageously transform ourselves and find new ways to add value for our patients, communities and one another.

### Empower.

We provide one another, our patients, families and communities with the resources and environment to create shared accountability and action.

### Thrive.

We demonstrate equity, empathy, safety and quality to help each other, and our communities, grow and succeed.

### Together.

We work as a trusted team with our unique perspectives, life experiences and expertise to bring remarkable to life in every interaction. We all belong.

Novant Health is an integrated network of physician clinics, outpatient centers, and hospitals that deliver a seamless and convenient healthcare experience to our communities. The Novant Health network consists of more than 1,900 physicians and over 36,000 team members who provide care at more than 800 locations, including 16 medical centers and hundreds of outpatient facilities and physician clinics. Headquartered in Winston-Salem, North Carolina, Novant Health is committed to making healthcare remarkable for patients and communities, providing more than 6 million patient visits annually.

## Our Novant Health: team member experience



All services within Novant Health, from procedures to medications to the environment within our facilities, are centered on safety and quality outcomes. This is the cornerstone of all initiatives within Novant Health.

Novant Health continuously seeks to expand its breadth of achievement and recognition. Novant Health has received recognition for reducing medical complications and improving safety (The Joint Commission Ernest A. Codman Award in 2004), medication safety (Society of Hospital Medicine Team Approaches in Quality Improvement Award in 2009), improving quality and reaching clinical excellence (VHA President's Award in 2009), customer service excellence (Professional Research Consultants President's Award in 2011), and health equity (Center for Medicare & Medicaid Services in 2018).

Novant Health is also recognized for world class care in the areas of heart care, stroke care, orthopedics, cancer care, maternity care, and nursing. Other Novant Health awards, accreditations, and certifications are linked for reference: [Novant Health Awards](#)

## Novant Health Pharmacy Services

The Novant Health Pharmacy exists to ensure safe, effective, and affordable medication use in our communities, one person at a time. Novant Health Pharmacy Services consists of team-based care providers who are dedicated to making access to medications convenient and affordable, with personalized medication management services to optimize health. The values of the Novant Health pharmacy department include compassion, diversity, personal excellence, teamwork, and courage.

Pharmacy Services, working in collaboration with other hospital staff and medical staff, provide the following scope of services and care:

- Maintains a formulary of medications that are readily available. Formulary medication decisions are made by a multidisciplinary team of providers and pharmacists, and recommendations for formulary status are informed by assessment of comparative efficacy, safety, cost, and clinical gaps in the current formulary.
- Maintains a readily available listing of formulary medication and information on the Intranet.
- Provides a mechanism for obtaining medications that are not available on formulary, if needed.
- Procures medications through a Group Purchasing Organization (GPO) that monitors manufacturer standing with FDA and good manufacturing procedures (GMPs).
- Appropriately stores and secures medications meeting regulatory compliance.
- Monitors manufacturer recalls and removes affected medications from inventory and notifies medical staff, if appropriate.
- Management of discontinued patient medications and expired medications.
- Provides competent professionals who will promote treatment of patients based on the safe and efficacious use of medications. Assures specific organization training and competency.
- Works through education with prescribers and other hospital personnel to promote safe medication ordering, transcribing procedures, and tools.
- Provides a safe, uniform system for preparing and dispensing medications.

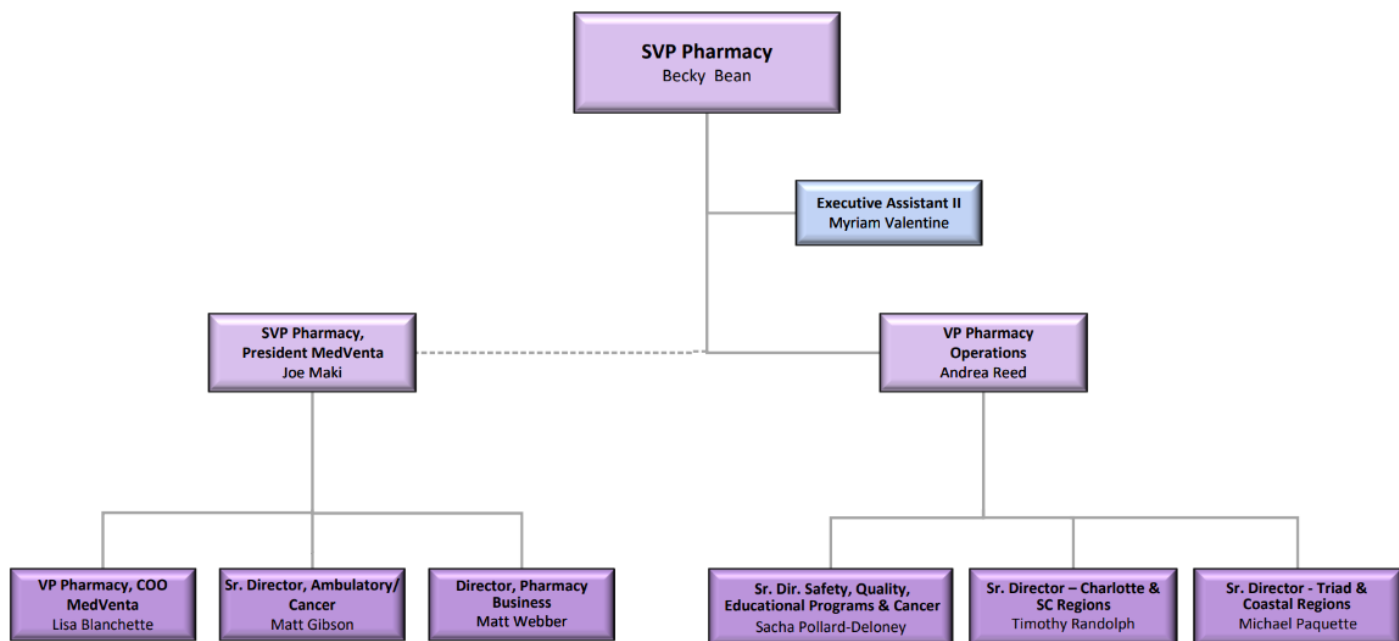
- Components of this system are computerized unit-dose drug distribution system, computerized IV admixture system unit based automated dispensing system, controlled substance distribution system, and crash cart exchange system.
- Develops procedures that minimize errors associated with the preparing, compounding, packaging, labeling, and dispensing of medications, as well as assures staff safety. Parenteral compounding is progressively accomplished in accordance with USP 797 guidelines.
- Works with other health professionals to promote a standardized medication administration process insuring the right drug, the right dose, the right patient, the correct route, at the right time.
- Assures licensing and required Continuing Education Units (CEUs) are completed (professional staff) and assists the organization with regulatory requirement compliance.
- Provides routine monitoring of adverse drug events and medication related Quality Assurance Reporting (QAR).
- Provides supplemental monitoring of drug effects as needed to help assure best use of a medication.
- Maintains appropriate records in accordance with regulatory guidelines in an easily retrievable format.
- Maintains a process to protect the rights of human subjects regarding the administration of investigational medications under the auspices of the Institutional Review Board (IRB).
- Monitors patient medication orders to assure accuracy and appropriateness.
- Provides education to patients and health care professionals.
- Monitors medication use system for appropriate performance and improvement.
- Contracts with Novant Health owned ambulatory surgery centers and endoscopy centers (entities not operating as departments of the hospital) to provide oversight of pharmaceutical management including medication security, proper storage; monthly maintenance, expired medication disposal, audit to ensure compliance with regulatory standards, pharmacist/consultative services to include; communication related to recalls, crash cart drug tray exchange, medication reconciliation upon discharge, and proper storage of high alert and look alike-sound alike medications.
- Provides specialty pharmacy services and home delivery to patients with high-risk or high-cost medications.



# Pharmacy Services Senior Leadership Team

Pharmacy has one of the best leader teams at Novant Health, if not all of healthcare, to support our team and to grow value-based patient services while continuing to foster interdepartmental relationships.

## Senior Leadership Team



# PGY1 Pharmacy Residency Programs

## OVERVIEW/PURPOSE

The PGY1 Pharmacy Residency Program at Novant Health provides the pharmacy resident (referred to “resident” for the remainder of the document) with the skills and knowledge required to become a competent pharmacy practitioner.

The program is a 52-week, postgraduate training experience designed to ensure resident effectiveness and efficiency in the following:

- Management and improvement in the medication-use process
- Provision of safe and quality patient care
- Provision of evidence-based, patient-centered medication therapy management with interdisciplinary teams
- Demonstration of leadership, practice management, and project management skills
- Provision of medication and practice-related education/training
- Utilization of medical informatics

## PURPOSE STATEMENT

Novant Health 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.

Program	Residency Program Director (RPD)
Novant Health Forsyth Medical Center PGY1 Pharmacy	Katherine Sims, PharmD, MS BCPS
Novant Health Forsyth Medical Center PGY1 Pharmacy (Ambulatory Focus)	Virginia Yoder, PharmD, BCPS, BCACP, CDCES, CPP
Novant Health Forsyth Medical Center PGY1 Community (Specialty Pharmacy)	Jessica McDuffie, PharmD, CSP, DPLA
Novant Health New Hanover Regional Medical Center PGY1 Pharmacy	Holly Snider, PharmD, BCPS
Novant Health New Hanover Regional Medical Center PGY1 Community-Based	Geena Eglin, PharmD, BCACP, CSP, CPP
Novant Health Presbyterian Medical Center PMC PGY1 Pharmacy	Katarina Raabe, PharmD, BCPS
Novant Health Rowan Medical Center PGY1 Pharmacy	Amanda Lowney, PharmD, BCPS, BCCCP, BCEMP

# PGY2 Pharmacy Residency Programs

## OVERVIEW/PURPOSE

Novant Health 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.

Residents in the PGY2 program have opportunities to customize learning experiences to individual career goals. The resident receives a significant amount of hands-on experience within the pharmacy department and the facility as well as participation with interprofessional committees and teams. Residents develop teaching skills through opportunities to teach and train PGY1 pharmacy residents, pharmacy students, pharmacy technicians, other pharmacists, and health care professionals outside of the pharmacy department.



Program	Residency Program Director (RPD)
Novant Health Medical Group PGY2 Ambulatory Care	Sarah Palacio, PharmD, BCPS, BCACP, CPP
Novant Health Forsyth Medical Center PGY2 Critical Care	Jeremy Hodges, RPh, BCPS, BCCCP, CPP
Novant Health Forsyth Medical Center PGY2 Emergency Medicine	Heather Smith, PharmD, BCPS, BCEMP
Novant Health Forsyth Medical Center PGY2 Infectious Diseases	Bria Benson, PharmD, BCIDP
Novant Health Forsyth Medical Center PGY2 Oncology	Amanda Edwards, PharmD, BCOP
Novant Health Forsyth Medical Center PGY1/PGY2 Health System Pharmacy and Administration and Leadership (HSPAL) with Master of Science	Sacha Pollard Deloney, PharmD, MBA
Novant Health New Hanover Regional Medical Center PGY2 Ambulatory Care	Lisa Edgerton, PharmD, BCACP, BCPS
Novant Health New Hanover Regional Medical Center PGY2 Critical Care	Josh Steelman, PharmD, BCPS, BCCCP
Novant Health New Hanover Regional Medical Center PGY1 & PGY2 Health System Pharmacy Administration and Leadership (HSPAL) with Master of Science	Sacha Pollard Deloney, PharmD, MBA
Novant Health Presbyterian Medical Center PGY2 Emergency Medicine	Jessica Boben, PharmD, BCPS, BCEMP
Novant Health Presbyterian Medical Center PGY2 Infectious Diseases	Alyssa Gould, PharmD, BCIDP
Novant Health Presbyterian Medical Center PGY2 Oncology	Jolly Patel, PharmD, BCOP
Novant Health Presbyterian Medical Center PGY1/PGY2 Health System Pharmacy Administration and Leadership (HSPAL) with Master of Science	Sacha Pollard Deloney, PharmD, MBA
Novant Health PGY1 Community/PGY2 Specialty Pharmacy Administration and Leadership with Master of Science	Lisa Blanchette, PharmD, MHA

## Program Structure

The residency program consists of one System Manager of Educational Programs, one Residency Program Director (RPD), and +/- one Residency Program Coordinator (RPC). Each residency program is supported by a program-specific Residency Advisory Committee (RAC) and a system-level RAC.

The RPD is responsible for the overall outcomes of the residency program and assumes responsibility for ensuring the following:

1. Program goals and specific learning objectives are met
2. Training schedules are maintained
3. Appropriate preceptorship and mentoring are provided to residents
4. Evaluations are completed thoroughly and timely
5. The resident's needs and goals are met throughout the program
6. Maintenance and tracking of the resident's development plan
7. Resident progress throughout the year for adequate completion and receipt of residency certificate
8. All ASHP accreditation standards are met, and preceptors receive adequate training and support to meet these standards

The RPD is appointed or selected by the System Manager of Educational Programs and Pharmacy Leadership Team and meets the requirements to be an RPD as outlined in the ASHP accreditation standards. The RPD is a member of the program-specific and system-level RAC. The RPD works closely with the System Manager of Educational Programs and interfaces routinely with pharmacy leadership for the program site/facility to ensure that the resident is adequately oriented to the department and that the goals of the residency program and the department are appropriately aligned. See [Appendix A](#) for more information.

### PRECEPTORS

Qualified preceptors for the Novant Health residency program meet the ASHP accreditation standards and are required to maintain their Academic and Professional Record as proof of meeting these requirements. If, at any time, a preceptor fails to meet these accreditation standards or is unable to provide adequate support to residents, a Preceptor Development Plan will be developed between the RPD and the preceptor. To be successful as a preceptor, a willingness to teach and a desire to guide the residents through the residency program outcomes is a necessity. The preceptor develops and guides the resident throughout their rotation, considering the resident's individual goals, interests, and skills. Preceptors should use the 4

preceptor roles when training residents – instructing, modeling, coaching, and facilitating. Regular, effective, verbal and written constructive feedback with examples of learning activities and methods to improve performance throughout the residency year are critical from the preceptor to the resident. Objective and timely evaluations of the resident must be completed by the preceptor and discussed with the resident.

Rotation preceptors are responsible for the following: developing rotational goals and specific learning experiences and objectives for the rotation which match the goals set forth in the evaluation, providing appropriate orientation to the resident with the goals of the rotation, work flow, and service line outcomes associated with the rotation; introducing the resident to key individuals within the service line; meeting with the resident on a regular basis and providing effective, timely, and constructive feedback; and supporting the resident to reach the goals of the rotation using the 4 preceptor roles described above.

Project and Medication Use Evaluation (MUE) preceptors are responsible for ensuring each longitudinal component is completed during the residency year and is evaluated at least quarterly or until the project or MUE is fully completed. The resident leads the project and MUE and meets with the preceptor and project team members regularly for guidance of their project and MUE, including goals, outcomes, timelines, Institutional Review Board (IRB) approval, presentation and/or publication of results, and any necessary follow up. Other responsibilities of the project and MUE preceptors include assisting the resident in the following areas:

1. Identify a project that can be completed in the allotted time
2. Support the resident in developing a scope and well-defined research protocol or quality improvement project including hypothesis (if applicable), design or scope, methodology, and analysis
3. Coordinate resources for the project and key individuals to support the project
4. Guide the resident in data collection, analysis, and summary
5. Support the resident in their development of an abstract (both project and MUE), poster (MUE only), and presentation of project and results (both project and MUE)
6. Guide the resident in process for manuscript completion prior to the end of the residency year as required to receive certificate (project only)
7. Residents present MUE results in the fall as a poster at the ASHP Midyear Clinical Meeting or approved alternative. Project results are presented in the spring at UNC REPS (platform presentation) or a similar professional meeting (platform presentation or resident poster) for PGY2 programs, with prior approval.



# Residency Advisory Committee

## PROGRAM-LEVEL

The program-level RAC serves to establish the overall structure of the residency program, including policies, expectations, and guidelines. The goal of RAC is to maintain and improve the overall quality of the training within the residency program while adhering to accreditation standards. RAC meetings are generally conducted monthly, with a retreat in the spring of each year to make improvements for the incoming residency class. Other responsibilities include:

1. Evaluating, reviewing, interviewing, and ranking applicants for the residency program
2. Maintaining and updating baseline evaluations, interview evaluations, interview schedules, number of applicants interviewed, and other activities within the interview process
3. Providing a platform for discussion about modification of residency program activities and plans

RAC is composed of the RPD +/- RPC, preceptors, and System Manager of Educational Programs. In addition to focusing on the overall residency program, RAC also serves to discuss concerns and progress of the individual resident and provides a platform for resident pass off from preceptor to preceptor. The resident development plans for each resident are reviewed at RAC quarterly with copies provided by the RPD. RAC is the team responsible for reviewing the residents' individual achievement of each outcome of the residency program and ensures that each resident has met all program requirements at the end of the year prior to a certificate being prepared and awarded to the resident.

RAC meetings are also used for idea and information sharing among preceptors and education from the program leaders to preceptors. Each meeting also includes open discussion for preceptor development and dealing with difficult situations with residents.

Annually RAC will have a meeting to evaluate and provide continuous improvement to the residency program, including structure, organization, rotations, timelines, graduate tracking/updates, residency manual updates, etc. Discussions may include any necessary program changes based on departmental or strategic pharmacy initiatives or system changes.



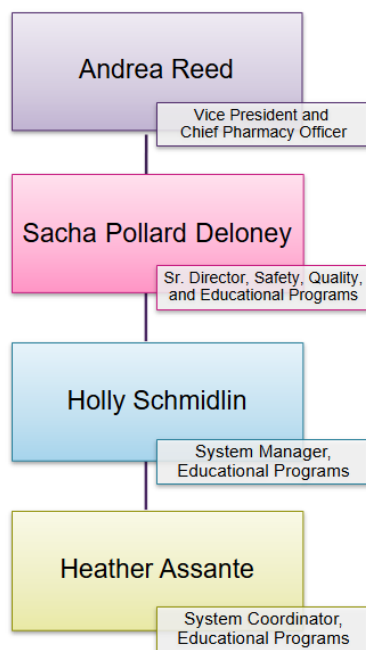
## SYSTEM-LEVEL

Novant Health pharmacy residency programs consist of residency programs across the Novant Health enterprise. For the purposes of this manual, RAC (unless otherwise stated) refers to the program-level RAC. Notably, Novant Health also maintains a system-level RAC that is chaired by the System Manager of Educational Programs and composed of the RPD and RPC for each program as well as designated preceptors, advisors, and stakeholders. The system level RAC helps to guide and help inform decisions that affect the whole of Novant Health pharmacy residency programs. While some components of the residency programs are harmonized across the system, the design and conduct of each program is owned by the individual program leaders and preceptors.

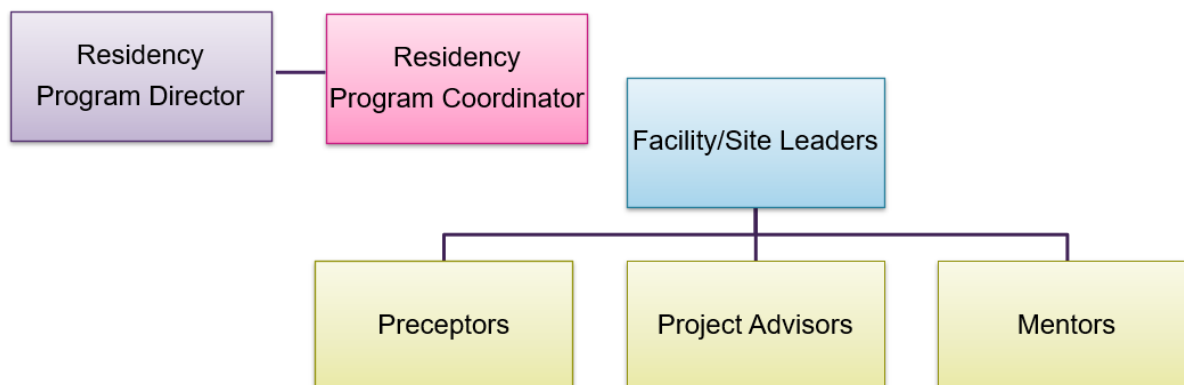


# Residency Program Organizational Chart

## SYSTEM SUPPORT



## PROGRAM SUPPORT



# Pharmacy Residency Position Information

## DIVERSITY, EQUITY, AND INCLUSION

Novant Health Pharmacy Educational Programs continuously reviews strategies to increase the diversity of our resident applicant pool. The program follows recommendations in the [ASHP Diversity Resource Guide \(DRG\)](#) to engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, preceptors, program leaders, and administrators.

Specifically, Novant Health pharmacy residency programs continuously review our advertising and marketing practices to ensure materials include representatives of our geographic location and patient population. The program also establishes relationships to encourage minority pharmacy students and students committed to serving underserved populations to promote pharmacy (i.e., outreach to Historically Black Colleges and Universities and/or Colleges and Schools of Pharmacy with a higher number of students under-represented in the profession of pharmacy).

Novant Health team members, including pharmacy residents and preceptors, receive training on Diversity, Inclusion, & Health Equity during new hire orientation. For more information, see [Novant Health Diversity Development & Inclusion](#). Further, residency program leaders and those serving on interview panels for Novant Health residency programs watch [Unconscious Bias in Recruiting](#) and complete an attestation.

## APPLICATION PROCESS

Novant Health pharmacy residency programs use PhORCAS centralized application service. The deadline for application is January 2 or as noted on the ASHP residency directory. Novant Health pharmacy residency programs participate and adhere to all the rules of the [National Matching Service \(NMS\)](#) for pharmacy residency programs. Requirements for application include: a letter of intent, a minimum of three letters of recommendation, completed PhORCAS application, official transcripts from applicant's school of pharmacy, and curriculum vitae. See [Appendix B](#) for more information.

## SELECTION AND QUALIFICATIONS OF RESIDENTS

All applicants for Novant Health pharmacy residency programs must present satisfactory evidence of the following:

1. Graduate or candidate for graduation from an ACPE-accredited school of pharmacy (or one in the process of pursuing accreditation), or obtained Foreign Pharmacy Graduate Equivalency Certification (FPGEC) from the National Association of Boards of Pharmacy (NABP)
2. Pharmacist license or ability to obtain pharmacist license in North Carolina
3. Citizenship of the United States or have a visa throughout the duration of the residency program

Applicants must comply with all requirements of the NMS, the resident matching program (RMP) and PhORCAS. Ideal candidates are highly motivated individuals who desire to advance their education and training leading to an enhanced level of professional practice in pharmacy and desire to truly impact patient care by demonstrating the value of pharmacists in healthcare.

Foreign Applicants: Novant Health does not sponsor visas for foreign applicants. Only applicants with U.S. citizenship or visas with active status for the duration of the residency program may apply.

Members of the RAC review all applications and complete a baseline assessment of each candidate's skills and qualifications. Each residency program will define and document a process that describes how applicants are selected for interview, interview structure/criteria, and evaluation processes. This document will be reviewed during the annual assessment and may be updated in preparation for interviews and as needed to match the goals of the department and guidance from ASHP.

Once baseline scores have been objectively reviewed and calculated for each candidate, the RAC will meet to decide on extending interviews to candidates. The number of interview slots is decided prior to this meeting and sets the goal for the number of candidates who will receive interviews. The candidates are ranked based on scores. Generally, the candidates receiving high scores will receive an interview and candidates receiving low scores are not extended interviews. These guidelines may be overturned by the RAC based on majority agreement of each individual candidate. The candidates in the medium grouping of baseline scores are reviewed and ranked based on the number of interview slots remaining. Novant Health residency programs will host virtual interviews based on national trends, in consideration of applicant equity and costs, and impact on patient care and staffing.

At the interview, all candidates will be given a checklist for requirements of successful completion of the Novant Health residency program, stipend and benefit information, and pertinent policies.

Each preceptor is assigned a specific area to evaluate for each candidate for all residency interviews. These scores are assigned a numerical value, entered in a spreadsheet, and an average is calculated for use in evaluating candidates. At the final selection meeting, all candidates are reviewed based on score and ranked based on voting by the RAC. All final candidate selections and rankings are entered into Phase I Match.

If open spots remain after Phase I Match is complete, the Phase II Match process will begin. The Phase I Match process for candidate selection and ranking will be utilized again for Phase II Match, except for a compressed timeline. Any unfilled positions post Phase II Match may be offered through the Post-Match Process, during which candidates can apply directly to programs with available openings in accordance with ASHP guidelines. See [Appendix B](#) for more information.

## PROGRAM DATES 2024-2025

	Start Dates	End Dates
PGY1	6/23/2025	6/21/2026
PGY2	7/7/2025	7/5/2026

## VERIFICATION OF ELIGIBILITY

Pharmacy resident employment at Novant Health is contingent upon verification of the resident's receipt of a graduate degree in pharmacy. The resident will provide the RPD a copy of their pharmacy degree upon employment. A copy of the degree will be maintained in the resident's employment file.

Employment of PGY2 pharmacy residents at Novant Health is contingent upon verification of the resident's completion of an applicable PGY1 residency program. The resident will provide the RPD a copy of their signed PGY1 residency certificate upon employment. A copy of the certificate will be maintained in the resident's employment file. Failure to provide required onboarding documents (i.e., copy of pharmacy degree, copy of signed PGY1 certificate, if applicable, etc.) during the first 30 calendar days of the residency program will result in program dismissal.

## VERIFICATION OF LICENSURE

Pharmacy licensure in North Carolina is a requirement for pharmacy residents at Novant Health. The RPD will confirm that each resident has taken the NAPLEX and MPJE, completed transfer of NAPLEX scores from another state, or already has a valid North Carolina license.

Upon notification of successful completion of the NAPLEX and/or MPJE the resident will provide documentation of licensure to the RPD.

## **RECRUITMENT POLICY/ EARLY COMMITMENT PROCESS**

Early commitment of PGY1 residents into an applicable PGY2 residency program will be determined on an annual basis and finalized by the start of the ASHP Midyear Conference, to allow programs without early commitment candidates to successfully recruit externally. Candidates undergoing the Early Commitment Process will follow the same processes for interview, ranking, and candidate selection as external applicants, except for a compressed timeline and the possibility of in-person interviews when feasible. Internal PGY1 residents may be considered for early commitment to an offsite PGY2 program that offers early commitment. See [Appendix B](#) for more information.

## **HIRING AND LICENSURE**

1. The resident is required to comply with the hiring practices of Novant Health. All pre-employment checks and screening must be completed prior to a written offer being extended by Human Resources to the residency candidate.
2. All residents are required to have or obtain a license to practice pharmacy in North Carolina. Verification of licensure occurs in accordance with the department of pharmacy policy.
3. Any pharmacy school graduate who is practicing in a North Carolina pharmacy, has applied for licensure in North Carolina, but has not yet passed the NAPLEX and MPJE, will need to register as an intern before the first day of their residency program.
4. The resident must obtain licensure to practice in the applicable state within 120 days after the program start date to ensure residents are licensed for at least 2/3 of their residency training program.
  - a. If non licensure interferes with the resident's duties, it may be necessary to reschedule certain requirements or review the resident's ability to complete the residency program which may lead to termination. This will be determined on a case-by-case basis by the RPD, System Manager of Educational Programs, and/or Director of Pharmacy.
  - b. Residents not licensed within 120 days after the program's start date must be dismissed from the program.



## ONBOARDING AND ORIENTATION

Residents are oriented to Novant Health, Novant Health pharmacy residency programs, the residents' specific residency program, and the [ASHP Accreditation Standard](#) during the orientation learning experience. The duration of the orientation learning experience is determined at the program level. The orientation learning experience may shorten by no more than 14-days, based on the resident's progression or familiarity with Novant Health pharmacy residency programs (i.e., PGY2 residents who early committed). Similarly, the orientation learning experience may extend by no more than 14-days for residents who require additional onboarding support (i.e., training for staffing shifts).

The resident must complete onboarding requirements, including assigned computer-based learning activities and training documents, during the orientation period. Residents must also document acceptance of the Novant Health Pharmacy Residency Manual and program policies during the first 14-days of the residency program. Failure to do so may result in disciplinary action, including program dismissal.

Due to multiple scheduled commitments, time off during the orientation learning experience is discouraged and will require advanced approval from the System Manager of Educational Programs and RPD.

## COMPENSATION AND BENEFITS

The resident salary is posted on the ASHP residency directory and will be officially disclosed to the pharmacy resident at the time they are verbally offered the position by Human Resources. Currently this rate is set at **\$52,041 per year for PGY1 residents and \$57,449 per year for PGY2 residents and is an exempt or salaried position with comprehensive benefits**. A description of benefits available to team members can be found here [Benefits | Novant Health](#)

Once the pharmacy resident has matched to the position at Novant Health, they should apply for the position at [www.novanthealth.org](http://www.novanthealth.org). The RPD will send the pharmacy resident their residency program acceptance letter, agreement, and a copy of the residency program manual. The agreement must be signed by the pharmacy resident and returned to the RPD within the time frame supplied in the acceptance letter. After the resident is verbally offered the position by Human Resources, the resident must complete all prerequisites for employment with Novant Health, including but not limited to a background check, drug screening, TB skin testing, and health screening. If the results of the above screening are not in compliance with Novant Health hiring practices, the official offer for the pharmacy resident position will be rescinded. Once all Human Resources requirements are fulfilled, the resident will receive a written letter of their offer for employment.

## HOLIDAY COMMITMENT

Residents may be required to work some holidays during the residency year. Holiday staffing for residents is at the discretion of the program and department leadership. Specific requests for time off during holidays must be discussed with the RPD and department leadership as soon as possible.

## PAID TIME OFF

Paid Time Off (PTO) is accrued in accordance with [Paid Time Off \(PTO\) NH-HR-4015](#). The residency program is a minimum of 52 weeks in duration and residents are permitted to use up to fifteen (15) PTO days during the training year. Residents should consider that PTO may be needed for interviews, sick days, health and wellness, and other general use. Novant Health pharmacy residents are not permitted to take PTO on the final day of the program year, per internal program standards and requirements. Case by case exceptions may be warranted in extenuating circumstances (i.e., schedule conflict with PGY2 program or employment start date). Exceptions will be determined by the RPD, System Manager of Educational Programs, and/or Director of Pharmacy. Any unused PTO will be paid to the resident at the end of the residency year if employment is terminated. The percentage of payout is set by Human Resources and pay is not equal to the full amount of PTO available upon termination of employment. See [Paid Time Off \(PTO\) NH-HR-4015](#) for specific details. For residents transitioning into a PGY2 program or a permanent position, time off between the end of residency and the start of the new role may be handled in one of the following ways: use of remaining resident PTO, working scheduled shifts at approved pharmacist pay, or taking unpaid time off once resident PTO is exhausted.

PTO must be approved by the rotation preceptor and RPD in advance (schedule and rotation obligations will be taken into consideration) and entered in the organization time keeping system. Residents should request vacation days or PTO from the rotation preceptor a minimum of one week in advance but ideally as soon as possible. If approved by preceptor, an email notification should be sent to the RPD. If PTO date is far enough in the future that the resident does not have rotations scheduled (i.e., 2<sup>nd</sup> half of the residency year), request should be made to the RPD. Residents should refer to the PTO process included in [Appendix C](#) and follow any additional requirements respective to their program site. Requests for extended leave based on extenuating circumstances (personal issues, personal or family illness, bereavement) will be made on a case-by-case basis and discussed with the resident, RPD, System Manager of Educational Programs, Pharmacy Leadership Team, and a Human Resources representative according to Human Resource policies. Sick days must be called to preceptor, RPD, and either the main pharmacy number or pertinent leader, and entered the electronic scheduling/payment platform. Sick days will be paid if PTO is available and will count towards the 15 PTO days allowed per year.



Residents will not be compensated if sick time or leave time exceeds accrued PTO. In line with the [COBRA General Rights Notice](#), the opportunity to elect a temporary extension of health coverage (e.g., COBRA continuation coverage) is available to residents who elect a Novant Health medical plan, dental plan, vision coverage or health FSA and require a reduction in hours of employment (e.g., unpaid extended leave) or terminate from the residency program (for reasons other than gross misconduct). Residents must apply for extended coverage no later than 60 days after reduction in hours of employment or termination, and the opportunity to maintain coverage is generally 18 months.

### **LEAVE OF ABSENCE FROM THE RESIDENCY PROGRAM**

A leave of absence is a means of bridging service while a resident must be absent from work for a period due to unusual, unavoidable, or compelling circumstances. Such leaves are subject to careful consideration and are approved at the direction of the System Manager of Educational Programs, RPD, and Pharmacy Leadership Team. Proof of medical or personal circumstances requiring leave may be required.

Residents who must be on leave for greater than 15 PTO days may not be able to complete the residency program on schedule which may result in the extension of the program duration beyond 52 weeks. The Pharmacy Leadership team must approve any program extensions and will weigh each decision based on individual circumstances as well as program and organizational needs. Residents will be paid the resident compensation rate if the Pharmacy Leadership team approves program extension. Program extensions will not exceed 90 days and time spent will be equivalent in competencies to time missed (i.e., rescheduled learning experiences and staffing shifts).

In the event of a serious medical condition requiring extended leave, the resident must submit in writing a request for leave of absence to the System Manager of Educational Programs and RPD as soon as possible. Failure to request a leave will be viewed as voluntary termination. FMLA (Family Medical Leave) or leave as an accommodation may be available per NH policy [Leave as an Accommodation NH-HR-2020](#).

Positions may be guaranteed for residents returning from leave as an accommodation within the approved time of the initial departure. Program duration will be extended for an equivalent time to account for the leave of absence, not to exceed 90 days. Failure to return within the approved time will result in termination from the program. Any provisions are subject to the NH “leave” policy and case by case recommendations from pharmacy residency program leadership. A proposed individual plan for the resident may be developed by the RPD to meet the requirements of the residency program. The resident will make up program deliverables and service component time missed before receiving a completion certificate. If the residency program must

be extended beyond 52 weeks, a predetermined length of commitment to meet necessary objectives must be mutually selected and documented in writing. The period will not extend beyond 90 days from the original residency completion date. While efforts will be made to work with the individual resident to resolve issues in completing this residency program, the overriding concern cannot be to accommodate the resident starting a new job. If the request results in failure to meet necessary objectives, or the program cannot be extended, the resident will be notified as soon as possible to complete a request for voluntary termination.

## **WELLNESS AND WELLBEING**

Novant Health is committed to ensuring the physical, psychological, and emotional well-being of all pharmacy residents enrolled in ASHP-accredited training programs within the organization. Residents are encouraged to conduct healthy lives and make healthy choices that support personal and professional growth.

### Institutional Support and Mental Health Resources

Novant Health provides resources to residents for promotion of wellness and good mental health. The Team Member Assistance / Employee Assistance Program (EAP) offers counseling free of charge to all employees. Information about this program is available at [Team member assistance \(EAP\) \(sharepoint.com\)](#).

Other sources of institutional support via Novant Health include services offered by the [Office of Wellbeing & Resiliency](#), wellness events, access to a licensed dietician, and coaching support from a personal trainer or fitness coach. Residents with a faith-based support structure are encouraged to utilize resources in this realm as well. Check NH I-Connect for helpful links and contacts. Also, the Novant Health Alert Line (1-800-350-0094) can serve as a starting point to report workplace concerns.

Anyone having thoughts about harming themselves should reach out to someone; EAP counselor, RPD, mentor, etc. Support is also available through the National Suicide Prevention Lifeline at 988. Additionally, the Crisis Text Line provides free, 24/7 support to users via text messaging.

They offer assistance for anxiety, depression, suicidal ideation, and managing stressful situations. Text HOME to 741741 to connect with a crisis counselor.

### Pharmacy Educational Programs Support

Pharmacy educational programs creates a safe environment where residents can ask for and receive help including academic counseling, coaching, and mentoring.

#### Employee Assistance Program

- Group Wellness & Resiliency sessions are scheduled twice each year (fall and spring) for all pharmacy residents to teach stress management techniques and promote overall good mental health practices and resiliency.

#### Research & Professional Development Series

- Leadership development forum for residents to participate in interactive professional development discussions, network with members of the Novant Health pharmacy leadership team and engage in a shared learning platform with other pharmacy residents on topics such as research, professional development, and wellness/resiliency.

#### Annual Resident Appreciation Week

- Provides residents additional opportunities to participate in wellness activities to build resilience. Throughout the week residents receive a sponsored lunch or snacks, tokens of appreciation, and participate in shared activities where available.

#### Paid Time Off

- Pharmacy residents are permitted to use up to fifteen paid time off (PTO) days each training year. Unused time will be paid out to residents transitioning from the organization at the end of the program year. The percentage payment is set by Human Resources and pay is not equal to the full amount of PTO available upon termination of employment. See [Paid Time Off \(PTO\) NH-HR-4015](#) for specific details.

#### Well-Being Check-Ins

- Monthly and periodic resident rounding and check-ins with RPDs, residency wellbeing ambassadors, and educational programs leaders.

#### Stress Management Education

- Pharmacy residents are encouraged to review online content available in I-Learn, which covers topics such as sleep alertness, fatigue mitigation, resiliency, stress management etc. Search Term: Resiliency

### Program Support

If there are circumstances in which residents are unable to attend work (i.e., illness, family emergencies, etc.), program and organizational policies and procedures are in place to ensure residents are appropriately guided in a consistent manner that supports timely and successful program completion. Residents can attend medical, mental health and dental appointments scheduled during work hours when coordinated with a direct program leader and preceptor in advance. Program-specific procedures for scheduling and notification of these appointments must be followed.

Residents are encouraged to alert the RPD, a mentor/preceptor, and/or the System Manager of Educational Programs when they have concern for themselves, another resident or program leader exhibiting significant signs of depression, substance abuse, suicidal ideation, potential for violence, or burnout.

Residents are further encouraged to take a proactive approach to stress management and resiliency building. There are numerous free websites and applications available for downloading to mobile devices. Some top-rated apps include:

- [Neuroflow](#): Supports mental well-being for Novant Health team members
- Happify ([www.happify.com](http://www.happify.com)): Activities to overcome worries, stress, and life challenges
- Super Better ([www.superbetter.com](http://www.superbetter.com)): Games to help you become stronger, happier, braver, and more resilient
- Reflectly (<https://reflectly.app>): Personal self-care journal
- Greater Good in Action (<https://ggia.berkeley.edu>): Science-based activities for a meaningful life

## TRAVEL AND REIMBURSEMENT

Novant Health will support mileage or lodging if needed for required rotations that must be completed outside of the resident's home market due to irreparable conflicts or preceptor unavailability at the resident's home site. Pharmacy residents are responsible for covering expenses incurred while completing offsite elective rotations not offered at the resident's home site. In these instances, residency program leaders will review if special consideration is warranted, and decisions will be made on a case-by-case basis.

Mileage reimbursement should be requested through the reimbursement platform (access through [I-Connect](#)). Reimbursement for required meetings, including registration, hotel, airfare, mileage, and food allowance is provided as applicable and an appropriate budget should be discussed and developed with the RPD and System Manager of Educational Programs.

The residency program will provide residents an area in which to work (onsite or remote), references, an appropriate level of relevant technology (e.g., clinical information systems, workstations, databases), access to extramural educational opportunities (e.g., pharmacy association meeting, regional residency conference), and sufficient financial support to fulfill the responsibilities of the program. Historically, professional meeting support has included expenses for the ASHP Midyear Clinical Meeting or equivalent and a spring residency conference. Final decisions on budget capacity are made on a rolling basis due to the financial headwinds health care systems may face. Residents should not register for professional conferences/meetings or arrange business travel until authorized by leadership. If approved, residents may submit receipts for reimbursement using the parameters set by the Pharmacy Senior Leadership Team. See [Appendix D](#) for more information.

## VACCINE POLICY

Residents are employees of Novant Health and, as such, are required to receive an annual influenza vaccine. Residents who match to Novant Health are required to conform to the Novant Health employee policy regarding required immunizations.

# Pharmacy Residency Program Requirements

## COMMITMENT AND PROFESSIONALISM

Residents will participate in all aspects of patient care and provide appropriate pharmaceutical care to patients, integrate into committees within the organization, and be committed to the goals of the pharmacy department. Residents are expected to embody all aspects of Novant Health's Cause. Residents should always follow all Novant Health policies and procedures. Professional attire should always be maintained and explanation of such can be found in Novant Health policies or discussed with the RPD. Residents should treat their actions, attitudes, communications, and behavior as a reflection of the pharmacy department and be courteous, professional, ethical, and clinically sound in all recommendations and interactions.



## TIME COMMITMENT AND DOCUMENTATION

Completion of residency program objectives should be the resident's primary focus for the year and is a full-time commitment. Residents should expect to spend most of their time on patient care activities but will also need to meet project, presentation, and other longitudinal requirements for the program. Time management and efficient prioritization of activities are keys to a resident's success in independently meeting assignment deadlines without preceptor or RPD prompting. Missed deadlines or repeat requests for assignments may be subject to coaching and counseling or other disciplinary activities in line with this manual and Novant Health's Human Resources procedures for inadequate performance. See [Performance Improvement NH-HR-3121](#) for specific details. Isolated events of not being able to meet requirements or excess responsibilities should be discussed with the RPD as soon as possible to see if alternative deadlines can be made.

## DUTY HOURS

Novant Health pharmacy residency program complies with the ASHP duty-hour requirements for pharmacy residencies [Duty-Hour Policy \(ashp.org\)](#). These standards have been established to ensure patient safety, fair labor practices, and the well-being of the resident. Resident duty hours are limited to 80 hours per week, averaged over a four-week period and include on-call and moonlighting activities. Residents must have one day of seven days free from all educational, clinical, and administrative responsibilities, averaged over a four-week period. At-home call cannot be assigned on these free days. Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the objectives of the residency program. Duty hours do not include reading, studying, and academic preparation time for presentations, journal clubs, etc., travel time to and from conferences, and hours that are not scheduled by the RPD or preceptor. All hours worked must be tracked and documented in PharmAcademic. The residents will have a minimum of 8 hours between shifts as scheduled by RPD and preceptors, excluding time resident voluntarily spends working on projects or catching up on other activities at the practice site or at home. Continuous duty periods should never exceed 16 hours. The RPD will review this periodically to ensure compliance with duty-hour standards. The RPD, other program leaders as needed, and the resident will partner to address the source of any non-compliance with duty hours (e.g., deny moonlighting).

Residents must engage in a structured learning experience all 52-weeks of the residency program. Residents must attend learning experiences from an approved location. Time away



from the residency program, including PTO, paid holidays, leave of absence (including medical leave) may not exceed 37 days per 52-week training period, without requiring an extension of the program to make up time and competencies equivalent to time missed. The resident will track total time away from the residency program and review with the RPD during the quarterly resident development plan.

It is the resident's responsibility to report to rotation, work, and scheduled meetings on time. Unscheduled absences and tardiness impact the performance and overall contribution to the quality of services in our departments. Tardies and absences will be managed by the RPD and System Manager of Educational Programs according to [Attendance and Tardiness Behaviors NH-HR-6065](#).

### **EXTRAMURAL PROFESSIONAL ACTIVITY (MOONLIGHTING)**

The primary responsibility of pharmacy residents is to their own postgraduate pharmacy education and to the patients charged to their care. Extramural professional activities, or "moonlighting," may conflict with these responsibilities. Moonlighting is prohibited during regular Novant Health duty hours (including project month or office time), as defined by the RPD. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit. Internal, external (or the combination thereof) moonlighting hours shall not exceed 8 hours per pay period. Failure to comply with moonlighting conditions, including the duty hour maximum, may result in withdrawal of permission to engage in moonlighting or other disciplinary actions. [Appendix E](#) Moonlighting during periods of authorized absence can occur if it does not interfere with the individual's primary responsibilities and is properly approved and recorded by the RPD and System Manager of Educational Programs. The pharmacy department reserves the right to deny any specific internal or external moonlighting activity that is deemed inconsistent with Novant Health policy regarding conflict of interest or other relevant policies. Violation of these rules constitutes a breach of the Pharmacy Resident Agreement between Novant Health and the resident.

- Moonlighting is defined as practicing pharmacy for pay at Novant Health (internal) or external to Novant Health (external) outside the requirement of the training program. Moonlighting is permitted provided it does not interfere with the ability of the resident to achieve the objectives of the educational program or cause the resident to exceed the maximum duty hours. Moonlighting requires approval from the RPD and System Manager of Educational Programs prior to starting. Specific criteria for authorized moonlighting include confirmation of the following: a) No evaluations in PharmAcademic include the designation of "Needs Improvement" b) RPD notes positive recommendations/comments from staffing/service commitment preceptors. If decreased performance due to



moonlighting is suspected, moonlighting permission will be rescinded and the resident, RPD, and System Manager of Educational Programs must develop a solution for the resident to get back on track to meet the objectives of the program. If a resident volunteers for internal moonlighting, they are paid for the time at the departmental- approved rate, unless otherwise arranged. External moonlighting hours must be disclosed to the RPD and approved like internal moonlighting.

### **SELF-RESPONSIBILITY**

Residents should solicit constructive verbal and documented feedback from preceptors on individual tasks or activities and rotation progress. Self-reflection and accurate self-assessment are keys to success in the residency program. Residents need to accept responsibility for actions and performance and not take suggestions for constructive feedback personally. Ability to accept feedback and make appropriate changes and improvements in performance will determine residents' progress throughout the year.

Residents must uphold the highest standards of integrity and professionalism in all aspects of their practice, including a commitment to honesty, ethical behavior, and the responsible use of emerging technologies such as artificial intelligence (AI). If a resident utilizes AI, it is crucial that it is employed as a supplemental resource, rather than a replacement for professional judgement. No patient information should ever be shared with an external AI platform. Residents must always disclose if and how they have used AI in their work (including but not limited to topic discussions, drug information responses, clinical care, and any deliverables of the residency program). If AI is used in any way to contribute to a deliverable, it must be cited on any written materials. Residents must critically evaluate AI recommendations ensuring that all are appropriate in the context of optimal medication management, as the resident is ultimately responsible for any recommendations they make or deliverables that they create regardless of whether they gained insights from AI. A preceptor or RPD may indicate when use of AI is not allowed.

### **SERVICE COMMITMENT**

The service commitment, or pharmacist staffing component for residents, is program specific and outlined in the program-specific section of this document. Residents are included in the staffing schedule for holidays if the pharmacy location is open. Assignments will be decided by the scheduling manager. All schedule adjustments must be approved by the rotation preceptor, RPD, and pharmacy scheduling manager.

## **LEADERSHIP EXPECTATIONS AND RESPONSIBILITIES**

One of the expected outcomes for the residency year is demonstration of leadership and practice management skills through self-management, commitment to professional practice, and professional integrity. PGY1 residents participate in the Longitudinal Research and Professional Development series which includes curriculum on leadership, practice management, and professional development.

Additionally, all residents will utilize their experience and training to practice leadership principles in interactions with the healthcare team, patients, and community. Residents may also practice layered learning and provide mentorship to APPE/IPPE students and other residents (PGY2 residents to PGY1 residents) as designated. Some residents may have additional opportunities to participate in leadership / practice management responsibilities, including but not limited to the following:

- Serve as a resource to students and other residents through provision of guidance and advice as appropriate
- Coordinate and/or assist with the scheduling of conferences, meetings, seminar, etc.
- Creation of an office calendar for the residency year
- Communicate program announcements
- Help bring forth concerns for discussion with program leadership
- Participate in the interview process
- Organize team building activities and social events
- Update the “Residency Survival Guide”

## **ON CALL RESPONSIBILITIES**

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents’ learning due to sleep deprivation or serious fatigue. Program directors must define the level of supervision provided to residents during at-home or other call. At-home or other call hours are not included in the 80 hours a week duty hour calculation unless the resident is required to actively respond to or perform clinical, operational, or administration duties while on-call. If a resident is required to actively perform duties associated with the at-home or other call program, the time spent performing those duties must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call must satisfy the requirement for one-day-in seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty. Some residency programs have an onsite on-call component that varies by program. Onsite on-call requirements are factored into duty hour calculations.

## **SATISFACTORY RESIDENT PROGRESSION**

Successful completion of learning experiences ensures resident has not missed more than 25% of days/time in a single learning experience without make up days. To ensure adequate progress, residents should have 20-25% of objectives marked as ACHR by the Q2 quarterly development plan (December 31) and approximately 50-60% of objectives designated ACHR by the Q3 quarterly development plan (March 31). If this is not met, coaching/counseling or schedule rearrangement may be required to support achievement of the required percentage of objectives for the program, as outlined by Novant Health's policies and procedures. RAC or the RPD may override the standard progression (i.e., end of residency year) if warranted.

Any areas for "Needs Improvement" should be discussed by the preceptor at the next RAC meeting and written evaluations must include ways to improve performance in future rotations. The System Manager of Educational Programs, RPD, and resident will meet to discuss issues with performance, remove barriers, and decide on a course of correction if a resident fails to progress, "Needs Improvement", on a similar required learning objective (i.e., R1 objectives) repeatedly despite documented coaching and opportunities to succeed, or is at risk of not completing the residency program's required percentage of objectives during the 52-week training period. Any disciplinary action, including termination from the residency program, must follow ASHP accreditation standards and Novant Health Human Resources policies and procedures. Performance improvement counseling and decisions to extend a residency program or terminate a resident from the program must involve the System Manager of Educational Programs, business line leaders, and RPD.

## **PERFORMANCE IMPROVEMENT COUNSELING / CORRECTIVE ACTION PROCESS**

Residents must progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care. The RPD, System Manager of Educational Programs, business line leaders, and preceptors will follow a corrective action process-based counseling and warning system when a serious deficiency in a resident's performance is noted. The corrective action process will be used when addressing areas of resident performance and/or behavior requiring improvement, or termination or dismissal from the residency program. It is intended to initiate action that will assist the resident in correcting problems and improving performance or behavior. Failure to improve performance as addressed by the corrective action process within the specified schedule(s) will result in the resident not receiving a certificate of successful completion of the training program and may result in termination. The corrective action process will be governed by the Novant Health policy on progressive discipline and occur at two levels: 1) Program-Level Action Plan 2) System-Level Performance Improvement Plan. The System Manager of Educational Programs must be notified before enacting each level.

## **PROGRAM-LEVEL ACTION PLAN**

A Program-Level Action Plan is initiated when a resident demonstrates insufficient progress or performance concerns, as identified by the RPD, RAC, or preceptors. The goal of the action plan is to offer structured support while ensuring the resident remains accountable for improvement.

Indicators for initiating a program-level action plan may include:

- Not meeting ACHR benchmarks by Q2 or Q3
- Two or more NI ratings on the same objective without appreciable improvement
- Two or more NI ratings within the same learning experience
- Three or more NI ratings within the quarter (Q1, Q2, Q3, Q4)
- Consistent failure to meet professionalism standards, program expectations or deadlines

The plan may include:

- Identification and removal of barriers (e.g., workload, communication, personal stressors)
- Tailored learning strategies (e.g., additional coaching, simulations, practice opportunities, clinical boot-camp)
- Increased feedback and check-ins with the RPD and preceptors
- Experience modifications aligned to learning needs
- Setting goals and expectations for the resident
- Support resources (e.g., time management tools, writing assistance, professional development)
- Repeat of learning experience

## PERFORMANCE IMPROVEMENT PLAN

A Performance Improvement Plan is a more structured process for addressing persistent performance or behavior concerns. The System Manager of Educational Programs, business line leaders, and RPD will partner to develop a Performance Improvement Plan if a resident fails to demonstrate improvement within the Program-Level Action Plan's timeframe or the resident is at risk of not completing the residency program's objectives during the 52-week training period. The Performance Improvement Plan will include SMART goals to help ensure the stated objectives are attainable within a specified time frame. The resident must meet with the System Manager of Educational Programs, RPD, and resident's current preceptor weekly to discuss progress and ongoing opportunities during a Performance Improvement Plan. The resident's status in the residency program will be determined at the conclusion of each rotation while on a Performance Improvement Plan. The Performance Improvement Plan is terminated if a resident obtains "Satisfactory Progress" or "Achieved" on assigned objectives. The resident is dismissed from the residency program if the resident fails to obtain "Satisfactory Progress" or "Achieved" on assigned objectives after two (2) months of a Performance Improvement Plan. Failure to meet expectations during the Performance Improvement Plan may result in ineligibility for a certificate of successful completion or dismissal from the residency program.

## DISMISSAL FROM THE RESIDENCY PROGRAM

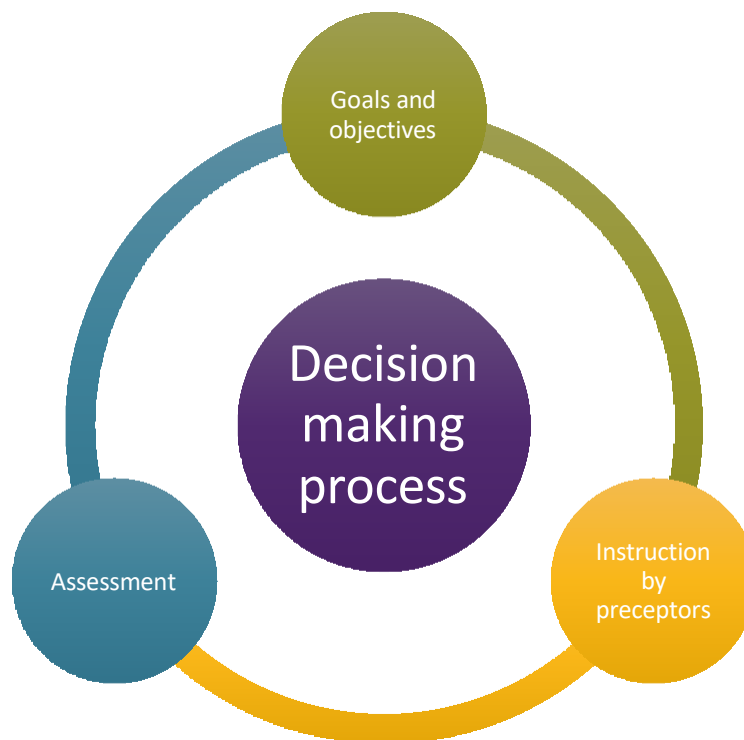
A termination of employment is defined as a complete separation of the employer-resident relationship between Novant Health and a resident for any reason. At the discretion of the System Manager of Educational Programs, business line leaders, and RPD, residents may be dismissed from the residency program for the following reasons:

1. Failure to provide required onboarding documents (i.e., copy of pharmacy degree, copy of signed PGY1 certificate of completion, if applicable, etc.) during the first 30 calendar days of the residency program or proof of North Carolina pharmacy licensure within 120 days from the program's start date.
2. Failure to complete onboarding requirements, including assigned computer-based learning activities and training documents, during the onboarding period.
3. Actions that involve dishonesty (e.g., plagiarism, unprofessional behavior), violation of law, or material risks to Novant Health operations, or the safety or well-being of oneself or others may be grounds for immediate termination from the residency program.
4. Poor performance as addressed by the corrective action process may result in the resident not receiving a certificate of successful completion of the training program and may result in termination, at the discretion of the System Manager of Educational Programs, business line leaders, and RPD. See [Attendance and Tardiness Behaviors NH-HR-6065](#) and [Performance Improvement Plans](#).

# Residency Program Development and Conduct

## OVERVIEW OF PROCESS

The Residency Program Development and Conduct (RPDC) is a systematic way of looking at pharmacy residency training and making it as effective and efficient as possible. The diagram below shows the 4 components of RPDC. A detailed explanation of each component and all aspects of the process can be found in Standard 3: Structure, Design, and Conduct of the Residency Program in the [ASHP Accreditation Standard for Postgraduate Residency Programs](#) on the American Society of Health-System Pharmacy (ASHP) website ([www.ashp.org](http://www.ashp.org)).



## RESIDENT DEVELOPMENT PLANS

Consistent with the ASHP residency accreditation standards, the RPD or designee and each resident must maintain and update a resident development plan within 30 days from the start of the residency program, and at least quarterly (every 90 days) thereafter. The plan must be added to PharmAcademic at least quarterly and discussed with the resident at regular progress meetings. The RPD will share each resident's development plan at RAC meetings at least once quarterly.

The goal of the resident development plan is to ensure the resident meets all requirements of the residency program as well as customize experiences where possible to the resident's current skills, interests, and individual career goals. The RPD provides mentorship to the resident on development of this plan, giving additional support, as necessary.

The initial resident development plan criteria are as follows:

- All incoming residents complete the ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation Form in PharmAcademic to convey their goals for the residency. This information is reviewed by the RPD and shared with preceptors at RAC. Additionally, the evaluation is used to help generate each resident's initial development plan
- The initial development plan is based on the results of the ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation Form in PharmAcademic and RPD's assessment of resident's knowledge and skills related to the program's required competency area
- The RPD or designee documents adjustments to the program for the resident in the initial plan
- The RPD or designee finalizes the resident's initial development plan and shares with preceptors in PharmAcademic within 30 days from the start of the residency
- Adjustments to the plan are based on resident's strengths and opportunities for improvement relative the programs competency areas, practice interests, and career goals

The quarterly resident development plan criteria are as follows:

- An update to the resident's self-assessment and an update to the development plan are documented and finalized every 90 days from the start of the residency. These will be documented in PharmAcademic by September 30 [Q1], December 31 [Q2], March 31 [Q3]
- Prior to each development plan update, the resident will document time away from the program during past 90 days and complete an updated self-assessment that includes:
  - An assessment of their progress on previously identified opportunities for improvement related to the competency areas

- Identification of the new strengths and opportunities for improvement related to the competency areas
  - Changes in their practice interests
  - Changes in their career goals immediately post residency
  - Current assessment of their well-being and resilience
- The RPD or designee reviews the resident's self-assessment and documents the following in each development plan update and discusses with resident:
  - Time away from the residency program (i.e., must not exceed 37 days during 52-week period)
  - Compliance with duty hours based on review of ASHP Duty Hours Forms (partner with department leadership and the resident to correct the source of any non-compliance (e.g., deny moonlighting, assess workload, etc.)
  - An assessment of progress on previously identified opportunities for improvement related to the competency areas
  - Identification of new strengths and opportunities for improvement related to the competency areas
  - Objectives achieved for the residency (ACHR) since last plan update
  - Areas requiring support or intervention
  - Adjustments to the program for the resident for the upcoming quarter (or 90 days)
- 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.

Examples of [ASHP Resident Development Plan Templates](#) may be found on the Novant Health Pharmacy Educational Programs SharePoint site.

## EVALUATION PROCESS

### Formative Assessment and Feedback

Preceptors must provide ongoing verbal feedback to residents about how they are progressing and how they can improve. Formative feedback to residents must be frequent, specific, and constructive. The frequency of ongoing feedback varies based on residents' progress and time of the year. Formative feedback should be documented in writing for residents not progressing as expected. Specific recommendations for improvement and achievement of objectives are documented (e.g., feedback functionality in PharmAcademic, written comments on draft document developed by resident). Further, preceptors should make appropriate adjustments to learning activities based on the residents' progression. Examples of adjustments in activities



might include adjusting the number of patients assigned, expectations for projects and presentations, and expectations for resident check-in with the preceptor.

### Summative Evaluation Process

The following evaluation and disciplinary guidelines apply to pharmacy residents as part of their Novant Health training programs. The purpose of these guidelines is to provide a system for evaluation of the performance of the pharmacy resident and procedures to deal with unsatisfactory progress or performance during the residency. Pharmacy residents by the virtue of participating in an intensive training program will receive and discuss verbal and written evaluations after each rotation or at evenly spaced intervals (i.e., every three months) and by the end of the learning experience for longitudinal experiences lasting longer than 12 weeks.

Residents document and discuss an evaluation of each preceptor and each learning experience by the end of the learning experience or within 7 days from learning experience completion. For learning experiences greater than 12 weeks in duration, residents complete a learning experience evaluation at the midpoint and at the end of the learning experience.

If more than one preceptor is assigned to a learning experience, all preceptors must have input in resident evaluations. Evaluations will include a written review of performance and discussion of any areas of deficiency. All evaluations should include examples of specific learning activities and how they support the evaluation of the resident on this outcome/goal/objective. Within the written portion of the assessment, the resident and preceptor should note qualitatively how well the resident performed and any opportunities for improvement. The evaluation should go beyond restating the objective and should give further insight into performance and areas where improvement is needed. The written evaluation and any documentation regarding the meeting should be permanently maintained in the online PharmAcademic system as required by ASHP. Failure to comply may result in disciplinary action. The evaluation will be reviewed and signed by the resident, preceptor, and the RPD.

Residents must complete all evaluations by the due date or within 7 days of rotation completion. If this is not maintained, discussions with the RPD will occur and may include coaching and counseling or disciplinary action for not meeting job requirements according to HR policies.

## GUIDELINES FOR EVALUATION OF EACH OBJECTIVE

### ***Needs Improvement (NI):***

“Needs Improvement” should be assigned when the resident has not progressed sufficiently (performing below expectations by meeting fewer than 60% of pre-specified learning experience activities based on preceptor judgment) to meet expectations or maintain prior performance by the end of the learning experience. Early developmental gaps may be expected, particularly during the first and second quarter.

Examples of performance concerns include:

- The resident failed to meet patient care and/or process-based rotation outcomes as defined in the learning experience description
- The resident repeatedly did not prepare for rotation assigned task/duty
- The resident could not complete tasks or assignments without extensive step-by-step guidance
- The resident’s written assignments were submitted without adequate time for editing, or the initial draft demonstrated minimal effort
- The resident consistently missed specified deadlines
- The resident provided incomplete responses to patient care questions or pharmacotherapy plans
- The resident did not completely document patient care activities
- The resident failed to directly communicate with a preceptor or staff concerning patient care or rotation responsibilities
- The resident failed to self-identify gaps in knowledge and proactively look up information regarding these without being asked/identified by preceptor
- The resident committed other unprofessional actions and requires remediation

It is expected that preceptors will provide verbal and written objective feedback and document examples in areas where residents may improve. All “Needs Improvement” must be documented at the objective level on the evaluation with discussion on why performance was lacking and how to improve performance. Qualitative written comments must be specific and actionable; use criteria related to specific educational objectives; recognize residents' skill development; and focus on how residents' may improve their performance. Evaluations marked NI should be discussed at RAC each month and performance improvement counseling / corrective action started if indicated.

***Satisfactory Progress (SP):***

“Satisfactory Progress” should be assigned when the resident is on track to meet the objective (meeting 60-80% of learning experiences activities), showing appropriate development.

Examples include:

- The resident is competent, at the end of the rotation, to perform most activities without significant input from the preceptor but seeks guidance when appropriate
- The resident shows evidence of steady progress throughout the learning experience
- The resident requires continued development to meet full expectations

It is expected that preceptors will provide verbal and written objective feedback in areas where residents have met satisfactory progress. If SP is chosen on a final evaluation for a learning experience, then specific feedback should outline steps to progress toward “Achieved” status. The feedback should be reviewed at monthly RAC meetings if resident consistently receives SP on the same objective with no progress towards ACH. If appropriate, this may be added to the resident’s quarterly development plan. A resident may receive NI on future learning experiences in the same goal in which SP was received if performance regresses in the same goal area.

***Achieved for Rotation (ACH):***

“Achieved” should be assigned when the resident meets more than 80% of the expected activities with minimal guidance.

Examples include:

- Independently completes tasks with minimal oversight
- No further developmental needs in this objective within the current learning experience

It is expected that preceptors will provide verbal and written objective feedback in areas where residents have achieved, acknowledging strengths and offering ongoing development suggestions.

***Achieved for Residency (ACHR):***

“Achieved for Residency” means the resident demonstrates consistent, independent performance and professionalism across multiple applicable experiences. The resident’s preceptors and RPD will collaborate throughout the residency year to determine if the resident has demonstrated consistency between rotation evaluations of objectives. This means that the resident can consistently perform the task or has fully mastered the objective and performed this task consistently in various rotation experiences as discussed at RAC using the resident specific reports from PharmAcademic and the below criteria as a guide.

- The resident achieves ACH on the same objective in at least two learning experiences OR
- The resident achieves ACH on most evaluations tied to that objective OR
- The RPD may assign an ACHR with or without a prior ACH rating, on a previous summative evaluation, if the resident has demonstrated ACH criteria as described above or the resident demonstrates sustained progress towards ACHR at the end of the residency year

The preceptors and/or RPD can mark the resident as “Achieved for Residency” if the resident meets the ACHR criteria. ACHR means that the resident will no longer be evaluated on the objective, but preceptors may provide additional feedback as necessary.

***Not Applicable (N/A):***

Objectives may be marked as N/A if resident has not yet begun the work associated with that objective, particularly as part of a longitudinal learning experience.

## PHARMACADEMIC EXPECTATIONS

[PharmAcademic](#) is the online evaluation tool for all ASHP accredited pharmacy residency programs. PharmAcademic will automatically schedule evaluations at the assigned due date. All evaluations in PharmAcademic should be completed within 7 days of the assigned due date as required by ASHP.

### Resident's Expectations

For each learning experience, evaluations include:

- Self-evaluation if assigned
- Preceptor evaluation
- Learning experience evaluation

Residents must complete all evaluations by the due date or within 7 days of due date. If this is not maintained, discussions with the RPD will occur and may include coaching and counseling or disciplinary action for not meeting job requirements according to HR policies.

### Preceptor Expectations

The preceptor will be expected to review the resident's self-evaluation (if assigned) and include comments agreeing or disagreeing with the self-evaluation. The preceptor is also expected to comment on all objectives marked NI or SP, providing the resident with specific and actionable suggestions for improvement. Longitudinal learning experiences will have quarterly evaluations as listed above. PharmAcademic learning experience evaluations are to be completed by the due date. The preceptor may receive coaching and counseling if a learning experience evaluation is greater than 7 days late.

**\*\*The RPD will return all evaluations that do not include criteria-based feedback. Time spent to complete returned evaluations will count towards the 7-day deadline. \*\***



# General Learning Experiences

## **MEDICATION USE EVALUATION**

Residents will be required to complete a medication use evaluation (MUE) during their residency year, except for PGY2 ambulatory care, PGY2 HSPAL, and PGY2 SPAL residents. Residents will be responsible for progress throughout the year and establishing guidelines with the support of their preceptor and the Residency Research Oversight Committee. The assigned MUE will require IRB approval prior to the start of data collection. An abstract / poster will be presented during the resident poster sessions at the ASHP Midyear conference, or approved equivalent. Upon completion of the MUE, the resident must provide an Executive Summary which will be shared with departments, physician groups, or committees as directed by the residency program or project leader.

PGY2 ambulatory care, PGY2 HSPAL, and PGY2 SPAL residents who do not complete a MUE will complete a poster on research in progress based on their longitudinal project as approved/assigned by their RPD in conjunction with the program-level RAC (PGY2 ambulatory care) and/or respective master's degree program (HSPAL, SPAL). The assigned project will require IRB approval prior to the start of data collection. An abstract / poster will be presented during the resident poster sessions at the ASHP Midyear conference, or approved equivalent.

## **LONGITUDINAL PROJECT**

Each resident is required to select, develop, and complete a longitudinal practice related project or research project. The project will be submitted to the hospital IRB for approval. Upon completion of the project, the results must be analyzed, summarized, and presented at University of North Carolina Research in Education Practice Symposium (UNC REPS) or a comparable residency conference. Residents will also write a final manuscript in a format suitable for publication to a professional journal approved by the research team. PGY2 residents may have the opportunity to present at national conferences, such as, IDWeek, MAD-ID, HOPA, and SCCM.

## **RESIDENT SEMINAR / FORUM**

Residents are required to present at and participate in Resident Seminar/Forum. Resident Seminar/Forum is designed to improve the resident pharmacist's presentations skills and the resident's ability to evaluate medical literature such as guidelines and primary research articles relevant to a patient case. The Resident Seminar/Forum may be attended by other Novant Health



residents, preceptors, providers, or pharmacy students. Frequency of presentation by each resident is determined by individual programs. Formal written evaluation for seminar will occur in PharmAcademic.

### **PHARMACY & THERAPEUTICS (P & T) COMMITTEE INVOLVEMENT**

Residents are required to attend all pre-P & T and P & T committee meetings if they are presenting an agenda item or taking minutes unless absence approved by rotation preceptor and/or RPD and an alternate presenter/notetaker is identified. Residents are required to complete one formulary monograph for review or drug utilization review (DUR) and may present at a P & T committee meeting. Examples of the format of monograph, slide, and education to be distributed after P & T will be provided by preceptor and/or RPD and is available on the P & T SharePoint site. In addition, residents may be assigned to record minutes at P & T committee meetings on a rotating basis.

### **COMMITTEE MEMBERSHIP AND PARTICIPATION**

Residents will be required to attend monthly pharmacy department meetings and other meetings as assigned by RPD, preceptors, or within the scope of longitudinal learning experiences. The PGY2 residents may be assigned additional subcommittee and clinical team meetings based on their individual program requirement.

### **CONTINUING EDUCATION PRESENTATIONS**

Residents are required to develop a minimum of one 1-hour ACPE, CME or other accredited continuing education programs during their residency year. CE credit may be granted in partnership with Campbell University.

### **RESEARCH & PROFESSIONAL DEVELOPMENT SERIES**

Residents are required (optional for PGY2 residents) to participate in a longitudinal Research & Professional Development series. The goal of the longitudinal learning experience is to provide the resident with the following: standardized education on the research process and their role as the investigator, foundational knowledge and tools to conduct a sound research and quality improvement project that can be realistically addressed in the desired time frame, opportunity to participate in professional development discussions on topics universally relevant to pharmacy learners, opportunity to engage and network with pharmacy leaders, and other residents across the Novant Health system. PGY2 residents may be excused from participation if requirement successfully achieved during PGY1 year.

## TEACHING CERTIFICATE

Residents may elect to participate and complete the teaching certificate program offered in partnership with Shenandoah University, Campbell University, University of North Carolina, or High Point University. All requirements for this program are set by the providing university and not by the Novant Health residency program. Completion of this certificate is optional and decided by residents early in their residency year. If a resident decides to enroll in the teaching certificate program, the resident is obligated to complete all requirements; if this is not met, awarding of the residency certificate may be denied at the discretion of the RPD.

## IN-SERVICES AND EDUCATIONAL REQUIREMENTS

Residents will be required to complete many different in-services and educational discussions for pharmacists, pharmacy students, and other healthcare professionals as assigned by preceptor for service line and/or RPD.

**Clinical and Financial Evaluation of the Use of Mitomycin for Pyelocalyceal Instillation**

Brandon Tester, PharmD, Anika Medina, PharmD, MHA, Brent Sabock, PharmD  
Novant Health Forsyth Medical Center, Novant Health Medical Park Hospital, Department of Pharmacy

**Background**

Mitomycin is a chemotherapeutic agent used for the treatment of various types of cancer. It is commonly used for the treatment of bladder cancer. The purpose of this study was to evaluate the clinical and financial outcomes of mitomycin instillation for pyelocalyceal instillation.

**Methods**

This was a retrospective study conducted at Novant Health Medical Park Hospital and Novant Health Forsyth Medical Center. The study included patients who received mitomycin instillation for pyelocalyceal instillation between January 2018 and December 2019. The study was approved by the Institutional Review Board (IRB) at Novant Health.

**Results**

**Flowchart:**

- Received one dose of mitomycin (n=6)
- Excluded (n=3):
  - Bilateral mitomycin (n=1)
  - Noncompliance (n=1)
  - Outside location (n=1)
- Met inclusion criteria (n=3)

**Table 1: Patient Outcomes**

Patient	Age/Sex	Location	Indication	Given Dose Documented (Qx Units)	Given Dose Billed	Response	Maintenance Therapy
1	51 M	Novant	ES	4000 x 150 mg	220 mg	Partial Response	
2	61 F	Novant	ES	4000 x 150 mg	340 mg	Complete Response	✓
3	64 M	Novant	ES	7000 x 200 mg	290 mg	Complete Response	✓
4	63 M	Novant	ES	9000 x 150 mg	—	Complete Response	
5	75 F	Novant	ES	4000 x 150 mg	180 mg	Partial Response	
6	62 M	Novant	ES	8000 x 150 mg	130 mg	Complete Response	✓

**Figure 1: Clinical Outcomes**

Bar chart showing Clinical Outcomes: Complete Response (66.7%), Partial Response (33.3%).

**Table 2: Financial Outcomes**

Location	Total Dose Billed	% Reimbursement
Nov Medical Park Hospital	1340 mg	100%
Nov Forsyth Medical Center	1520 mg	100%

**Discussion**

- During an 18-month period, four out of six patients achieved a complete response, representing 66.7% of the study population.
- Two patients achieved a partial response, with results showing decreased residual disease, size, or burden status post induction instillation.
- All six patients completed six once-weekly instillations, while three patients continued with maintenance therapy.
- Reimbursement for administered/wasted drug covered in full.

**Limitations:**

- Small sample size
- Missing financial data for one patient may have been attributed to the study period parameter
- J-code waste modifier and documentation not present in all patients
- Denials cannot be categorized

**Conclusion**

- In this case series, patients who received six once-weekly induction instillations of mitomycin may be an alternative therapy to more invasive interventions for LG-UTUC.
- Further intervention regarding correct documentation for dose billed and administered may be needed.
- Additional studies are needed to assess durability of CR while on maintenance therapy.
- Comparison of financial outcomes between mitomycin and RNU for LG-UTUC may be beneficial to future studies.

**References**

1. JELMYTO [package insert]. Princeton, NJ: UroPharma, Inc.; 2022.
2. Lancet Oncol. 2020 Jun;21(6):776-785.

**Disclosures**

The authors have nothing to disclose concerning possible financial relationships with commercial entities that may have influenced the subject matter.

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## Resident Deliverables

Deliverables (also sometimes called the Resident Binder or Resident Notebook) are documents developed by residents that are related to educational objectives. These documents may be electronic and stored on Teams, a shared drive, or PharmAcademic. Deliverables differ for each type of residency program but examples common to most/all residency programs include presentations; project manuscript; project presentation; examples of written communication to disseminate knowledge such as newsletters or written drug information; and examples of treatment protocols, guidelines, or drug monographs developed or revised by the resident. Deliverables must be completed by the resident prior to the end of the program for the resident to graduate. Further, deliverables are a permanent record, which is the property of Novant Health Pharmacy Services. See [Residency Program Deliverables](#)

### REQUIRED DOCUMENTATION

The resident's deliverables will be maintained in an electronic file. Each resident will maintain/submit the following documentation:

#### ***Administrative Documentation:***

- NC License
- Orientation Checklists
- Record of Community Service Event(s), if applicable

#### ***Clinical Rotations:***

- All Resident Self-Evaluations
- All Resident Evaluations
- All Preceptor Evaluations
- All Formal Written Drug Information Questions
- Materials from Projects or Formal Presentations

***Major Residency Project:***

- Major Project Proposal Form
- Midyear (or approved alternative) Abstract/Poster Submission
- UNC Research in Education and Practice Symposium Submission or approved alternative
- Midyear (or approved alternative) Poster Departmental Presentation
- Major Project Departmental Presentation (if applicable)
- Major Project Final Written Report (manuscript)

***Residency Training:***

- Residency Plan for Development
- Customized Plan
- End-of-Year Self-Assessment
- End-of-Year Assessment

***Administration (Medication Use Process):***

- Drug Monograph or Class Review
- Medication Use Evaluation

**DOCUMENTATION GUIDELINES**

- The Resident Development Plan will be submitted to the RPD within 30 days of start date.
- All resident and preceptor rotation evaluations will be placed in the resident's electronic file within 1 week following completion of the rotation.
- Copy of slides or handouts for all presentations or in-services will be placed in the resident's electronic file within 1 week following completion of the rotation.
- Copy of completed projects will be placed in the resident's electronic file within 1 week following completion of the rotation.

# Novant Health Forsyth Medical Center

Novant Health Forsyth Medical Center (NHFC) is a not-for-profit 921-bed hospital offering a wide range of services in emergency, medical, surgery, rehabilitation, and behavioral health. Centers of excellence include the Rehabilitation Center, Maya Angelou Women's Health and Wellness Center, Heart and Vascular Institute, Derrick L. Davis Cancer Institute, Stroke and Neurosciences Institute, Orthopedic Services, and Behavioral Health.

## SERVICES

Blood services	Pain management
Breast health	Pediatric services
Cancer care	Rehabilitation services
Diabetes care	Respiratory services
Emergency service	Sleep medicine
Heart and vascular services	Sports medicine
Home health service	Stroke and neurosciences
Imaging services	Supportive care
Inpatient services	Surgical services
Laboratory service	Women's health
Maternity	Women's heart health
Mental health	Wound care
Orthopedics	

## AWARDS

- **5-star Rating** from Centers for Medicare and Medicaid Services
- **Accredited Breast Center** from the National Accreditation Program for Breast Centers
- **Advanced Comprehensive Stroke Certification** by The Joint Commission and the American Heart Association / American Stroke Association
- **Get with the Guidelines Achievement Award** from the American Heart Association/American Stroke Association (2022)
- **Magnet Recognition** from the American Nurses Credentialing Center

## ACCREDITATION

NHFMC is fully accredited by The Joint Commission, an independent organization that evaluates a healthcare organization's performance in areas that most affect patient health and safety. In addition, we have earned some of the nation's top honors in quality care, including Chest Pain Center accreditation, Stroke Care certification, Heart and Vascular Center certification, Breast Center accreditation and Knee and Hip Joint Replacement certification. NHFMC is also designated a Magnet Nursing facility by the American Nurses Credentialing Center.



## Forsyth Medical Center PGY1 Residency Program (Acute Care Setting)

### RESIDENCY PURPOSE STATEMENT

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) residency.

### RESIDENCY OUTCOMES, GOALS & OBJECTIVES

The goals of the NHFMC PGY1 Pharmacy Residency Program are based upon the ASHP Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year One (PGY1) Pharmacy Residencies effective July 2024. The required goals reflect the primary focus of our program and the experience it provides. The ASHP PGY1 Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies is linked below for reference:

[PGY1 Competency Areas Guidance Document](#)

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required PGY1 rotations are typically 5 weeks in length, except as specified in the table below. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).



Required Rotations
<ul style="list-style-type: none"> <li>• Orientation</li> <li>• Administration (operations, clinical leadership, local or system)</li> <li>• Infectious Diseases</li> <li>• IV room operations (2 weeks)</li> <li>• At least two (2) of the following: <ul style="list-style-type: none"> <li>○ Behavioral Health</li> <li>○ Internal Medicine</li> <li>○ Oncology</li> <li>○ Surgery</li> <li>○ General Cardiology</li> </ul> </li> <li>• At least one (1) of the following: <ul style="list-style-type: none"> <li>○ Cardiology Intensive Care</li> <li>○ Cardiothoracic Surgery*</li> <li>○ Emergency Medicine</li> <li>○ Medical/Surgical Critical Care</li> <li>○ Neurology Intensive Care</li> </ul> </li> </ul>
Elective Rotations
<ul style="list-style-type: none"> <li>• Ambulatory Care (anticoagulation clinic, stroke bridge clinic)</li> <li>• Investigational Drug Services</li> <li>• Neonatal Intensive Care*</li> <li>• Specialty Pharmacy</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Medication Safety (Event Review and Leapfrog Medication Reconciliation Audit)</li> <li>• Research &amp; Professional Development Series</li> <li>• Research Project/Medication Use Evaluation</li> <li>• Seminar/Continuing Education</li> <li>• Service Leadership – Every third weekend staffing, alternating between first and second shift serving as the clinical verification pharmacist, in addition to one evening staffing shift (4 hrs) per week with a focus on patient discharge counseling. Residents granted one comp day for each weekend worked. No additional on-call component.</li> </ul>

\*Prerequisites: Cardiothoracic Surgery: Cardiology Intensive Care; Neonatal Intensive Care: 1 required critical care rotation

### ***Rotational Requirements by ASHP:***

- No more than 1/3 of 52 weeks may focus on a specific patient disease state or population (pediatrics, oncology, cardiology, critical care, etc.)
- 2/3 or more of all rotations must be spent in direct patient care activities

## Novant Health Forsyth Medical Center PGY1 Residency Completion and Certification

PGY1 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health Forsyth Medical Center Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>85% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 15% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Assigned MUE (Medication Use Evaluation), consisting of an abstract and poster of final results.</li> </ul>		
<ul style="list-style-type: none"> <li>Residency Project, consisting of an abstract, poster, or podium presentation, and final manuscript.</li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentation to pharmacists or other health care professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY1 CAGO guidance: <ul style="list-style-type: none"> <li>R1.1.3 (Creating) Develop evidence based, cost-effective and comprehensive patient-centered care plans.</li> <li>R.1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes and modify care plans.</li> <li>R.1.4.2 (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.</li> <li>R.2.1.2 (Creating) Develop a project plan.</li> <li>R2.1.6 (Creating) Develop and present a final report.</li> <li>R4.1.1 (Creating) Construct educational activities for target audience.</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ R.4.1.2 (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</li> <li>○ R.4.1.3 (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has met an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## Forsyth Medical Center PGY2 Critical Care Residency Program

### RESIDENCY PURPOSE STATEMENT

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 OUTCOMES, GOALS & OBJECTIVES

NHFMC PGY2 Critical Care pharmacy residency program strives to maintain all required ASHP PGY2 Pharmacy Residency Program Standards. The ASHP PGY2 Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) Critical Care Pharmacy Residencies is linked below for reference: [PGY2 Critical Care Pharmacy Residency Requirements](#)

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

The NHFMC PGY2 Critical Care Residency allows the resident flexibility to request longer or shorter rotations (2 to 12 weeks) to tailor the learning experiences and provide the best experience for the resident.

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation - Novant Health and Pharmacy Department orientation is scheduled as the first rotation in July. Because rotation lengths vary, a tentative schedule of the year will be discussed and developed during the orientation process</li> <li>• Cardiac ICU - 24-bed unit with Heart Failure Certification</li> <li>• Emergency Medicine - 91-bed emergency department</li> <li>• Medical/Surgical ICU - 30-bed ICU with 24-hour intensivist service</li> <li>• Neurology ICU - 20-bed unit in a Certified Comprehensive Stroke Center</li> </ul>

Elective Rotations
<ul style="list-style-type: none"> <li>• Cardiothoracic Surgery - 18-bed unit, experience in advanced hemodynamic monitoring and mechanical circulatory support</li> <li>• Neonatal ICU – 56-bed, level 3 unit with academic rounding team</li> <li>• Clinical Pharmacy Management - including regional and system opportunities</li> <li>• Drug Information/Toxicology (offsite, through a relationship with an external health system)</li> <li>• Infectious Diseases - including corporate antimicrobial stewardship opportunities</li> <li>• Pediatric ICU (offsite at a Novant Health hospital)</li> <li>• Trauma (offsite, through a relationship with Novant Health New Hanover Regional Medical Center)</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Code Blue Response - Attend all codes while in-house and assist in precepting PGY1 residents during code response in the 2<sup>nd</sup> half of the residency</li> <li>• MUE- A medication use evaluation will be completed during the residency year</li> <li>• Project - Research and clinical improvement initiatives</li> <li>• Research &amp; Professional Development Series (if not achieved during PGY1)</li> <li>• Seminar - Multiple presentation opportunities both internally and at regional or national meetings</li> </ul>
Service Leadership
<ul style="list-style-type: none"> <li>• Staff weekend consult service as clinical specialist every third weekend. Residents granted one comp day for each weekend worked. No additional on-call component</li> <li>• Serve as the Chief Resident (or co-chief resident) for the FMC PGY1 residency class</li> </ul>

## Novant Health Forsyth Medical Center PGY2 Critical Care Residency Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

Residents must progress over the course of the year to be more efficient, effective, and able to work independently in providing direct patient care as assessed by the RPD and preceptors in formal and verbal evaluations.

To receive a certificate for completion of the NHFMC PGY2 Critical Care Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Completion of a resident selected longitudinal project including manuscript and required poster and oral presentation.</li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentation to pharmacists or other healthcare professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Completion of a Medication Use Evaluation (MUE).</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>Appendix requirements as stated in the PGY2 Critical Care Competency Areas, Goals, and Objectives <a href="#">PGY2 Critical Care Pharmacy Residency Requirements</a></li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY2 Critical Care CAGO guidance: <ul style="list-style-type: none"> <li>R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for critically ill patients.</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of critically ill patients, including proposals for medication-safety technology improvements.</li> <li>○ R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project for the care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy</li> <li>○ R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication related to care for critically ill patients or for a topic related to advancing the pharmacy profession or critical care pharmacy at a local, regional, or national conference.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly (including Topic List in PGY2 Critical Care CAGOs) and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		



## Forsyth Medical Center PGY2 Infectious Diseases Residency Program

### RESIDENCY PURPOSE STATEMENT

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 OUTCOMES, GOALS & OBJECTIVES

NHFMC PGY2 ID Pharmacy Residency Program strives to maintain all required ASHP PGY2 Pharmacy Residency Program Standards. The ASHP PGY2 Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) Infectious Diseases Pharmacy Residencies is linked below for reference: [PGY2 Infectious Diseases Pharmacy Residency Requirements](#)

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required NHFMC PGY2 ID rotations are 4-6 weeks in length, except as specified in the table below. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation to Infectious Diseases and Antimicrobial Stewardship</li> <li>• Antimicrobial Stewardship – Community Focused</li> <li>• Antimicrobial Stewardship – Tertiary Care</li> <li>• Infectious Diseases, Consult Service</li> <li>• Infectious Diseases in Critical Care</li> <li>• Infectious Diseases in Immunocompromised Populations</li> <li>• Pharmacy Administration/Pharmacoeconomics</li> </ul>

Elective Rotations
<ul style="list-style-type: none"> <li>• Antimicrobial Stewardship – Elective</li> <li>• Infectious Diseases Consult II</li> <li>• Infectious Diseases in the Emergency Department</li> <li>• Pediatric Infectious Diseases Consult (Charlotte)</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Infectious Diseases Clinic (biweekly)</li> <li>• Infectious Diseases Research and Medication Use Evaluation</li> <li>• Infectious Diseases Seminar</li> <li>• Microbiology (biweekly)</li> <li>• Research &amp; Professional Development Series (if not achieved during PGY1)</li> <li>• Service Leadership - Antimicrobial Stewardship clinical staffing approximately every third weekend. Duties include clinical program support (antimicrobial stewardship, culture review, etc.), order verification, and other responsibilities as needed. No additional on-call component.</li> </ul>

\*Prerequisites: “Antimicrobial Stewardship - Tertiary Care” should be completed prior to other Infectious Diseases Consult or Antimicrobial Stewardship Rotations

## INFECTIOUS DISEASES SEMINAR

The PGY2 Infectious Diseases residents are required to attend infectious diseases seminar via conference call and webinar. The other Novant Health residents, pharmacy students, preceptors, and Infectious Diseases providers will be invited to attend (optional). Each resident will present approximately four times per year. Presentations may include disease-state focused topics and/or patient cases and should incorporate consensus guidelines and primary literature. Residents may switch among each other or with an Infectious Diseases preceptor if scheduling conflicts arise. Review of the presentation may be required prior to scheduled seminar to provide additional guidance if needed. The seminar preceptor will collect evaluations from other preceptors and residents and discuss performance with each resident. Formal written evaluation for seminar will be documented in PharmAcademic.

## Novant Health Forsyth Medical Center PGY2 Infectious Diseases Residency Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health Forsyth Medical Center PGY2 Infectious Diseases Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned MUE (Medication Use Evaluation).</li> </ul>		
<ul style="list-style-type: none"> <li>Resident selected longitudinal project including abstract, manuscript, required poster and oral presentation.</li> </ul>		
<ul style="list-style-type: none"> <li>Administration/practice management assigned project.</li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentations to pharmacists or other health care professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Appendix requirements as stated in the PGY2 Infectious Diseases Competency Areas, Goals, and Objectives <a href="#">PGY2 Infectious Diseases Pharmacy Residency Competency Areas Goals Objectives April 2017</a></li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY2 Infectious Diseases CAGO guidance: <ul style="list-style-type: none"> <li>R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for infectious diseases patients.</li> <li>R2.1.1: (Creating) Prepare or revise a drug class</li> </ul> </li> </ul>		

<p>review or monograph, and treatment guideline or protocol related to care of infectious diseases patients.</p> <ul style="list-style-type: none"> <li>○ R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.</li> <li>○ R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy at a local, regional, or national conference.</li> <li>○ R2.3.2: (Creating) Contribute to the activities of the P&amp;T committee, specifically the anti-infective subcommittee, when applicable.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## Forsyth Medical Center PGY1/PGY2 Health System Pharmacy Administration and Leadership (HSPAL) with Master of Science Residency Program

### **RESIDENCY PURPOSE STATEMENT**

PGY1 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 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 OUTCOMES, GOALS & OBJECTIVES**

Novant Health HSPAL Residency Program strives to maintain all required ASHP PGY1 Pharmacy Residency and PGY2 Pharmacy Administration Program Standards.

The ASHP required Competency Areas, Goals, and Objectives (CAGOs) for postgraduate year one (PGY1) residencies is linked below for reference: [PGY1 Competency Areas Guidance Document](#)

The ASHP required Competency Areas, Goals, and Objectives for postgraduate year two (PGY2) Health-System Pharmacy Administration residencies is linked below for reference:

[PGY2 Health-System Pharmacy Administration and Leadership Residency Requirements](#)

## REQUIRED AND ELECTIVE LEARNING EXPERIENCES

### PGY1 ROTATION STRUCTURE

PGY1 learning opportunities follow our Novant Health Forsyth Medical Center PGY1 Pharmacy Residency Program Requirements. See Novant Health Forsyth Medical Center PGY1 Pharmacy residency description for rotation structure and requirements for successful completion.

### PGY2 ROTATION STRUCTURE

Required NHFMC PGY2 HSPAL Residency rotations are 6 weeks in length, unless otherwise specified. Elective rotations are 4 weeks in length. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

HSPAL residents must complete the MS program to obtain a residency program certificate of completion. If a resident does not complete the residency program, they may elect to continue their MS program curriculum, at their own expense.

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation (2 weeks)</li> <li>• Clinical Leadership and Formulary Management*</li> <li>• Executive Leadership*</li> <li>• Facility Operations (4 weeks)</li> <li>• Medication Safety, Quality and Technology*</li> <li>• Pharmacy Business &amp; Finance</li> <li>• Supply Chain/Automation/Informatics*</li> <li>• System Operations</li> </ul>
Elective Rotations – Select two
<ul style="list-style-type: none"> <li>• Ambulatory Care Pharmacy</li> <li>• Infusion Pharmacy</li> <li>• Oncology Pharmacy</li> <li>• Pharmacy Educational Programs</li> <li>• Population Health/PBM</li> <li>• Specialty/Retail Pharmacy</li> </ul>

### Longitudinal Rotations

- Area of Management
- CE Presentation (12 weeks)
- Leadership Development\*
- MS/Research Project
- Service Leadership – staff every fourth weekend, includes manager on-call responsibility. Residents granted one comp day for each weekend worked. Administrator on-call every 12-weeks for 7 days continuously.

\*Indicates rotation experiences that may require travel



## Novant Health Forsyth Medical Center PGY2 Health-System Pharmacy Administration and Leadership (HSPAL) with Master of Science Residency Program Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health Forsyth Medical Center Health-System Pharmacy Administration and Leadership Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Resident selected longitudinal project including abstract, manuscript, required poster and podium presentations.</li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentation to pharmacists or other health care professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY2 Health-System Pharmacy Administration and Leadership CAGO guidance: <ul style="list-style-type: none"> <li>R1.4.3: (Creating) Based on assessment of the pharmacy's medication use systems, contribute any needed recommendations for improvement.</li> <li>R1.5.2: (Creating) Design and implement an improvement related to the use of information technology and automated systems.</li> <li>R2.2.3: (Creating) Participate in the development or revision of the pharmacy's quality improvement plan or policy.</li> <li>R3.4.3: (Creating) Design and implement a cost reduction or inventory management initiative.</li> <li>R4.2.1: (Creating) Use knowledge of the organization's customary practice to write or revise a job description for a pharmacy position.</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ R4.3.2: (Creating) Compose and deliver an employee's performance appraisal.</li> <li>○ R5.1.1: (Creating) Create a professional development plan with the goal of improving the quality of one's own performance through self-assessment and personal change.</li> <li>○ R5.3.2: (Creating) Contribute to the development of a business plan for a new or enhanced pharmacy service or program.</li> <li>○ R5.4.1: (Creating) Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's medication-use process.</li> <li>○ R5.5.2: (Creating) Develop a plan or research protocol for a practice quality improvement, healthcare pharmacy administration topics, or related topics for advancing the pharmacy profession.</li> <li>○ R5.5.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference (the presentation may be virtual).</li> </ul>		
<ul style="list-style-type: none"> <li>• Complete master's degree.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## Forsyth Medical Center PGY2 Emergency Medicine Residency Program

### RESIDENCY PURPOSE STATEMENT

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 certifications in the advanced practice areas, if available.

### RESIDENCY OUTCOMES, GOALS, AND OBJECTIVES

Each of the goals must be evaluated at least once during the resident's year. The ASHP PGY2 Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) Pharmacy Residencies is linked below for reference:

[PGY2 Emergency Medicine Pharmacy Residency Requirements](#)

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required NHFMC PGY2 Emergency Medicine Pharmacy Residency rotations are 4-6 weeks in length, unless otherwise specified. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE). Residents are permitted a minimum of two elective rotation during the residency year.

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation</li> <li>• Adult Emergency Medicine I (8 weeks)</li> <li>• Adult Emergency Medicine II</li> <li>• Adult Emergency Medicine III</li> <li>• Community Emergency Medicine (offsite)</li> <li>• Emergency Medicine Precepting</li> <li>• Pre-Hospital Care</li> <li>• Selective Critical Care (medical, cardiac, CT surgery or neuro)</li> </ul>

### Elective Rotations

Required rotations can be completed as elective rotations once requirements have been met

- Advanced Surgery
- Cardiothoracic Surgery
- Medical ICU
- Cardiac ICU
- Neonatal ICU
- Infectious Diseases
- Clinical Pharmacy Management
- Neurological ICU
- Toxicology (offsite)
- Trauma (offsite)

### Longitudinal Rotations

- Continuing Education (3 months)
- Editorial responsibility for the Emergency Medicine/Critical Care pharmacy newsletter
- EM Toxicology Topics (virtual)
- Medication Use Evaluation
- Pre-hospital Care (EMS)
- Research Project (flipped model)
- Resident Seminar
- Service Commitment - Emergency department staffing every third weekend. Residents granted one comp day for each weekend worked. No additional on-call component.

## Novant Health Forsyth Medical Center PGY2 Emergency Medicine Residency Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

To receive a certificate for completion of the Novant Health Forsyth Medical Center PGY2 Emergency Medicine Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Assigned Medication Use Evaluation (MUE).</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>Resident selected longitudinal project including manuscript and required poster and oral presentation.</li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentation to pharmacists and/or other healthcare professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Appendix requirements as stated in the PGY2 Emergency Medicine Competency Areas, Goals, and Objectives <a href="#">PGY2-Emergency-Medicine-CAGO-COC-BOD-Approved-2018</a></li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY2 Emergency Medicine CAGO guidance: <ul style="list-style-type: none"> <li>R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</li> <li>R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol.</li> <li>R2.2.2: (Creating) Develop a plan or protocol for the project.</li> <li>R2.2.6: (Creating) Effectively develop and present, orally</li> </ul> </li> </ul>		

<p>and in writing, a final project or research report suitable for publication at a local, regional, or national conference.</p> <ul style="list-style-type: none"> <li>○ R6.2.3: (Creating) Prioritize and specify appropriate pharmacologic and supportive measures for the management of a patients in need of toxicologic intervention.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements (including Topic List in PGY2 EM CAGOs) with each resident quarterly and the information provided to the resident will be documented in their quarterly evaluation.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## Forsyth Medical Center PGY2 Oncology Residency Program

### RESIDENCY PURPOSE STATEMENT

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 certifications in the advanced practice areas, if available.

### OVERVIEW

NHFMC PGY2 Oncology Pharmacy Residency Program is an ASHP-accredited, post-graduate year two program with a required minimum of 52 weeks practice experience. The primary focus of the PGY2 program is to develop specialized oncology practitioners with an advanced degree of proficiency and expertise in working with interdisciplinary teams to deliver pharmaceutical care. The program is designed to provide focused training in the core aspects of oncology. Graduates of this program will be prepared to practice as a Clinical Specialist in Oncology, guide clinical outcomes research and provide effective education in the clinical and academic setting.

Pharmacy residents in the NHFMC PGY2 Oncology Program have opportunities to customize learning experiences to individual career goals. The resident receives a significant amount of hands-on experience within the pharmacy department and the facility as well as participation in committees and teams. Residents develop teaching skills through opportunities to teach and train PGY1 pharmacy residents, pharmacy students, pharmacy technicians, and other health care professionals outside of the pharmacy department.

### RESIDENCY OUTCOMES, GOALS & OBJECTIVES

NHFMC PGY2 Oncology Pharmacy Residency Program strives to maintain all required ASHP PGY2 Pharmacy Residency Program Standards. The ASHP PGY2 Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) Pharmacy Residencies is linked below for reference: [PGY2 Oncology Pharmacy Residency Requirements](#)



## REQUIRED AND ELECTIVE LEARNING EXPERIENCES

NHFMC PGY2 oncology rotations are four weeks (one month) in length as specified in the table below. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

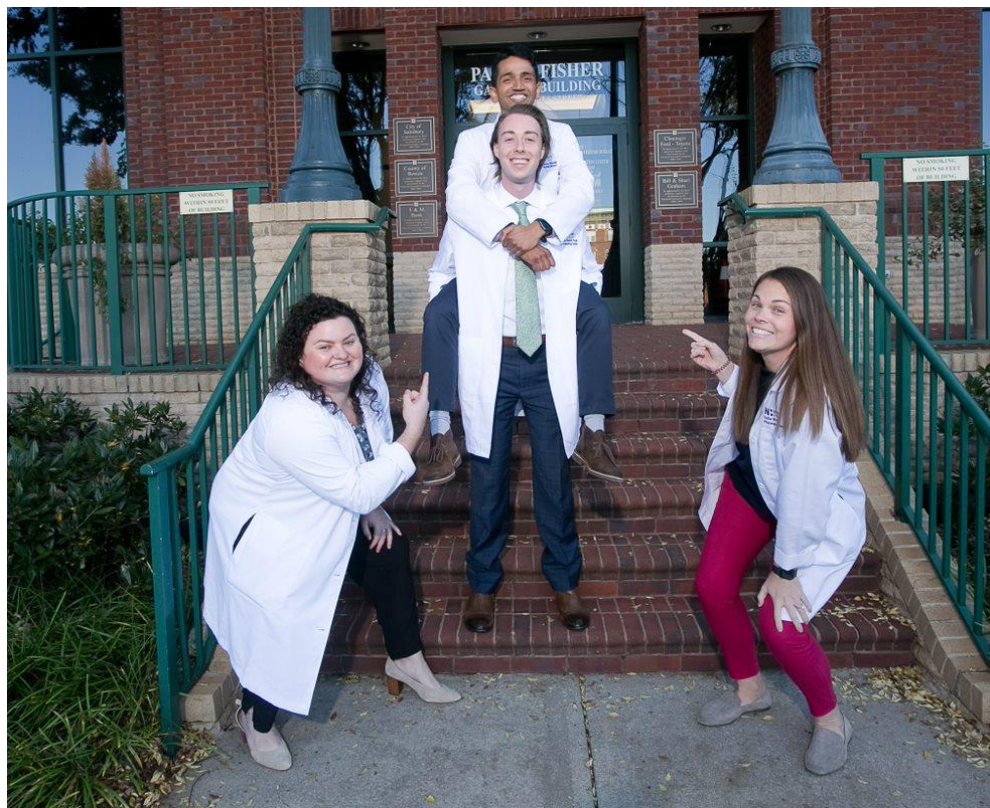
Required Rotations
<ul style="list-style-type: none"> <li>• Orientation (July)</li> <li>• Inpatient I</li> <li>• Inpatient II</li> <li>• Investigational Drug Services</li> <li>• Medical Oncology I</li> <li>• Medical Oncology II</li> <li>• Medical Oncology III</li> <li>• Outpatient Hematology</li> <li>• Research Project Month (December)</li> </ul>
Elective Rotations
<ul style="list-style-type: none"> <li>• Gynecologic Oncology</li> <li>• Infectious Diseases</li> <li>• Oncology Administration</li> <li>• Oncology Satellite Operations*</li> <li>• Pediatric Hematology/Oncology*</li> <li>• Transplant and Cellular Therapy**</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Acute Care Clinical Operations (acute care inpatient staffing one weekday every month, and every 3<sup>rd</sup> weekend). No additional on-call component.</li> <li>• Medication Use Evaluation</li> <li>• Oncology Forum</li> <li>• Practice Management</li> <li>• Research</li> <li>• Research &amp; Professional Development Series (if not achieved during PGY1)</li> </ul>

\*Offsite for NHFMC residents

\*\*Reserved for the second half of the residency year; Pre-requisite: Outpatient Hematology

## ONCOLOGY FORUM

Oncology Forum is a longitudinal experience that helps the resident develop in depth knowledge about various malignancies/disease sites throughout the residency year. A resident will be assigned a topic per week. The residents who are not presenting during the assigned week will be expected to prepare for the topic so they can participate in the question/answer session post forum and participate in any further discussions that may occur. Residents are required to present a PowerPoint presentation on certain topics related to disease sites/malignancies and oncology supportive care. Other topics will be reviewed through in-depth topic discussions led by the assigned resident with support from preceptors who are subject matter experts. All forum presentations/discussions must include primary literature. Prepared topics will be emailed to invited attendants (oncology pharmacists and advanced care practitioners) the day of the presentation along with a meeting link for attendances to join virtually. Additionally, case series will be incorporated into the Oncology Forum schedule throughout the year with a focus on 4 to 5 past topics to ensure appropriate knowledge and retention of past forums. Case series are questions created by the preceptor team and reviewed and discussed during forum time with all residents.



## Novant Health Forsyth Medical Center PGY2 Oncology Residency Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health Forsyth Medical Center PGY2 Oncology Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned MUE (Medication Use Evaluation).</li> </ul>		
<ul style="list-style-type: none"> <li>Two 1-hour ACPE/CME accredited continuing education presentations to pharmacists and/or other healthcare professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Resident completed longitudinal project including abstract, manuscript, required poster and oral presentation. <ul style="list-style-type: none"> <li>Poster presentation</li> <li>Oral presentation</li> <li>Completed manuscript</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Demonstrate understanding of required disease states, supportive care issues, chemotherapy and medications/non-medication therapy used for supportive care in the oncology patient as required by ASHP and have experience managing patients with the required diseases and conditions in the appendix to <a href="#">PGY2-Oncology-CAGO-March2019-COC-Approved-2019</a></li> </ul>		

<ul style="list-style-type: none"> <li>• Upload deliverables for the below objectives to PharmAcademic per ASHP PGY2 Oncology CAGO guidance:             <ul style="list-style-type: none"> <li>○ R.1.1.5 (Creating): Design or redesign safe and effective patient-centered therapeutic chemotherapy and supportive care regimens and monitoring plans (care plans) for oncology patients.</li> <li>○ R2.1.1 (Creating): Prepare or revise a drug class review, monograph, treatment guideline, policy or protocol related to care of oncology patients.</li> <li>○ R2.2.2 (Creating): Develop a plan or research protocol for a practice quality improvement or research project for the care of oncology patients or a topic for advancing the pharmacy profession or oncology pharmacy.</li> <li>○ R2.2.6 (Creating): effectively develop and present, orally and in writing a final project report suitable for publication related to care for oncology patients or for a topic for advancing the pharmacy profession or oncology pharmacy at a local, regional or national conference. (The presentation can be virtual).</li> <li>○ R5.1.2 (Creating): Prepare and implement investigational medication sheets or documents and order templates for an assigned clinical research study.</li> </ul> </li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements (including Topic List in PGY2 Oncology CAGOs) with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## Forsyth Medical Center PGY1 Residency Program (Ambulatory Care Setting)

The home site for this NHFMC PGY1 Program is in Winston-Salem, NC. The program occurs primarily in the ambulatory care setting and offers learning experiences within NHFMC, Novant Health Medical Group (NHMG), (which includes provider-based clinics), and Medication Management services. In addition, the program offers academia experiences in conjunction with local universities.

### RESIDENCY PURPOSE STATEMENT

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.

### OVERVIEW

The Pharmacy Residency Program consists of 52 weeks of training with learning experiences in a variety of care settings, with a focus on ambulatory care. The residency program reflects the current dynamic atmosphere of healthcare including a focus on quality, outcomes, and cost efficiency. It promotes experiences with direct patient care, interdisciplinary collaboration, project management, teaching, and development of oral and written communication skills. The variety of practice settings, along with residency activities, helps residents to be well rounded and prepared to apply for positions suited to their interests.

### RESIDENCY OUTCOMES, GOALS & OBJECTIVES

The goals of the NHFMC PGY1 Pharmacy Residency Program are based upon the ASHP Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year One (PGY1) Pharmacy Residencies effective July 2024. The required goals reflect the primary focus of our program and the experience it provides. The ASHP PGY1 Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies is linked below for reference:

[PGY1 Competency Areas Guidance Document](#)

## REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Most rotations are 5 weeks in length except for primary care (6 weeks each) and electives (4-5 weeks). All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation</li> <li>• Acute Care</li> <li>• Administration</li> <li>• Primary Care (3 locations)</li> <li>• Virtual Pharmacy Services</li> </ul>
Elective Rotations
<ul style="list-style-type: none"> <li>• Academia</li> <li>• Advanced Administration</li> <li>• Heart Failure Clinic</li> <li>• Opioid Stewardship/Pain Management</li> <li>• Specialty Pharmacy Clinical (i.e., Rheumatology, Neurology, Dermatology)</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Clinical Forum</li> <li>• Drug Information</li> <li>• Medication Safety (Event Review and Leapfrog Medication Reconciliation Audit)</li> <li>• Medication Use Evaluation (MUE)</li> <li>• Research Project</li> <li>• Research &amp; Professional Development Series</li> <li>• Service Commitment/Staffing – 1 day (8-hour shift) per week. No additional on-call component.</li> </ul>

### ***Rotational Requirements by ASHP:***

- No more than 1/3 of 52 weeks may focus on a specific patient disease state or population (pediatrics, oncology, cardiology, critical care, etc.)
- 2/3 or more of all rotations must be spent in direct patient care activities

## **CLINICAL FORUM**

Clinical Forum is scheduled twice a month during the lunch hour. PGY1 (ambulatory care setting) pharmacy residents and PGY2 ambulatory care pharmacy residents use this time to provide virtual presentations to learners, preceptors, and pharmacists. PGY1 resident presentations include journal clubs, case presentations, and therapeutic topic discussions, and may also include each resident's CE, research, and MUE presentation. The rotation preceptor and assigned clinical expert(s) provide guidance to residents and review presentations prior to delivery. Residents receive immediate feedback from the rotation preceptor and clinical expert following the presentation. PGY2 ambulatory care pharmacy residents serve as a clinical expert for PGY1 residents (ambulatory care setting) during the second half of the residency year.



## Novant Health Forsyth Medical Center PGY1 Residency Completion and Certification (Ambulatory Care Setting)

PGY1 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health Forsyth Medical Center PGY1 Residency Program (Ambulatory Care Setting), residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>85% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 15% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Residency Project, consisting of an abstract, poster, or podium presentation, and final manuscript.</li> </ul>		
<ul style="list-style-type: none"> <li>Minimum of two drug information responses.</li> </ul>		
<ul style="list-style-type: none"> <li>One ACPE/CME (or other professional accreditation) presented to the pharmacy staff or medical professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned MUE (Medication Use Evaluation), consisting of an abstract, poster and final report.</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY1 CAGO guidance: <ul style="list-style-type: none"> <li>R1.1.3 (Creating) Develop evidence based, cost-effective and comprehensive patient-centered care plans.</li> <li>R.1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes and modify care plans.</li> <li>R.1.4.2 (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.</li> <li>R.2.1.2 (Creating) Develop a project plan.</li> <li>R2.1.6 (Creating) Develop and present a final report.</li> <li>R4.1.1 (Creating) Construct educational activities for target audience.</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ R.4.1.2 (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</li> <li>○ R.4.1.3 (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

# Novant Health Rowan Medical Center

Novant Health Rowan Medical Center (NHRMC) is a not-for-profit, 268 bed facility offering a wide range of services including 24-hour emergency services, a maternity center, and surgical services including orthopedics, cancer care, cardiology, rehabilitation, and other specialty care such as behavioral health and neurology. NHRMC is part of Novant Health, a multiple hospital system that spans across the Carolinas. NHRMC is “A” Rated for Safety (2022) and earned the Quality Gold Plus achievement award by the American Heart Association (2022).

## Rowan Medical Center PGY1 Residency Program

### **RESIDENCY PURPOSE STATEMENT**

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.

### **RESIDENCY OUTCOMES, GOALS, AND OBJECTIVES**

The goals of the NHRMC PGY1 Pharmacy Residency Program are based upon the ASHP Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year One (PGY1) Pharmacy Residencies effective July 2024. The required goals reflect the primary focus of our program and the experience it provides. The ASHP PGY1 Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies is linked below for reference:

[PGY1 Competency Areas Guidance Document](#)

## REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Rotation selection will be submitted to the RPD by July 1<sup>st</sup>. NHRMC rotations are four to five weeks (primarily) in length. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation</li> <li>• Administration/Practice Management</li> <li>• Clinical Operations</li> <li>• Critical Care</li> <li>• Emergency Medicine</li> <li>• Infectious Diseases</li> <li>• Internal Medicine (Medical/Surgical or Cardiology focus)</li> </ul>
Elective Rotations
<ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• Critical Care II</li> <li>• Emergency Medicine II</li> <li>• Internal Medicine (Medical/Surgical or Cardiology Focus)</li> <li>• Pharmacoeconomic Outcomes and Research</li> <li>• Transitions of Care</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Drug Monograph/Drug Class Review</li> <li>• Medication Safety (Event Review and Leapfrog Medication Reconciliation Audit)</li> <li>• Medication Use Evaluation</li> <li>• Research &amp; Professional Development Series</li> <li>• Research Project</li> <li>• Seminar &amp; CE</li> <li>• Service Leadership/Staffing – every other weekend. Residents granted one comp day for each weekend worked.</li> </ul>

Other elective learning experiences may be developed based on resident interest and preceptor availability

### ***Rotational Requirements by ASHP:***

- No more than 1/3 of 52 weeks may focus on a specific patient disease state or population (pediatrics, oncology, cardiology, critical care, etc.)
- 2/3 or more of all rotations must be spent in direct patient care activities

## Novant Health Rowan Medical Center PGY1 Residency Completion and Certification

PGY1 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### PURPOSE

To receive a certificate of completion of the Novant Health Rowan Medical Center PGY1 Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>85% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 15% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Residency Project, consisting of an abstract, poster, or podium presentation, and final manuscript.</li> </ul>		
<ul style="list-style-type: none"> <li>Administrative projects.</li> </ul>		
<ul style="list-style-type: none"> <li>One ACPE/CME (or other professional accreditation) lecture to be presented to the pharmacy staff or medical professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned MUE (Medication Use Evaluation), consisting of an abstract and poster of final results.</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY1 CAGO guidance: <ul style="list-style-type: none"> <li>R1.1.3 (Creating) Develop evidence based, cost-effective and comprehensive patient-centered care plans.</li> <li>R.1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes and modify care plans.</li> <li>R.1.4.2 (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.</li> <li>R.2.1.2 (Creating) Develop a project plan.</li> <li>R2.1.6 (Creating) Develop and present a final report.</li> <li>R4.1.1 (Creating) Construct educational activities for target audience.</li> <li>R.4.1.2 (Creating) Create written communication to disseminate knowledge related to specific content,</li> </ul> </li> </ul>		

<p>medication therapy, and/or practice area.</p> <ul style="list-style-type: none"> <li>○ R.4.1.3 (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## Novant Health Presbyterian Medical Center

Novant Health Presbyterian Medical Center (NHPMC) is an urban, not-for-profit, 622-bed community hospital that opened in 1903 and includes a separate pediatric hospital within its walls, Novant Health Hemby Children's Hospital. NHPMC is a Level 2 Trauma center providing emergency services, including pediatric emergency care, maternity care, neonatal intensive care for infants, as well as other specialized care to patients with cancer and heart disease.

Centers of excellence include the Heart & Vascular Institute, Cancer Institute, Women's Institute, Stroke & Neurosciences Institute, Rehabilitation Center, and Behavioral Health.



## Presbyterian Medical Center PGY1 Residency Program

### RESIDENCY PURPOSE STATEMENT

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.

### RESIDENCY OUTCOMES, GOALS & OBJECTIVES

The goals of the NHPMC PGY1 Pharmacy Residency Program are based upon the ASHP Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year One (PGY1) Pharmacy Residencies effective July 2024. The required goals reflect the primary focus of our program and the experience it provides. The ASHP PGY1 Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies is linked below for reference:

[PGY1 Competency Areas Guidance Document](#)

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required PGY1 rotations are one calendar month in length, except as specified in the table below. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation</li> <li>• Administration/Management</li> <li>• Cardiology</li> <li>• Critical Care (2)</li> <li>• Infectious Diseases</li> <li>• Internal Medicine (2)</li> </ul>



Elective Rotations
<ul style="list-style-type: none"> <li>• Adult Inpatient Hematology/Oncology</li> <li>• Ambulatory Care</li> <li>• Behavioral Health</li> <li>• Cardiology Critical Care</li> <li>• Emergency Medicine</li> <li>• Intermediate Care</li> <li>• Investigational Drug Services</li> <li>• Medical/Surgical Critical Care</li> <li>• Medication Safety</li> <li>• Neurology/ Neurocritical Care</li> <li>• Pediatric Outpatient Hematology-Oncology*</li> <li>• Pediatrics</li> <li>• Transitions of Care</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Code Response</li> <li>• Continuing Education (CE) Presentation</li> <li>• Drug Monograph/Drug Class Review</li> <li>• Medication Safety (Event Review and Leapfrog Medication Reconciliation Audit)</li> <li>• Medication Use Evaluation</li> <li>• Research &amp; Professional Development Series</li> <li>• Research Project</li> <li>• Seminar</li> <li>• Service Leadership – Every third weekend staffing first shift serving as the order verification or distribution pharmacist, in addition to one evening staffing shift (4 hrs) per week with a focus on transition of care but may also assist with order verification or distribution duties as needed. Residents granted one comp day for each weekend worked. No additional on-call component.</li> </ul>

\*Prerequisite Pediatrics rotation required before taking this rotation

### ***Rotational Requirements by ASHP:***

- No more than 1/3 of 52 weeks may focus on a specific patient disease state or population (pediatrics, oncology, cardiology, critical care, etc.)
- 2/3 or more of all rotations must be spent in direct patient care activities

## Novant Health Presbyterian Medical Center PGY1 Residency Completion and Certification

PGY1 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health Presbyterian Medical Center Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>85% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 15% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Assigned MUE (Medication Use Evaluation), consisting of an abstract and poster of final results.</li> </ul>		
<ul style="list-style-type: none"> <li>Residency Project, consisting of an abstract, poster, or podium presentation, and final manuscript.</li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentation to pharmacists or other health care professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY1 CAGO guidance: <ul style="list-style-type: none"> <li>R1.1.3 (Creating) Develop evidence based, cost-effective and comprehensive patient-centered care plans.</li> <li>R.1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes and modify care plans.</li> <li>R.1.4.2 (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.</li> <li>R.2.1.2 (Creating) Develop a project plan.</li> <li>R2.1.6 (Creating) Develop and present a final report.</li> <li>R4.1.1 (Creating) Construct educational activities for target audience.</li> <li>R.4.1.2 (Creating) Create written communication to disseminate knowledge related to specific content,</li> </ul> </li> </ul>		

<p>medication therapy, and/or practice area.</p> <ul style="list-style-type: none"> <li>○ R.4.1.3 (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## Presbyterian Medical Center PGY2 Infectious Diseases Residency Program

### RESIDENCY PURPOSE STATEMENT

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 certifications in the advanced practice areas, if available.

### RESIDENCY OUTCOMES, GOALS & OBJECTIVES

NHPMC PGY2 ID Pharmacy Residency Program strives to maintain all required ASHP PGY2 Pharmacy Residency Program Standards. The ASHP PGY2 Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) Infectious Diseases Pharmacy Residencies is linked below for reference: [PGY2 Infectious Diseases Pharmacy Residency Requirements](#)

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required NHPMC PGY2 ID rotations are 4-6 weeks in length, except as specified in the table below. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation to Infectious Diseases and Antimicrobial Stewardship</li> <li>• Antimicrobial Stewardship – Community Focused</li> <li>• Antimicrobial Stewardship - Tertiary Care</li> <li>• Infectious Diseases, Consult Service</li> <li>• Infectious Diseases in Critical Care</li> <li>• Infectious Diseases in Immunocompromised Populations</li> <li>• Pharmacy Administration/Pharmacoeconomics</li> </ul>

Elective Rotations
<ul style="list-style-type: none"> <li>• Antimicrobial Stewardship – Elective</li> <li>• Infectious Diseases Consult II</li> <li>• Infectious Diseases in Critical Care</li> <li>• Pediatric Infectious Diseases Consult</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Infectious Diseases/Antimicrobial Stewardship Committees and Service Commitment</li> <li>• Infectious Diseases Clinic (biweekly)</li> <li>• Infectious Diseases Research and Medication Use Evaluation</li> <li>• Infectious Diseases Seminar (biweekly)</li> <li>• Microbiology (biweekly)</li> <li>• Research &amp; Professional Development Series (if not achieved during PGY1)</li> <li>• Service Leadership - Antimicrobial Stewardship clinical staffing approximately every third weekend. Duties include clinical program support (antimicrobial stewardship, culture review, etc.), order verification, and other responsibilities as needed. No additional on-call component.</li> </ul>

*\*Prerequisites: “Antimicrobial Stewardship - Tertiary Care” should be completed prior to other Infectious Diseases Consult or Antimicrobial Stewardship Rotations*

## INFECTIOUS DISEASES SEMINAR

The PGY2 Infectious Diseases residents are required to attend infectious diseases seminar via conference call and webinar. The other Novant Health residents, pharmacy students, preceptors, and Infectious Diseases providers will be invited to attend (optional). Each resident will present approximately four times per year. Presentations may include disease-state focused topics and/or patient cases and should incorporate consensus guidelines and primary literature. Residents may switch among each other or with an Infectious Diseases preceptor if scheduling conflicts arise. Review of the presentation may be required prior to scheduled seminar to provide additional guidance if needed. The seminar preceptor will collect evaluations from other preceptors and residents and discuss performance with each resident. Formal written evaluation for seminar will be documented in PharmAcademic.

## Novant Health Presbyterian Medical Center PGY2 Infectious Diseases Residency Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health Presbyterian Medical Center PGY2 Infectious Diseases Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned MUE (Medication Use Evaluation)</li> </ul>		
<ul style="list-style-type: none"> <li>Resident selected longitudinal project including abstract, manuscript, required poster and oral presentation.</li> </ul>		
<ul style="list-style-type: none"> <li>Administration/practice management assigned project.</li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentations to pharmacists or other health care professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Appendix requirements as stated in the PGY2 Infectious Diseases Competency Areas, Goals, and Objectives <a href="#">PGY2 Infectious Diseases Pharmacy Residency Competency Areas Goals Objectives April 2017</a></li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY2 Infectious Diseases CAGO guidance: <ul style="list-style-type: none"> <li>R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for infectious diseases patients.</li> <li>R2.1.1: (Creating) Prepare or revise a drug class review or monograph, and treatment guideline or protocol related to care of infectious diseases</li> </ul> </li> </ul>		

<p>patients.</p> <ul style="list-style-type: none"> <li>○ R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.</li> <li>○ R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy at a local, regional, or national conference.</li> <li>○ R2.3.2: (Creating) Contribute to the activities of the P&amp;T committee, specifically the anti-infective subcommittee, when applicable.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## Presbyterian Medical Center PGY1/PGY2 Health System Pharmacy Administration and Leadership (HSPAL) with Master of Science Residency Program

### RESIDENCY PURPOSE STATEMENT

PGY1 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 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 OUTCOMES, GOALS & OBJECTIVES

Novant Health HSPAL Residency Program strives to maintain all required ASHP PGY1 Pharmacy Residency and PGY2 Pharmacy Administration Program Standards.

The ASHP required Competency Areas, Goals, and Objectives (CAGOs) for postgraduate year one (PGY1) residencies is linked below for reference: [PGY1 Competency Areas Guidance Document](#)

The ASHP required Competency Areas, Goals, and Objectives (CAGOs) for postgraduate year two (PGY2) Health-System Pharmacy Administration residencies is linked below for reference:

[PGY2 Health-System Pharmacy Administration and Leadership Residency Requirements](#)



## REQUIRED AND ELECTIVE LEARNING EXPERIENCES

### PGY1 ROTATION STRUCTURE

PGY1 learning opportunities follow our Novant Health Presbyterian Medical Center PGY1 Pharmacy Residency Program Requirements. See Novant Health Presbyterian Medical Center PGY1 Pharmacy residency description for rotation structure and requirements for successful completion.

### PGY2 ROTATION STRUCTURE

Required NHPMC PGY2 HSPAL Residency rotations are 6 weeks in length, unless otherwise specified. Elective rotations are 4 weeks in length. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

HSPAL residents must complete the MS program to obtain a residency program certificate of completion. If a resident does not complete the residency program, they may elect to continue their MS program curriculum, at their own expense.

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation (2 weeks)</li> <li>• Clinical Leadership and Formulary Management*</li> <li>• Executive Leadership/Strategic Planning*</li> <li>• Facility Operations (4 weeks)</li> <li>• Medication Safety, Quality and Technology*</li> <li>• Pharmacy Business &amp; Finance*</li> <li>• Supply Chain/Automation/Informatics*</li> <li>• System Operations</li> </ul>
Elective Rotations – Select two
<ul style="list-style-type: none"> <li>• Ambulatory Care Pharmacy</li> <li>• Infusion Pharmacy</li> <li>• Oncology Pharmacy</li> <li>• Pharmacy Educational Programs</li> <li>• Population Health/PBM</li> <li>• Specialty/Retail Pharmacy</li> </ul>

Longitudinal Rotations
<ul style="list-style-type: none"><li>• Area Management</li><li>• CE Presentation (12 weeks)</li><li>• Leadership Development*</li><li>• MS/Research Project</li><li>• Service Leadership – staff every fourth weekend, includes manager on-call responsibility. Residents granted one comp day for each weekend worked</li></ul>



\*Indicates rotation experiences that may require travel

## Novant Health Presbyterian Medical Center PGY2 Health-System Pharmacy Administration and Leadership with Master of Science Residency Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health Presbyterian Medical Center Health-System Pharmacy Administration and Leadership Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Resident selected longitudinal project including abstract, manuscript, required poster and podium presentations</li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentation to pharmacists or other health care professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY2 Health-System Pharmacy Administration and Leadership CAGO guidance: <ul style="list-style-type: none"> <li>R1.4.3: (Creating) Based on assessment of the pharmacy's medication use systems, contribute any needed recommendations for improvement.</li> <li>R1.5.2: (Creating) Design and implement an improvement related to the use of information technology and automated systems.</li> <li>R2.2.3: (Creating) Participate in the development or revision of the pharmacy's quality improvement plan or policy.</li> <li>R3.4.3: (Creating) Design and implement a cost reduction or inventory management initiative.</li> <li>R4.2.1: (Creating) Use knowledge of the organization's customary practice to write or revise a job description for a pharmacy position.</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ R4.3.2: (Creating) Compose and deliver an employee's performance appraisal.</li> <li>○ R5.1.1: (Creating) Create a professional development plan with the goal of improving the quality of one's own performance through self-assessment and personal change.</li> <li>○ R5.3.2: (Creating) Contribute to the development of a business plan for a new or enhanced pharmacy service or program.</li> <li>○ R5.4.1: (Creating) Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's medication-use process.</li> <li>○ R5.5.2: (Creating) Develop a plan or research protocol for a practice quality improvement, healthcare pharmacy administration topics, or related topics for advancing the pharmacy profession.</li> <li>○ R5.5.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference (the presentation may be virtual).</li> </ul>		
<ul style="list-style-type: none"> <li>• Complete master's degree.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## Presbyterian Medical Center PGY2 Emergency Medicine Program

### RESIDENCY PURPOSE STATEMENT

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 certifications in the advanced practice areas, if available.

### RESIDENCY OUTCOMES, GOALS, AND OBJECTIVES

Each of the goals must be evaluated at least once during the resident's year. The ASHP PGY2 Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) Pharmacy Residencies is linked for reference: [PGY2 Emergency Medicine Pharmacy Residency Requirements](#)

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required NHPMC PGY2 Emergency Medicine Pharmacy Residency rotations are 3-6 weeks in length. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation</li> <li>• Adult Emergency Medicine I</li> <li>• Adult Emergency Medicine II</li> <li>• Adult Night Emergency Medicine</li> <li>• Community Emergency Medicine (offsite)</li> <li>• Critical Care x1 (Medical, Cardiac, or Neuro)</li> <li>• Pediatric Emergency Medicine</li> </ul>

Elective Rotations
<ul style="list-style-type: none"> <li>• Administration</li> <li>• Adult Emergency Medicine (offsite)</li> <li>• Cardiology/Cardiac Critical Care</li> <li>• Critical Care (medical)</li> <li>• Infectious Diseases</li> <li>• Internal Medicine</li> <li>• Neurology/Neurocritical Care</li> <li>• Oncology</li> <li>• Pediatrics/Pediatric Critical Care</li> <li>• Trauma (onsite and offsite available)</li> <li>• Toxicology (offsite)</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Code Blue Education</li> <li>• Continuing Education</li> <li>• Emergency Medicine Journal Club Series (lead quarterly)</li> <li>• Medication Use Evaluation</li> <li>• P&amp;T Monograph</li> <li>• Research Project</li> <li>• Resident Seminar</li> <li>• Toxicology Topics</li> <li>• Service Commitment - Emergency department staffing every fourth weekend. No additional on-call component.</li> </ul>

## Novant Health Presbyterian Medical Center PGY2 Emergency Medicine Residency Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

To receive a certificate for completion of the Novant Health Presbyterian Medical Center PGY2 Emergency Medicine Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Assigned Medication Use Evaluation (MUE).</li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>Resident selected longitudinal project including manuscript and required poster and oral presentation.</li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentation to pharmacists and/or other healthcare professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Appendix requirements as stated in the PGY2 Emergency Medicine Competency Areas, Goals, and Objectives <a href="#">PGY2-Emergency-Medicine-CAGO-COC-BOD-Approved-2018</a></li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP Emergency Medicine CAGO guidance: <ul style="list-style-type: none"> <li>R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).</li> <li>R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol.</li> <li>R2.2.2: (Creating) Develop a plan or protocol for the project.</li> <li>R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable</li> </ul> </li> </ul>		

<p>for publication at a local, regional, or national conference.</p> <ul style="list-style-type: none"> <li>• R6.2.3: (Creating) Prioritize and specify appropriate pharmacologic and supportive measures for the management of a patients in need of toxicologic intervention.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements (including Topic List in PGY2 EM CAGOs) with each resident quarterly and the information provided to the resident will be documented in their quarterly evaluation.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		



## Presbyterian Medical Center PGY2 Oncology Residency Program

### RESIDENCY PURPOSE STATEMENT

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 certifications in the advanced practice areas, if available.

### OVERVIEW

NHPMC PGY2 Oncology Pharmacy Residency Program is an ASHP-accredited, post-graduate year two program with a required minimum of 52 weeks practice experience. The primary focus of the PGY2 program is to develop specialized oncology practitioners with an advanced degree of proficiency and expertise in working with interdisciplinary teams to deliver pharmaceutical care. The program is designed to provide focused training in the core aspects of oncology. Graduates of this program will be prepared to practice as a Clinical Specialist in Oncology, guide clinical outcomes research and provide effective education in the clinical and academic setting.

Pharmacy residents in the NHPMC PGY2 Oncology Program have opportunities to customize learning experiences to individual career goals. The resident receives a significant amount of hands-on experience within the pharmacy department and the facility as well as participation in committees and teams. Residents develop teaching skills through opportunities to teach and train PGY1 pharmacy residents, pharmacy students, pharmacy technicians, and other health care professionals outside of the pharmacy department.

### RESIDENCY OUTCOMES, GOALS & OBJECTIVES

NHPMC PGY2 Oncology Pharmacy Residency Program strives to maintain all required ASHP PGY2 Pharmacy Residency Program Standards. The ASHP PGY2 Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) Pharmacy Residencies is linked below for reference: [PGY2 Oncology Pharmacy Residency Requirements](#)

## REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required NHPMC PGY2 oncology rotations are four weeks (one month) in length as specified in the table below. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation (July)</li> <li>• Medical Oncology I</li> <li>• Medical Oncology II</li> <li>• Medical Oncology III</li> <li>• Inpatient I</li> <li>• Inpatient II</li> <li>• Investigational Drug Services</li> <li>• Outpatient Hematology</li> <li>• Research Project Month (December)</li> </ul>
Elective Rotations
<ul style="list-style-type: none"> <li>• Gynecologic Oncology</li> <li>• Infectious Diseases</li> <li>• Oncology Administration</li> <li>• Oncology Satellite Operations*</li> <li>• Pediatric Hematology/Oncology*</li> <li>• Transplant and Cellular Therapy**</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Acute Care Clinical Operations (acute care inpatient staffing one weekday every month, and every 3<sup>rd</sup> weekend). No additional on-call component.</li> <li>• Medication Use Evaluation</li> <li>• Oncology Forum</li> <li>• Practice Management</li> <li>• Research</li> <li>• Research &amp; Professional Development Series (if not achieved during PGY1)</li> </ul>

\*Some travel may be required

## **ONCOLOGY FORUM**

Oncology Forum is a longitudinal experience that helps the resident develop in depth knowledge about various malignancies/disease sites throughout the residency year. A resident will be assigned a topic per week. The residents who are not presenting during the assigned week will be expected to prepare for the topic so they can participate in the question/answer session post forum and participate in any further discussions that may occur. Residents are required to present a PowerPoint presentation on certain topics related to disease sites/malignancies and oncology supportive care. Other topics will be reviewed through in-depth topic discussions led by the assigned resident with support from preceptors who are subject matter experts. All forum presentations/discussions must include primary literature. Prepared topics will be emailed to invited attendants (oncology pharmacists and advanced care practitioners) the day of the presentation along with a meeting link for attendances to join virtually. Additionally, case series will be incorporated into the Oncology Forum schedule throughout the year with a focus on 4 to 5 past topics to ensure appropriate knowledge and retention of past forums. Case series are questions created by the preceptor team and reviewed and discussed during forum time with all residents.

## Novant Health Presbyterian Medical Center PGY2 Oncology Residency Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health Presbyterian Medical Center PGY2 Oncology Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Assigned drug class review, monograph, treatment guideline, or protocol prepared for system P&amp;T.</li> </ul>		
<ul style="list-style-type: none"> <li>MUE (Medication Use Evaluation).</li> </ul>		
<ul style="list-style-type: none"> <li>Two 1-hour ACPE/CME accredited continuing education presentation to pharmacists and/or other healthcare professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Resident completed longitudinal project including abstract, manuscript, required poster and oral presentation. <ul style="list-style-type: none"> <li>Poster presentation</li> <li>Oral presentation</li> <li>Completed manuscript</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Demonstrate understanding of required disease states, supportive care issues, chemotherapy and medications/non-medication therapy used for supportive care in the oncology patient as required by ASHP and have experience managing patients with the required diseases and conditions in the appendix to <a href="#">PGY2-Oncology-CAGO-March2019-COC-Approved-2019</a></li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP Oncology CAGO guidance: <ul style="list-style-type: none"> <li>R.1.1.5 (Creating): Design or redesign safe and effective patient-centered therapeutic chemotherapy and supportive care regimens and monitoring plans (care plans) for</li> </ul> </li> </ul>		

<p>oncology patients</p> <ul style="list-style-type: none"> <li>○ R2.1.1 (Creating): Prepare or revise a drug class review, monograph, treatment guideline, policy or protocol related to care of oncology patients.</li> <li>○ R2.2.2 (Creating): Develop a plan or research protocol for a practice quality improvement or research project for the care of oncology patients or a topic for advancing the pharmacy profession or oncology pharmacy.</li> <li>○ R2.2.6 (Creating): effectively develop and present, orally and in writing a final project report suitable for publication related to care for oncology patients or for a topic for advancing the pharmacy profession or oncology pharmacy at a local, regional or national conference. (The presentation can be virtual).</li> <li>○ R5.1.2 (Creating): Prepare and implement investigational medication sheets or documents and order templates for an assigned clinical research study.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements (including Topic List in PGY2 Oncology CAGOs) with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

# Novant Health New Hanover Regional Medical Center

Novant Health New Hanover Regional Medical Center (NHNHRMC) is a not-for-profit, 852-bed teaching hospital that opened in 1967. NHNHRMC is a regional referral center, comprehensive stroke and Level 2 trauma center and a branch campus for UNC School of Medicine. The main campus includes a 108-bed emergency department, cancer institute, neurosciences institute, outpatient pharmacy, Novant Health Betty H. Cameron Women's and Children's Hospital, Novant Health New Hanover Behavioral Health Hospital, and Novant Health New Hanover Rehabilitation Hospital.

In addition to its main campus, NHNHRMC offers comprehensive orthopedic care at the Novant Health New Hanover Orthopedic Hospital, emergency services at the free-standing Emergency Department – Scotts Hill and general services at Novant Health Pender Medical Center, a 25-bed critical access hospital.

NHNHRMC also provides outpatient cardiovascular services at the heart and vascular institute and additional ambulatory services in family medicine, gastroenterology, internal medicine, maternal-fetal medicine, neurology, obstetrics and gynecology, oncology, primary care, pulmonary medicine, and rheumatology. Outpatient laboratory, imaging, infusion and wound care services are also offered.

The outpatient pharmacy at NHNHRMC provides discharge medications, refills, specialty medications, shipping, immunizations and medication management services to the community as well as to Novant Health team members.

In addition to pharmacy residency training, NHNHRMC offers medical residency programs in Internal Medicine, Family Medicine, Obstetrics/Gynecology, General Surgery, Psychiatry, and Clinical Pastoral Education. NHNHRMC also offers pharmacy student rotations to students at UNC Eshelman School of Pharmacy and High Point Fred Wilson School of Pharmacy.

## New Hanover Regional Medical Center PGY1 Pharmacy Program

### RESIDENCY PURPOSE STATEMENT

PGY1 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.

### RESIDENCY OUTCOMES, GOALS, AND OBJECTIVES

The goals of the NHNHRMC PGY1 Pharmacy Residency Program are based upon the ASHP Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year One (PGY1) Pharmacy Residencies effective July 2024. The ASHP Required Competency Areas, Goals, and Objectives (CAGOs) for postgraduate year one (PGY1) Pharmacy, Community-Based, and Managed Care Residency Programs is linked below for reference: [Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy, Community-Based, and Managed Care Residency Programs](#).

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required Rotations (may change depending on department structure changes)	
Unless otherwise noted, rotations are scheduled in 1 month blocks approximately 50 hrs per week	
<ul style="list-style-type: none"> <li>• Orientation</li> <li>• Ambulatory Care</li> <li>• Intensive Care Unit</li> <li>• Integrated Practice</li> <li>• Internal Medicine I</li> <li>• Internal Medicine II</li> <li>• Pediatrics or Neonatal ICU</li> <li>• Practice Management</li> </ul>	
Elective Rotations	
Unless otherwise noted, rotations are scheduled in 1 month blocks approximately 50 hrs per week	
<ul style="list-style-type: none"> <li>• Ambulatory Care: Novant Health Family Medicine Wilmington</li> <li>• Ambulatory Care: Novant Health Heart and Vascular Institute</li> <li>• Ambulatory Care: Oncology</li> <li>• Ambulatory Care: Novant Health New Hanover Primary Care Clinic</li> <li>• Ambulatory Care: Specialty Neurology</li> </ul>	

- Ambulatory Care: Specialty Rheumatology
- ICU: Cardiovascular Surgery
- ICU: Coronary Care
- ICU: Medical
- ICU: Neurology
- ICU: Surgical/Trauma
- ICU/Emergency Medicine Overnight
- Emergency Medicine
- Integrated Practice II
- Neonatal ICU
- Nutrition Support
- Pediatrics
- Pediatric ICU
- Sterile Compounding and Preparation

### Longitudinal Rotations

- Continuing Education Presentation (12 weeks, 3 hrs/week)
- Leadership, Excellence, and Development (LEAD) (12 months, 1.5 hrs/week)
  - Includes optional UNC Eshelman School of Pharmacy Teaching and Learning Certificate Program
  - Includes Research and Professional Development Series
- Longitudinal Medication Use and Process Evaluation (MUE) (6 months, 2 hrs/ week)
- Longitudinal Project (12 months, 2 hrs/week and 3 weeks in December)
- Longitudinal Staffing: Inpatient Practice
  - 12 months, 16 hrs every other weekend X 6 weeks then 16 hrs every third weekend
  - Residents alternate between operations and direct patient care shift
  - Also includes 1 major and 1 minor holiday
  - 1 comp day provided after each staffing weekend
  - No additional on-call component



## Novant Health New Hanover Regional Medical Center PGY1 Pharmacy Residency Program Completion and Certification

PGY1 Pharmacy Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health New Hanover Regional Medical Center PGY1 Pharmacy Residency Program, residents must complete the requirements listed below.

\* Per ASHP PGY1 CAGO guidance deliverables must be associated with the following objectives: R1.4.2, R2.1.2, R2.1.6, R4.1.1, R4.1.2, and R4.1.3.

Residency requirements for completion and certificate:		Date Completed	RPD
<ul style="list-style-type: none"> <li>Achievement of 85% of all objectives marked as achieved for residency in PharmAcademic               <ul style="list-style-type: none"> <li>The remaining 15% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A)</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>100% completion of PharmAcademic evaluations</li> </ul>			
Objective	Resident Deliverable		
1.13: Develop evidence - based, cost effective, and comprehensive patient centered care plans 1.15: Follow up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans	<ul style="list-style-type: none"> <li>3 in patient service notes, all patient identifiers removed</li> <li>3 ambulatory care service notes, all patient identifiers removed</li> </ul>		
1.4.2: Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set	<ul style="list-style-type: none"> <li>Drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set completed for practice management rotation</li> </ul>		
2.1.2: Develop a project plan 2.1.6: Develop and present a final report	<ul style="list-style-type: none"> <li>MUE Poster</li> <li>1-page MUE summary</li> <li>REPS podium presentation</li> <li>1 page project summary</li> </ul>		

	<ul style="list-style-type: none"> <li>• Manuscript</li> <li>• Proof of manuscript submission to peer reviewed journal</li> </ul>		
4.1.1: Construct educational activities for the target audience 4.1.3: Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area	<ul style="list-style-type: none"> <li>○ 1-hour ACPE accredited continuing education presentation to pharmacists and pharmacy technicians</li> </ul>		
4.1.2: Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area	<ul style="list-style-type: none"> <li>○ 4P developed in practice management or similar education disseminated external to the pharmacy department</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly evaluation.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>			

## New Hanover Regional Medical Center PGY2 Critical Care Residency Program

### RESIDENCY PURPOSE STATEMENT

PGY2 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 OUTCOMES, GOALS, AND OBJECTIVES

The goals of the PGY2 Critical Care Pharmacy Residency Program are in accordance with the ASHP PGY2 Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) Pharmacy Residencies, linked below for reference:

[PGY2 Critical Care Pharmacy Residency Requirements](#)

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required PGY2 Critical Care rotations vary in length, as indicated in the table below. Elective rotations are 2-4 weeks in length. All longitudinal rotations are completed for the full residency year or until the project, or experience, is completed (i.e., project, CE), unless otherwise indicated in the table below.

Required Rotations (may change depending on department structure changes)
<ul style="list-style-type: none"> <li>• Orientation (2-4 weeks) *</li> <li>• Nutrition / Metabolic Management (4 weeks)</li> <li>• Critical Care Medicine 1 (4 weeks)</li> <li>• Critical Care Medicine 2 (4 weeks)</li> <li>• Cardiac Intensive Care Unit (4 weeks)</li> <li>• Cardiothoracic Intensive Care Unit (4 weeks)</li> <li>• Surgical Trauma Intensive Care Unit (4 weeks)</li> <li>• Emergency Medicine 1 (4 weeks)</li> <li>• Emergency Medicine 2 (4 weeks)</li> <li>• Neurology Intensive Care Unit (4 weeks)</li> <li>• Pediatric Intensive Care Unit (4 weeks)</li> </ul>

Elective Rotations
<ul style="list-style-type: none"> <li>• ICU Flex (2-4 weeks) **</li> <li>• Infectious Diseases (2 weeks)</li> <li>• Neurology (2 weeks)</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Continuing Education (12 weeks, 3 hours per week)</li> <li>• Leadership, Excellence, and Development (52 weeks, 1 hour per week)</li> <li>• Quality Improvement Project (52 weeks, 2 hours per week)</li> <li>• UNC Seminar (52 weeks, 3 hours per month)</li> <li>• Staffing: Critical Care Practice (12 months, 16 hours every other weekend x 6 weeks, then 16 hours every 4<sup>th</sup> weekend). No additional on-call component</li> <li>• Writing (Manuscript)</li> <li>• Medication Use Evaluation (6 months, 2 hours per week)</li> </ul>

\*Duration may be shortened to two weeks for residents who completed PGY1 residency experience at Novant Health New Hanover Regional Medical Center

\*\*Duration may be adjusted based on the needs of graduating residents to prepare for post-residency employment

## EXPLANATION OF SPECIFIC ACTIVITIES

### LEAD

LEAD is a weekly activity that is designed to assist all NHHNHRMC residents in mastering skills necessary to succeed as a leader in pharmacy. All residents participate and lead sessions that focus on core elements of professional development, personal growth, wellness and resilience, quality improvement and teaching. Residents also serve one month as the Resident-In-Charge. PGY2 ambulatory care residents present a session on Mental Health Awareness and all PGY2 residents facilitate sessions on presenting a journal club and developing self-assessment questions and learning objectives.

### UNC SEMINAR

UNC Seminar is scheduled monthly for P4 pharmacy students completing rotations at NHHNHRMC. All NHHNHRMC PGY2 pharmacy residents attend the seminar. Residents are responsible for reviewing seminar packets, facilitating small group discussions, evaluating student presentations, and providing feedback to students. Residents will also provide one lunch and learn session regarding residency interviews and midyear preparation. Other opportunities may include recruiting events in conjunction with the University of North Carolina at Wilmington and assisting with May student orientation.

## Novant Health New Hanover Regional Medical Center PGY2 Critical Care Pharmacy Residency Program Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health New Hanover Regional Medical Center PGY2 Critical Care Pharmacy Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:		Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>An achievement of 90 % of all objectives marked as achieved for residency in PharmAcademic               <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A)</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>Resident must complete 100% of PharmAcademic evaluations</li> </ul>			
<ul style="list-style-type: none"> <li>Appendix requirements as stated in the PGY2 Critical Care Competency Areas, Goals, and Objectives <a href="#">PGY2 Critical Care Pharmacy Residency Requirements</a></li> </ul>			
<ul style="list-style-type: none"> <li>Abstract submitted to Society of Critical Care Medicine Annual Congress or Society of Critical Care Medicine Carolinas-Virginias Annual Meeting</li> </ul>			
<ul style="list-style-type: none"> <li><b>Objective R2.2.2</b> – Develop a plan or research protocol for a practice quality improvement or research project for the care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.</li> <li><b>Objective 2.2.3</b> – Collect and evaluate data for a practice quality improvement or</li> </ul>	<ul style="list-style-type: none"> <li>MUE Poster</li> <li>1-page MUE Summary</li> <li>Presentation of research at SCCM, CVSCCM, or UNC REPS</li> <li>Manuscript</li> <li>Proof of manuscript submission to peer reviewed journal</li> </ul>		

<p>research project for the care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.</p> <ul style="list-style-type: none"> <li>• <b>Objective 4.1.3</b> – Use effective written communication to disseminate knowledge related to critical care pharmacy.</li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Objective 4.1.1</b> – Design effective educational activities related to critical care pharmacy</li> <li>• <b>Objective 4.1.2</b> – Use effective presentation and teaching skills to deliver education related to critical care pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• 1-hour ACPE accredited Continuing Education presentation to pharmacists and pharmacy technicians</li> </ul>		
<ul style="list-style-type: none"> <li>• <b>Objective R1.1.6</b> – Ensure implementation of therapeutic regimens and monitoring plans (care plans) for critically ill patients by taking appropriate follow-up actions</li> <li>• <b>Objective R1.1.7</b> – For critically ill patients, document direct patient care activities appropriately in the medical record, or where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a minimum of 10 patient care notes (with patient identifiers removed)</li> </ul>		

<ul style="list-style-type: none"> <li>• <b>Objective R3.1.2</b> – Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for critically ill patients</li> </ul>	<ul style="list-style-type: none"> <li>• Edits / feedback for Continuing Education presentation</li> <li>• Preceptor feedback on MUE or QIP</li> <li>• Edits / feedback on Manuscript</li> <li>• Feedback from presentations (REPS, SCCM, CVSCCM, In-Service, Journal Club, etc.)</li> <li>• Self-evaluations for presentations (REPS, SCCM, CVSCCM, In-Service, Journal Club, etc.)</li> </ul>		
<p><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly evaluation.</i></p> <p><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></p>			

## New Hanover Regional Medical Center PGY1 & PGY2 Health System Pharmacy Administration and Leadership (HSPAL) with Master of Science Residency Program

### **RESIDENCY PURPOSE STATEMENT**

PGY1 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 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 OUTCOMES, GOALS, AND OBJECTIVES**

NHNHRMC HSPAL Residency Program strives to maintain all required ASHP PGY1 Pharmacy Residency and PGY2 Pharmacy Administration Program Standards.

The ASHP required Competency Areas, Goals, and Objectives (CAGOs) for postgraduate year one (PGY1) residencies is linked below for reference: [PGY1 Required Competency Areas](#)

The ASHP required Competency Areas, Goals, and Objectives for postgraduate year two (PGY2) Health-System Pharmacy Administration residencies is linked below for reference: [PGY2 Health-System Pharmacy Administration and Leadership Residency Requirements](#)



## REQUIRED AND ELECTIVE LEARNING EXPERIENCES

### PGY1 ROTATION STRUCTURE

PGY1 learning opportunities follow our Novant Health New Hanover Regional Medical Center PGY1 Pharmacy Residency Program Requirements. See Novant Health New Hanover Regional Medical Center PGY1 Pharmacy residency description for rotation structure and requirements for successful completion.

### PGY2 ROTATION STRUCTURE

Required NHNHRMC PGY2 HSPAL Residency rotations are 6 weeks in length, unless otherwise specified. Elective rotations are 4 weeks in length. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

HSPAL residents must complete the MS program to obtain a residency program certificate of completion. If a resident does not complete the residency program, they may elect to continue their MS program curriculum, at their own expense.

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation (2 weeks)</li> <li>• Clinical Leadership and Formulary Management*</li> <li>• Executive Leadership*</li> <li>• Facility Operations (4 weeks)</li> <li>• Medication Safety, Quality and Technology*</li> <li>• Pharmacy Business &amp; Finance</li> <li>• Supply Chain/Automation/Informatics*</li> <li>• System Operations</li> </ul>
Elective Rotations – Select two
<ul style="list-style-type: none"> <li>• Ambulatory Care Pharmacy</li> <li>• Infusion Pharmacy</li> <li>• Oncology Pharmacy</li> <li>• Pharmacy Educational Programs</li> <li>• Population Health/PBM</li> <li>• Specialty/Retail Pharmacy</li> </ul>

### Longitudinal Rotations

- Area of Management
- CE Presentation (12 weeks)
- Leadership Development\*
- Leadership, Excellence, and Development (LEAD)
- Medication Area Inspection
- MS/Research Project
- UNC Seminar
- Service Leadership – staff every fourth weekend, includes manager on-call responsibility. Residents granted one comp day for each weekend worked. Administrator on-call every 12-weeks for 7 days continuously.

\*Indicates rotation experiences that may require travel

## EXPLANATION OF SPECIFIC ACTIVITIES

### LEAD

LEAD is a weekly activity that is designed to assist all NHHHRMC residents in mastering skills necessary to succeed as a leader in pharmacy. All residents participate and lead sessions that focus on core elements of professional development, personal growth, wellness and resilience, quality improvement and teaching. Residents also serve one month as the Resident-In-Charge. PGY2 HSPAL resident presents a session on importance of pharmacist active engagement and advocacy in the political legislative process, and all PGY2 residents facilitate sessions on presenting a journal club and developing self-assessment questions and learning objectives.

### UNC SEMINAR

UNC Seminar is scheduled monthly for P4 pharmacy students completing rotations at NHHHRMC. All NHHHRMC PGY2 pharmacy residents attend the seminar. Residents are responsible for reviewing seminar packets, facilitating small group discussions, evaluating student presentations and providing feedback to students. Residents will also provide one lunch and learn session regarding residency interviews and midyear preparation. Other opportunities may include recruiting events in conjunction with University of North Carolina at Wilmington and assisting with May student orientation.

**Novant Health New Hanover Regional Medical Center PGY2 Health System Pharmacy Administration and Leadership (HSPAL) with Master of Science Residency Program Completion and Certification**

**PGY2 HSPAL Resident:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUIREMENTS FOR SUCCESSFUL COMPLETION**

To receive a certificate for completion of the Novant Health New Hanover Regional Medical Center PGY2 HSPAL with MS Pharmacy Residency Program, residents must complete the requirements listed below.

<b>Residency requirements for completion and certificate:</b>	<b>Date Completed</b>	<b>Preceptor / RPD</b>
<ul style="list-style-type: none"> <li>An achievement of 90% of all objectives marked as achieved for residency in PharmAcademic <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY2 Health-System Pharmacy Administration and Leadership CAGO guidance: <ul style="list-style-type: none"> <li>R1.4.3: (Creating) Based on assessment of the pharmacy's medication use systems, contribute any needed recommendations for improvement.</li> <li>R1.5.2: (Creating) Design and implement an improvement related to the use of information technology and automated systems.</li> <li>R2.2.3: (Creating) Participate in the development or revision of the pharmacy's quality improvement plan or policy.</li> <li>R3.4.3: (Creating) Design and implement a cost reduction or inventory management initiative.</li> <li>R4.2.1: (Creating) Use knowledge of the organization's customary practice to write or revise a job description for a pharmacy position.</li> <li>R4.3.2: (Creating) Compose and deliver an employee's performance appraisal.</li> <li>R5.1.1: (Creating) Create a professional development plan with the goal of improving the quality of one's own performance through self-assessment and personal</li> </ul> </li> </ul>		

<p>change.</p> <ul style="list-style-type: none"> <li>○ R5.3.2: (Creating) Contribute to the development of a business plan for a new or enhanced pharmacy service or program.</li> <li>○ R5.4.1: (Creating) Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's medication-use process.</li> <li>○ R5.5.2: (Creating) Develop a plan or research protocol for a practice quality improvement, healthcare pharmacy administration topics, or related topics for advancing the pharmacy profession.</li> <li>○ R5.5.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference (the presentation may be virtual).</li> </ul>		
<ul style="list-style-type: none"> <li>• Complete master's degree</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly evaluation.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## New Hanover Regional Medical Center PGY2 Ambulatory Care Residency Program

### RESIDENCY PURPOSE STATEMENT

PGY2 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.

### OVERVIEW

The PGY2 Ambulatory Care Pharmacy Residency Program consists of 52 weeks of training with learning experiences in a variety of care settings, with a focus on ambulatory care. The residency program promotes experiences with patient interaction, interdisciplinary collaboration, project management, teaching, and development of oral and written communication skills. The program also encourages personal and professional growth and commitment to the pharmacy profession. The program allows flexibility to meet the interests of each resident.

### RESIDENCY OUTCOMES, GOALS, AND OBJECTIVES

The goals of the PGY2 Ambulatory Care Pharmacy Residency Program are in accordance with the ASHP PGY2 Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) Pharmacy Residencies, linked below for reference: [PGY2 Ambulatory Care Pharmacy Residency Requirements](#)

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required PGY2 Ambulatory Care rotations vary in length, as indicated in the table below.

Block Rotations	Length of Experience
Orientation	4 weeks
Ambulatory Foundations (Primary Care)	12 weeks
Practice Management	8 weeks
Electives (5) – Choose from below	
• Cardiology	4 weeks
• Neurology	4 weeks
• Family Medicine	4 weeks
• Internal Medicine	4 weeks
• Oncology	4 weeks
• Population Health	4 weeks

• Precepting^	4 weeks
• Primary Care	4 weeks
• Rheumatology	4 weeks
<b>Longitudinal Rotations</b>	<b>Length of Experience</b>
Community Outreach	2-4 hours/month x 10 months
Continuing Education	4-8 hours/week x 2 months
Diabetes Follow-Up Service*	2 hours/week x 12 months
Leadership, Excellence And Development (LEAD)	1 hour/week x 12 months
Lipid Clinic*	4 hours/week x 12 months
Quality Improvement	2-4 hours/week x 11 months plus 3 weeks in December
UNC Seminar	5 hours/month x 10 months
Vaccine Management and Immunization Practice*	4 hours/week x 12 months

^Precepting elective can be completed at any ambulatory care practice with a APPE student

\*No additional on-call component

## EXPLANATION OF SPECIFIC ACTIVITIES

### LEAD

LEAD is a weekly activity that is designed to assist all NHHHRMC residents in mastering skills necessary to succeed as a leader in pharmacy. All residents participate and lead sessions that focus on core elements of professional development, personal growth, wellness and resilience, quality improvement and teaching. Residents also serve one month as the Resident-In-Charge. PGY2 ambulatory care residents present a session on Mental Health Awareness and all PGY2 residents facilitate sessions on presenting a journal club and developing self-assessment questions and learning objectives.

### UNC SEMINAR

UNC Seminar is scheduled monthly for P4 pharmacy students completing rotations at NHHHRMC. All NHHHRMC PGY2 pharmacy residents attend the seminar. Residents are responsible for reviewing seminar packets, facilitating small group discussions, evaluating student presentations and providing feedback to students. Residents will also provide one lunch and learn session regarding residency interviews and midyear preparation. Other opportunities may include recruiting events in conjunction with the University of North Carolina at Wilmington and assisting with May student orientation.

## Novant Health New Hanover Regional Medical Center PGY2 Ambulatory Care Pharmacy Residency Program Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health New Hanover Regional Medical Center PGY2 Ambulatory Care Pharmacy Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>An achievement of 90% of all objectives marked as achieved for residency in PharmAcademic <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Participation in a Longitudinal Project <ul style="list-style-type: none"> <li>Protocol/IRB approvals and exemptions (obj 2.2.2)</li> <li>Conference poster presentation (ASHP or approved alternative) (obj 2.2.6)</li> <li>Conference podium presentations (REPS or approved alternative) (obj 2.26)</li> <li>Final written project report suitable for publication (obj 2.2.6)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentation to pharmacists or other health care professionals outside of Novant Health CE <ul style="list-style-type: none"> <li>Presentation edits and final slides (obj 4.1.2)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Practice Management deliverables <ul style="list-style-type: none"> <li>Collaborate Practice Agreement (CPA) (obj 2.1.1)</li> <li>New/enhancement service proposal (obj 2.1.2)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Teaching skills deliverables <ul style="list-style-type: none"> <li>Presentation on facilitating a journal club (obj 4.1.2)</li> <li>Presentation(s) on developing learning objectives and self-assessment questions (obj 4.1.2)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Patient care deliverables <ul style="list-style-type: none"> <li>Patient care note for an endocrinology visit, cardiology visit, and one additional visit type (obj 1.1.5)</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>Design/deliver health improvement/screening program             <ul style="list-style-type: none"> <li>Presentation on Mental Health Awareness (obj 1.2.1)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Appendix requirements as stated in the PGY2 Ambulatory Care Competency Areas, Goals, and Objectives <a href="#">PGY2 Ambulatory Care Pharmacy Residency Requirements</a> (see PharmAcademic for more details) (obj 1.1.6)</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly evaluation.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		



## New Hanover Regional Medical Center PGY1 Community-Based Pharmacy Residency Program

### RESIDENCY PURPOSE STATEMENT

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.

### OVERVIEW

The PGY1 Community-Based residency program is a 52-week program designed to produce a competent pharmacist ready for entry into a variety of clinical roles in specialty, community, and/or ambulatory practice. Graduates are also prepared to pursue PGY2 training in Ambulatory Care. The resident participates in a range of direct patient care activities, including outpatient pharmacy services, care transitions, specialty pharmacy services and disease state management programs. Disease state management programs are precepted by Clinical Pharmacist Practitioners with prescriptive authority, and are offered in a variety of practice settings, chosen based on resident interest. Community service, quality improvement, scholarship activities, and service on department and health-system committees are incorporated into a resident's experience.

### RESIDENCY OUTCOMES, GOALS, AND OBJECTIVES

The goals of the NHNHRMC PGY1 Community-Based Pharmacy Residency Program are based upon the ASHP Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year One (PGY1) Community-Based Pharmacy Residencies effective July 2024. The ASHP Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy, Community-Based, and Managed Care Residency Programs is linked below for reference:

[Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy, Community-Based, and Managed Care Residency Programs.](#)

## REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Resident will participate in both block and longitudinal learning experiences throughout the year. Given the wide variety of learning experiences this program offers, during the residency year, an emphasis is placed on structuring rotations to the resident's interests and career goals.

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation (~1.5 months)</li> <li>• Three Ambulatory Care Selective (3 months for each practice area)</li> <li>• Population Health (1 month)</li> </ul>
Required Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Specialty Pharmacy Services (11 months) – on-call component required, 7 days during weekday after-hours and weekend days, once every 10 weeks</li> <li>• Outpatient Pharmacy Services (11 months) – no additional on-call component required</li> <li>• Retail, Ambulatory &amp; Specialty Pharmacy Management (11 months)</li> <li>• Leadership, Excellence And Development (LEAD)* (12 months)</li> <li>• Continuing Education (3 months)</li> <li>• Quality Improvement Medication Use Evaluation (6 months)</li> <li>• Quality Improvement &amp; Practice Enhancement (w/Project Month) (12 months)</li> </ul>

\*Includes Research and Professional Development Series and optional UNC Eshelman School of Pharmacy Teaching and Learning Certificate Program

## EXPLANATION OF SPECIFIC ACTIVITIES

### AMBULATORY CARE SELECTIVE

Ambulatory Care Selective rotations are required rotations, however the practice area for each rotation is selected based on resident interest. Practices eligible for selection include primary care, cardiology, neurology, rheumatology and internal medicine (includes component of care for patients living with HIV). Rotations are a set length of 3 months to allow for patient follow-up opportunities and are incorporated into the longitudinal structure of the program. Ambulatory Care Selective rotations will be chosen in collaboration with the program director and will be based on resident interest and preceptor availability.

## **OUTPATIENT PHARMACY SERVICE**

Outpatient Pharmacy Services encompasses several activities including ownership of select NHNHRMC compliance packaging patients, transitions of care pharmacy services for patients receiving high-risk and/or high-cost medications, comprehensive medication reviews and targeted interventions programs within the Outcomes MTM platform as well as staffing in the outpatient pharmacy services. The resident will have longitudinal dedicated time to spend on each activity type.

## **SPECIALTY PHARMACY SERVICES**

Specialty Pharmacy Services encompasses several activities which differ from the Outpatient focused rotation and are focused on the care of patients receiving specialty medications. The NHNHRMC Specialty Pharmacy is dually accredited by Utilization Review Accreditation Commission (URAC) and Accreditation Commission for Health Care (ACHC). The accreditation process demonstrates a commitment to quality and serves as a framework to improve business processes through benchmarking organizations against nationally recognized standards. To comply with such standards, the resident longitudinally completes clinical initial and follow up patient assessments as well as operations support when needed. This learning experience also offers the resident the unique ability to run the specialty pharmacy Long-Acting Injectable (LAI) service, both clinically managing select patients as well as administering their LAI medication.

## **LEAD**

LEAD is a weekly activity that is designed to assist all NHNHRMC residents in mastering skills necessary to succeed as a leader in pharmacy. All residents participate and lead sessions that focus on core elements of professional development, personal growth, wellness and resilience, quality improvement and teaching. Residents also serve one month as the Resident-In-Charge. PGY1 Community-Based resident will present (in partnership with another PGY1 pharmacy resident) a session on wellness/resiliency topic or activity of their choosing. LEAD also encompasses a Research and Professional Development Series where all Novant Health residents will be in attendance once weekly.

## Novant Health New Hanover Regional Medical Center PGY1 Community-Based Pharmacy Residency Program Completion and Certification

PGY1 Community-Based Resident: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health New Hanover Regional Medical Center PGY1 Community-Based Pharmacy Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate			Date Completed	Preceptor / RPD
1	An achievement of $\geq 85\%$ of all objectives marked as achieved for residency in PharmAcademic <ul style="list-style-type: none"> <li>The remaining 15% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A)</li> </ul>			
2	Completion of all PharmAcademic evaluations			
Resident Requirement & Deliverable		Objective(s)		
3	Outcomes MTM encounter notes for CMRs (2) and TIPS (2)	R1.1.1 – R1.1.6 R1.2.3		
4	Ambulatory care appointment notes (2) for each practice area in learning experience schedule (minimum of 6 notes)	R1.1.1 – R1.1.6 R1.2.3		
5	Specialty pharmacy initial clinical assessment note (3) Specialty Pharmacy follow up clinical assessment note (3)	R1.1.1 – R1.1.6 R1.2.3		
6	Long-Acting Injectable medication administration appointment note (5 different LAI medications)	R1.2.3 R1.3.3		
7	Population Health Intervention Documentation	R1.4.1		
8	Drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set	R1.4.2		
9	MUE Poster (secondary project) MUE PDCA 1-page summary	R2.1.2 R2.1.6		
10	Business Plan for a new or enhanced service	R2.1.2		
11	Evaluation of Business Plan (from current year or year prior)	R2.1.2		
12	QIP Podium Presentation (major project) QIP PDCA 1-page summary	R2.1.1 – R2.1.6		

13	Manuscript (specifically on QIP) Proof of manuscript submission to peer reviewed journal	R2.1.2 R2.1.6		
14	Community Outreach Tracker (spreadsheet including date, event, role and # of hours; minimum of ~25 hours)	R3.2.4		
15	1-hour ACPE accredited continuing education presentation to pharmacists and pharmacy technicians	R4.1.1 R4.1.3 R4.1.4		
16	Written education to any of the following audiences: patient, pharmacist and/or healthcare provider	R4.1.1 R4.1.2		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly evaluation.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>				

## Community-Based (Specialty) Pharmacy

Novant Health is transforming healthcare by designing a system that makes it simpler, more convenient, and more affordable for patients in our communities. Currently, we have one Specialty Pharmacy located in the Greater Winston-Salem area, Novant Health Specialty Pharmacy Westgate. In addition, we have two Specialty Pharmacies in the Greater Charlotte area, Novant Health Pharmacy – University City Specialty and Novant Health Pharmacy – Elizabeth Specialty. Our three locations are dually accredited, furthering our commitment to delivering high quality care to our patients.

### PGY1 Community-Based Pharmacy Residency Program

#### **RESIDENCY PURPOSE STATEMENT**

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.

#### **OVERVIEW**

The PGY1 Community-Based Pharmacy Residency Program consists of 52 weeks of training with learning experiences in a variety of care settings. Residents will gain diverse experiences in pharmaceutical care and ambulatory care pharmacy practice that allow residents to achieve professional goals. The PGY1 Community-Based Pharmacy Residency Program provides multidisciplinary patient-centered experiences caring for diverse disease states. Additionally, this program will engage the resident in the clinical, operational, and business of running a specialty pharmacy. The program is tailored to each resident and cultivates professional development.

## RESIDENCY OUTCOMES, GOALS & OBJECTIVES

The goals and objectives of the PGY1 Community-Based Pharmacy Residency Program are in accordance with the ASHP Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year One (PGY1) Pharmacy, Community-Based, And Managed Care Residency Programs. The required and elective goals reflect the primary focus of our program and the experience it provides. The CAGOs for Community-Based Pharmacy Residency were prepared jointly by the American Society of Health System Pharmacists (ASHP) and the American Pharmacists Association (APhA) and is linked below for reference: [PGY1- Community-Based Pharmacy Residency Requirements](#)

## REQUIRED AND ELECTIVE LEARNING EXPERIENCES

The structure of the PGY1 Community-Based Pharmacy Residency Program may vary depending on the resident's interests and preceptor availability. The emphasis of the year will be specialty pharmacy and ambulatory care (outpatient/clinic) learning experiences. Required PGY1 Community-Based Residency rotations are 5-weeks in length, unless otherwise indicated. Elective rotations are 2-4 weeks in duration. Residents will select one elective rotation. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE).

Required Rotations
<ul style="list-style-type: none"> <li>• Infectious Diseases</li> <li>• Internal Medicine</li> <li>• Neurology</li> <li>• Oncology</li> <li>• Orientation – 4 weeks</li> <li>• Pharmacy Accreditation</li> <li>• Rheumatology</li> <li>• Specialty Pharmacy Leadership</li> <li>• Dermatology</li> </ul>

Elective Rotations
<ul style="list-style-type: none"> <li>• 340b Management/Payor Relations</li> <li>• Ambulatory Care</li> <li>• Additional Disease-Specific Training</li> <li>• Integrative Medicine</li> <li>• Intensive Care</li> <li>• Limited Distribution Networks (offsite)</li> <li>• Medication Management</li> <li>• Patient Assistance Program</li> <li>• Population Health</li> </ul>
Longitudinal Rotations
<ul style="list-style-type: none"> <li>• Long-Acting Injectable Clinic</li> <li>• Medication Safety (Event Review)</li> <li>• Drug Monograph or Drug Class Review</li> <li>• Medication Utilization (MUE) – including development of a poster</li> <li>• Quality Improvement Project (QIP) – including development of a business plan</li> <li>• Research &amp; Professional Development Series</li> <li>• Resident Forums presented to Novant Health Specialty Pharmacy team as assigned</li> <li>• Continuing Education presentation (1-hr ACPE)</li> <li>• Service Commitment/Staffing – one day/shift per week in operational pharmacy, every third week on call and every third Saturday 8 hours MTM support</li> </ul>



## Novant Health PGY1 Community-Based Requirements for Program Completion

PGY1 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health PGY1 Community-Based Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>85% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 15% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or NA).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Completion of service leadership requirement (i.e., operational staffing, longitudinal clinic, and longitudinal MTM).</li> </ul>		
<ul style="list-style-type: none"> <li>Achieve completion and signoff by preceptor for required learning experiences.</li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY1 Community-Based CAGO guidance: <ul style="list-style-type: none"> <li>R1.1.3 (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.</li> <li>R1.1.5 (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.</li> <li>R1.4.2 (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.</li> <li>R2.1.2 (Creating) Develop a project plan.</li> <li>R2.1.6 (Creating) Develop and present a final report.</li> <li>R4.1.1 (Creating) Construct educational activities for the target audience</li> <li>R4.1.2 (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</li> <li>R4.1.3 (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.</li> </ul> </li> </ul>		

*The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.*

*The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.*



## PGY1/PGY2 Specialty Pharmacy Administration and Leadership (SPAL) with Master of Science Residency Program

### RESIDENCY PURPOSE STATEMENT

PGY1 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 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 the PGY2 SPAL residency program are prepared for administrative and leadership roles, advanced patient care or other specialized positions, and board certifications in the advanced practice areas, if available.

### RESIDENCY OUTCOMES, GOALS & OBJECTIVES

The goals and objectives of the PGY1 Community-Based Pharmacy Residency Program are in accordance with the Harmonized ASHP Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year One (PGY1) Pharmacy Residencies. The Novant Health Specialty Pharmacy Administration and Leadership (SPAL) Residency Program strives to maintain all required ASHP PGY1 Community Pharmacy Residency and PGY2 Specialty Pharmacy Administration & Leadership Program Standards. The CAGOs for Community-Based Pharmacy Residency were prepared jointly by the American Society of Health System Pharmacists (ASHP) and the American Pharmacists Association (APhA) and is linked below for reference:

[PGY1- Community-Based Pharmacy Residency Requirements](#)

The ASHP required Competency Areas, Goals, and Objectives (CAGOs) for postgraduate year two (PGY2) Specialty Pharmacy Administration residencies is linked below for reference:

[PGY2- HSPAL-Specialty-CAGO-FINAL-BOD-Approved-2018](#)

## REQUIRED AND ELECTIVE LEARNING EXPERIENCES

### PGY1 ROTATION STRUCTURE

PGY1 learning opportunities follow our Novant Health PGY1 Community-Based Pharmacy Residency Program Requirements. See Novant Health PGY1 Community-Based Pharmacy residency description for rotation structure and requirements for successful completion.

### PGY2 ROTATION STRUCTURE

Required SPAL rotations are 4-6-weeks in length, as noted in the table below, unless otherwise indicated. Elective rotations are 4-5 weeks in length. Residents will select up to three elective rotations depending on schedule/duration of required rotations. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., research project, CE).

SPAL residents must complete the designated master's program to obtain a residency program certificate of completion. If a resident does not complete the residency program, they may elect to continue their master's program curriculum, at their own expense.

Required Rotations
<ul style="list-style-type: none"> <li>• Orientation (2 weeks)</li> <li>• Accreditation and Compliance (4 weeks)</li> <li>• Executive Leadership (4 weeks)</li> <li>• Specialty and Infusion Pharmacy Leadership (5-6 weeks)</li> <li>• Pharmacy Business and PBM (4-5 weeks)</li> <li>• Specialty Pharmacy Clinical &amp; HUB Services Leadership (5-6 weeks)</li> <li>• Specialty Pharmacy Operations Leadership (site-based) (4-5 weeks)</li> <li>• Specialty Pharmacy Operations Leadership (system) (5-6 weeks)</li> </ul>
Elective Rotations
<ul style="list-style-type: none"> <li>• Ambulatory Care Leadership</li> <li>• Oncology Leadership</li> <li>• Pharmacy Value &amp; Outcomes Pharmacy Leadership</li> <li>• Procurement and Supply Chain</li> </ul>

Longitudinal Rotations
<ul style="list-style-type: none"><li>• Area Management</li><li>• Continuing Education Presentation</li><li>• Medication Safety &amp; Quality</li><li>• Masters Research Project</li><li>• Service Commitment –one day every 4<sup>th</sup> weekend. No additional on-call component.</li></ul>

## PGY1/PGY2 Specialty Pharmacy Administration & Leadership (SPAL) with Master of Science Residency Program Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health PGY1/PGY2 Specialty Pharmacy Administration & Leadership Residency, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentation to pharmacists or other health care professionals.</li> </ul>		
<ul style="list-style-type: none"> <li>Upload deliverables for the below objectives to PharmAcademic per ASHP PGY2 Specialty Pharmacy Administration and Leadership CAGO guidance: <ul style="list-style-type: none"> <li>R1.4.3: (Creating) Based on assessment of the pharmacy's medication use systems, contribute any needed recommendations for improvement.</li> <li>R1.5.2: (Creating) Design and implement an improvement related to the use of information technology and automated systems.</li> <li>R2.2.3: (Creating) Participate in the development or revision of the pharmacy's quality improvement plan or policy.</li> <li>R3.4.3: (Creating) Design and implement a cost reduction or inventory management initiative.</li> <li>R4.2.1: (Creating) Use knowledge of the organization's customary practice to write or revise a job description for a pharmacy position.</li> <li>R4.3.2: (Creating) Compose and deliver an employee's performance appraisal.</li> <li>R5.1.1: (Creating) Create a professional development plan with the goal of improving the quality of one's own performance through self-assessment and personal</li> </ul> </li> </ul>		

<p>change.</p> <ul style="list-style-type: none"> <li>○ R5.3.2: (Creating) Contribute to the development of a business plan for a new or enhanced pharmacy service or program.</li> <li>○ R5.4.1: (Creating) Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's medication-use process.</li> <li>○ R5.5.2: (Creating) Develop a plan or research protocol for a practice quality improvement, healthcare pharmacy administration topics, or related topics for advancing the pharmacy profession.</li> <li>○ R5.5.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference (the presentation may be virtual).</li> </ul>		
<ul style="list-style-type: none"> <li>• Complete master's degree.</li> </ul>		
<p><b><i>The RPD will review progress toward meeting residency requirements with each resident quarterly and the information provided to the resident will be documented in their quarterly development plan.</i></b></p> <p><b><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></b></p>		

## Ambulatory Care Pharmacy

The PGY2 Ambulatory Care Pharmacy Residency Program has two program locations, one located in the Charlotte Market and the other located in the Winston Salem Market. This program offers learning experiences within NH Ambulatory Pharmacy Medication Management Clinic, NH Medical Group clinics, and Specialty Pharmacy. In addition, we offer academia experiences in conjunction with local universities. Residents will be given all the equipment necessary to perform their role and develop a home office. Corporate spaces and spaces at the clinic are available for residents to work while on site.

### **RESIDENCY PURPOSE STATEMENT**

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 certifications in the advanced practice areas, if available.

### **OVERVIEW**

The PGY2 Ambulatory Care Pharmacy Residency Program consists of 52 weeks of training with learning experiences in a variety of care settings, with a focus on ambulatory care. The residency program promotes experiences with patient interaction, interdisciplinary collaboration, project management, teaching, and development of oral and written communication skills. The program also encourages personal and professional growth and commitment to the pharmacy profession. The program allows flexibility to meet the interests of each resident.



## PGY2 Ambulatory Care Residency Program

### RESIDENCY OUTCOMES, GOALS, AND OBJECTIVES

The goals of the PGY2 Ambulatory Care Pharmacy Residency Program are in accordance with the ASHP PGY2 Required Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) Pharmacy Residencies, linked below for reference:

[PGY2 Ambulatory Care Pharmacy Residency Requirements](#)

### REQUIRED AND ELECTIVE LEARNING EXPERIENCES

Required PGY2 Ambulatory Care rotations vary in length, as indicated in the table below. Elective rotations are four weeks in length. All longitudinal rotations are completed for the full residency year or until the project or experience is completed (i.e., project, MUE), unless otherwise indicated in the table below.

Required Rotations (may change depending on department structure changes)
<ul style="list-style-type: none"> <li>• Orientation (2-4 weeks)</li> <li>• Administration (4 weeks)</li> <li>• Clinical Operations and Compliance (4 weeks)</li> <li>• Intro to Academia (fall semester at High Point University or Wingate University)</li> <li>• Primary Care I (12 weeks)</li> <li>• Primary Care II (8 weeks)</li> <li>• Project Month (4 weeks)</li> </ul>
Elective Rotations
<ul style="list-style-type: none"> <li>• Advanced Academia</li> <li>• Cardiology</li> <li>• Endocrinology</li> <li>• Inpatient Electives (see other Novant Health Residency Program descriptions)</li> <li>• Neurology</li> <li>• Rheumatology</li> <li>• Free Clinic</li> <li>• Population Health</li> <li>• Retail Operations</li> </ul>

### Longitudinal Rotations

- Anticoagulation Clinic (1 day/week for 6 months)
- Chief Resident (6-months)
- Clinical Forum (1 hour, twice a month)
- Heart Failure (1 day/week for 6 months)
- Stroke Bridge Clinic (1 day/week for 6 months)
- Continuing Education
- Didactics (1.5 hours, once a month)
- Drug Information
- MTM Staffing - once a week for 2 hours (5:30 pm – 7:30 pm) – no additional on-call component
- Research & Professional Development Series (unless achieved during PGY1)
- Research Project
- Oncology (1 day/week for 6 months)

### CLINICAL FORUM

Clinical Forum is scheduled twice a month during the lunch hour. PGY2 ambulatory care pharmacy residents and PGY1 residents (ambulatory care setting) rotate to provide presentations. Throughout the residency year, each PGY2 resident will present 2 case presentations, 2 journal clubs, 2 topic discussions, 1 guideline review, 1 poster presentation, and 1 podium presentation (on their research project). Presentations are given virtually to other residents and preceptors in attendance. The rotation preceptor and assigned clinical expert(s) provide guidance to residents and review presentations prior to delivery. Residents receive immediate feedback from the rotation preceptor and clinical expert following the presentation. PGY2 ambulatory care pharmacy residents serve as a clinical expert for PGY1 residents (ambulatory care setting) during the second half of the residency year.

### DIDACTICS

PGY2 ambulatory care pharmacy residents participate in Didactics, focused topic discussions facilitated by a clinical expert preceptor. Discussions are scheduled once per month for approximately 1.5 hours. Residents are expected to read assigned articles, books, or other materials prior to the discussion. The discussion format is at the discretion of the preceptor for the topic. Topics include diabetes and general pathophysiology; landmark trials (related to diabetes); insulin resistance; non-insulin medications; insulin, think like a pancreas; nutrition approaches; DM complications; heart failure; COPD; anticoagulation in special populations; osteoporosis; and resident choice.

## PGY2 Ambulatory Care Pharmacy Residency Program Completion and Certification

PGY2 Resident: \_\_\_\_\_

Date: \_\_\_\_\_

### REQUIREMENTS FOR SUCCESSFUL COMPLETION

To receive a certificate for completion of the Novant Health PGY2 Ambulatory Care Pharmacy Residency Program, residents must complete the requirements listed below.

Residency requirements for completion and certificate:	Date Completed	Preceptor / RPD
<ul style="list-style-type: none"> <li>An achievement of 90% of all objectives marked as achieved for residency in PharmAcademic. <ul style="list-style-type: none"> <li>The remaining 10% of objectives may be marked at any level of achievement (i.e., Needs Improvement, Satisfactory Progress, Achieved, or N/A).</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Resident selected longitudinal project including abstract, protocol, manuscript, required poster and podium presentations.</li> </ul>		
<ul style="list-style-type: none"> <li>Participate in Novant Health Continuing Education series.</li> </ul>		
<ul style="list-style-type: none"> <li>Participate in Novant Health Poster presentation.</li> </ul>		
<ul style="list-style-type: none"> <li>A minimum of one 1-hour ACPE/CME accredited continuing education presentation to pharmacists or other health care professionals outside of Novant Health CE.</li> </ul>		
<ul style="list-style-type: none"> <li>Complete one (1) community service activity, which must be a resident developed community service activity that focuses on health promotion. <ul style="list-style-type: none"> <li>Need to develop patient education or disease promotional materials.</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>Deliverables related to Clinical Operations and Compliance: <ul style="list-style-type: none"> <li>Business plan</li> <li>Collaborative practice</li> <li>CPP agreement</li> <li>Patient education handout</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>• Patient care deliverables <ul style="list-style-type: none"> <li>○ Perform patient education on CGM, pump, or medication device</li> <li>○ Patient work ups for Rheumatology, complex disease state clinic, and primary care</li> <li>○ Patient notes for metabolic patient visit, anticoagulation patient visit, and MTM visit</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Precepting and teaching deliverables <ul style="list-style-type: none"> <li>○ Student evaluations</li> <li>○ Student calendar made for rotation</li> <li>○ Topic discussion developed for student rotation</li> <li>○ Feedback on student project or assignment</li> <li>○ Drug information response (at least 3 questions and 1 example of feedback on PGY1 resident question)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Administration/Chief Resident deliverables <ul style="list-style-type: none"> <li>○ One project that the resident contributed for the system</li> <li>○ Example of a team meeting led by the resident</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Clinical Forum and Didactic deliverables <ul style="list-style-type: none"> <li>○ Case presentation</li> <li>○ Guideline review</li> <li>○ Topic discussion</li> <li>○ Journal club</li> <li>○ Poster presentation</li> <li>○ Podium presentation</li> <li>○ Preparation for didactic series (3 examples)</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Appendix requirements as stated in the PGY2 Ambulatory Care Competency Areas, Goals, and Objectives <a href="#">PGY2-Ambulatory-Care-CAGO-BOD-Approved-2017</a> (see PharmAcademic for more details)</li> </ul>		
<ul style="list-style-type: none"> <li>• Upload deliverables for the below objectives to PharmAcademic per ASHP PGY2 Ambulatory Care Pharmacy Residencies CAGO guidance: <ul style="list-style-type: none"> <li>○ R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for ambulatory care patients.</li> <li>○ R2.1.1: (Creating) Prepare or revise a protocol (e.g., work flow, scope of practice, collaborative practice agreement, or clinical practice protocols) related to ambulatory care.</li> <li>○ R2.2.2: (Creating) Develop a plan or research protocol for the project.</li> <li>○ R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication.</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>○ R3.3.2: (Creating) Assure that the service operates in accord with legal and regulatory requirements.</li> </ul>		
<p><i>The RPD will review progress toward meeting residency requirements (Including topics in PGY2 Ambulatory Care CAGOs) with each resident quarterly and the information provided to the resident will be documented in their quarterly evaluation.</i></p> <p><i>The final RAC meeting of the year serves to address any outstanding objectives not yet marked as achieved for the residency. A vote at RAC will take place if there are disagreements regarding whether a resident has achieved an objective. Tiebreakers will be decided by the RPD.</i></p>		

# Appendix A: Preceptor Expectations

## Residency Program Director and Pharmacy Residency Preceptor Expectations

### SELECTION AND RESPONSIBILITIES OF A RESIDENCY PROGRAM DIRECTOR

The Residency Program Director (RPD) is appointed or selected by the System Manager of Educational Programs and Pharmacy Leadership Team. RPDs must meet all the qualifications of a preceptor and the standards set by the ASHP accreditation standards for Residency Program Directors.

#### [ASHP-Accreditation-Standard-for-Postgraduate-Residency\\_Programs](#)

### SELECTION OF A RESIDENCY PRECEPTOR

The selection of preceptors is inclusive of all pharmacists within the organization. The RPD will identify preceptors for the residency program based on interest and ability to teach, training and experience, and ability to provide a pertinent practice site where the resident can achieve learning objectives. All residency preceptors will meet a defined set of expectations and qualifications as set by ASHP accreditation standards.



## PRECEPTOR QUALIFICATIONS

PGY1 Residency Preceptor	<p>Must be licensed pharmacists who:</p> <ul style="list-style-type: none"> <li>• have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in the area precepted; or</li> <li>• have completed an ASHP-accredited PGY1 residency followed by an ASHP- accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or</li> <li>• without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience in the area precepted.</li> </ul>
PGY2 Residency Preceptor	<p>Must be licensed pharmacists who:</p> <ul style="list-style-type: none"> <li>• have completed an ASHP-accredited PGY2 residency program followed by a minimum of one year of pharmacy practice in the advanced practice area; or,</li> <li>• without completion of an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area.</li> </ul>

All preceptors, while maintaining his or her individual style of teaching, will maintain the consistency of teaching throughout the residency program. Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by:

- Content knowledge/expertise in the area(s) of pharmacy practice precepted
- Contribution to pharmacy practice in the area precepted
- Role modeling ongoing professional engagement
- Preceptors who do not meet the above criteria, have a documented individualized preceptor development plan to achieve qualifications within two years

Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.

- Preceptors actively participate and guide learning when precepting residents

Non-Pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) may be utilized as preceptors per the following requirements:

- Direct patient care learning experiences are scheduled after the RPD, and preceptors assess and determine that the resident is ready for independent practice
- Readiness for independent practice is documented in the resident's development plan

## **PRECEPTOR APPOINTMENT**

### ***Initial Preceptor Appointment***

Preceptors for Novant Health Pharmacy Residency Programs must meet the qualifications set forth by the ASHP Accreditation Standards for Postgraduate Pharmacy Residency Programs. The System RAC will qualify or appoint residency program preceptors using the designation: Full Compliance (FC) or Partial Compliance (PC) based on the information provided in the preceptor's Academic and Professional Record (APR) Form. Preceptors in FC status remain appointed for two years. Preceptors in PC status require a Preceptor Development Plan and have two years to achieve FC status to remain a preceptor. See [Preceptor Qualification and Development](#) for additional information.

### ***Preceptor Re-Appointment***

The APR Form will be completed by the preceptor and reassessed by the RPD every two years to ensure the preceptor continues to be eligible to precept residents. System RAC will have the final approval of preceptor appointment and re-appointment.

## **PRECEPTOR DEVELOPMENT**

Pharmacy Services will provide ongoing activities for preceptor development. Preceptors in FC status must lead and/or participate in development activities to remain in compliance (at least two per academic year). Preceptors in PC status will partner with a mentor, in FC status, and residency program leaders to create a Preceptor Development Plan to achieve FC status.



## ROTATION ORIENTATION AND EVALUATION

At the beginning of each rotation, the preceptor will provide the resident with a clear and complete description of the learning experience including:

- A general description of practice area/roles of pharmacists in the practice area
- Expectation of residents
- Goals/objectives with list of learning activities that will facilitate achievement
- A description of evaluations that must be completed by preceptors and residents

Preceptors must orient residents to their learning experience using the learning experience description and use the four preceptor roles as needed based on residents' needs. The preceptor will clarify the amount of time the resident is expected to devote to the rotation (time for pre-rounding, rounding, patient or topic discussions, follow-up, projects, etc.). The preceptor will clarify the priorities of daily activities. The preceptor will indicate to the resident the days/times when he or she will not be available. The preceptor will establish a list of topics for the rotation. Readings for topics may be assigned or selected by the resident based on preceptor expectations. The resident's understanding of topics is pertinent for the rotation. The preceptor will meet with the resident on an ongoing basis for a discussion of patients, topics, and to provide performance feedback. The preceptor will provide ongoing verbal formative feedback to the resident about how they are progressing and how they can improve during the rotation. Feedback is written for residents not progressing as expected. Verbal feedback provided to the resident should also be communicated to the RPD to assist with resident progression documentation. Written feedback must occur at a minimum of once per rotation. Upon conclusion of the rotation, a summative evaluation is to be completed and reviewed by the preceptor with the resident on the last day of the rotation in concert with the resident's self-evaluation. A summative evaluation will be completed quarterly (at the 3-, 6- and 12-month marks) for all longitudinal rotations. The RPD will review all Preceptor and Learning Experience evaluations throughout the year.

## Appendix B: Recruiting Process

### Pharmacy Residency Recruiting Process

Residency candidates will be selected by the RAC which includes the RPD and RPC (if applicable), designated preceptors, and pharmacy leaders. Other individuals may be involved in the process upon invitation from the RAC.

Residency candidates will be selected following a defined standardized objective recruitment and evaluation process. Following this process, Novant Health pharmacy residency programs will rank potential resident candidates in order of preference and utilize the National Matching Service (NMS) for final resident selection as required by the ASHP Standard for pharmacy residency programs.

#### **EARLY COMMITMENT PROCESS**

Internal PGY1 candidates may be considered for PGY2 residency positions through the Early Commitment Process as outlined by the ASHP National Match if the PGY2 program offers Early Commitment and is operated by the same organizational structure (includes offsite PGY2 programs). PGY1 residents must be in good standing (i.e., not on a performance improvement plan) and on track for graduation to participate in the early commitment process. Novant Health PGY2 candidates who do not qualify for early commitment may apply to gain consideration during the standard interview process. Novant Health will utilize the NMS for PGY2 positions not filled with internal PGY1 resident candidates through the Early Commitment Process.

#### **FOREIGN APPLICANTS**

Novant Health does not sponsor visas for foreign applicants. Only applicants with U.S. citizenship or visas with active status for the duration of the residency program should apply.

#### **RECRUITMENT**

Recruitment may occur in-person during professional meetings (e.g., ASHP Midyear Clinical Meeting, NCAP state residency showcase) and/or virtually (e.g., residency showcase). Representatives from each residency program, including but not limited to RPDs, residents, and preceptors may participate to interact with prospective candidates.

### **PGY1 APPLICATION PROCESS**

The application deadlines for Phase I of the Match and Phase II of the Match are set by ASHP for each residency program annually. Candidates must submit a complete application, including the items below, for consideration.

- a. Online application through Pharmacy Online Residency Centralized Application (PhORCAS)
- b. Curriculum vitae
- c. College/school of pharmacy transcripts
- d. Three letters of recommendation
- e. Letter of intent

### **PRE-SCREENING PROCESS**

1. Match I (Phase I)
  - a. Prescreening is based on an objective site-specific screening document, including GPA, practice experience, and other pertinent criteria. Applicants from Pass/Fail schools will be considered.
  - b. The top ranked candidates will be invited for a virtual interview.
  - c. There will be a minimum of five (5) candidates interviewed per resident position unless the number of qualified candidates is not met (i.e., fewer than 5 qualified candidates per position apply).
2. Match II (Phase II)
  - a. The pre-screening process for Phase II Match will mirror Phase I Match above.
3. Post Match Process
  - a. Applicants who did not obtain a position in either Phase of the Match, or who did not participate in either Phase of the Match, can submit applications using PhORCAS to programs in the Post-Match Process.
  - b. After the conclusion of both Phases of the Residency Match Program (RMP), residency programs with unfilled positions may extend direct offers—either verbal or written—to unmatched applicants or those who did not participate in the Match. Similarly, applicants who remain unmatched after the Match may be eligible to receive direct offers for admission into available programs.

## **CANDIDATE INTERVIEW**

### **1. Match I (Phase I)**

- a. The RAC will select the interview panel which will include the RPD, RPC, and a subset of preceptors and administrators. All interviewers will complete the interview evaluation to determine candidate rank for the Phase I Match.
- b. Residency candidate will undergo a formal interview.
- c. Residency candidate may complete a case review and/or presentation as part of the interview process.
- d. Preceptors reviewing case and/or presentation will provide an objective score and an evaluation of the residency candidate.
- e. Residency candidates will receive checklists of requirements and expectations for successful completion of the program.
- f. Residency candidates will receive policies pertaining to program start date and term of appointment, stipend and benefit information, licensure requirements, requirements for program completion, professional support for required meeting attendance, duty hours, professional, family, and sick leaves, consequences of leaves associated with inability to complete residency program, remediation/disciplinary policy, and dismissal from the residency program.

### **2. Match II (Phase II)**

- a. The candidate interview for Phase II Match will mirror Phase I Match above, with the following exception:
  - i. A case review and/or presentation may not be required as part of the interview process.

## **SELECTING A PHARMACY RESIDENT**

1. Match I (Phase I)
  - a. The PGY1 RPD and/or RPC will collate all evaluations and give each candidate an average score to determine a rank for all candidates.
  - b. The ranking will be decided by a site-specific formula giving weights to the interview, case and/or presentation, and the initial pre-interview application score. Score will be tallied, and additional final comments made using the interview scoring tool.
  - c. This rank list will be presented at the RAC meeting. The committee will review the numeric ranking and adjust the rank list as deemed necessary by group consensus.
  - d. The committee will also determine if there are candidates who will not be ranked.
  - e. A final rank for Phase I will be submitted to the ASHP National Matching Service.
2. Match II (Phase II)
  - a. The selection of a pharmacy resident will mirror Match I (Phase I) above.

## **PGY2 APPLICATION PROCESS**

1. Candidates must submit a complete application to be considered for a PGY2 residency position as specified by each PGY2 program.
2. The PGY2 RPD will determine if the program will participate in [Early Commitment Process](#) at least 30-days prior to the NMS Early Commitment Deadline. The Early Commitment process must be finalized by the start of the ASHP Midyear Conference to allow programs without early commitment candidates to successfully recruit externally.
3. Internal candidates will be interviewed using a defined interview process to evaluate candidates equally. Interviewers will complete the PGY2 interview evaluation tool.
4. The residents' performance during rotation will be considered in the selection process.
5. Internal candidates will be notified of their status prior to ASHP Midyear Conference so that they will know whether to pursue other programs.
6. Once an internal candidate has been selected, the Early Commitment Process will be followed.
7. In the event the PGY2 program is not filled by internal candidates during the Early Commitment Process, the PGY2 application process will be followed.

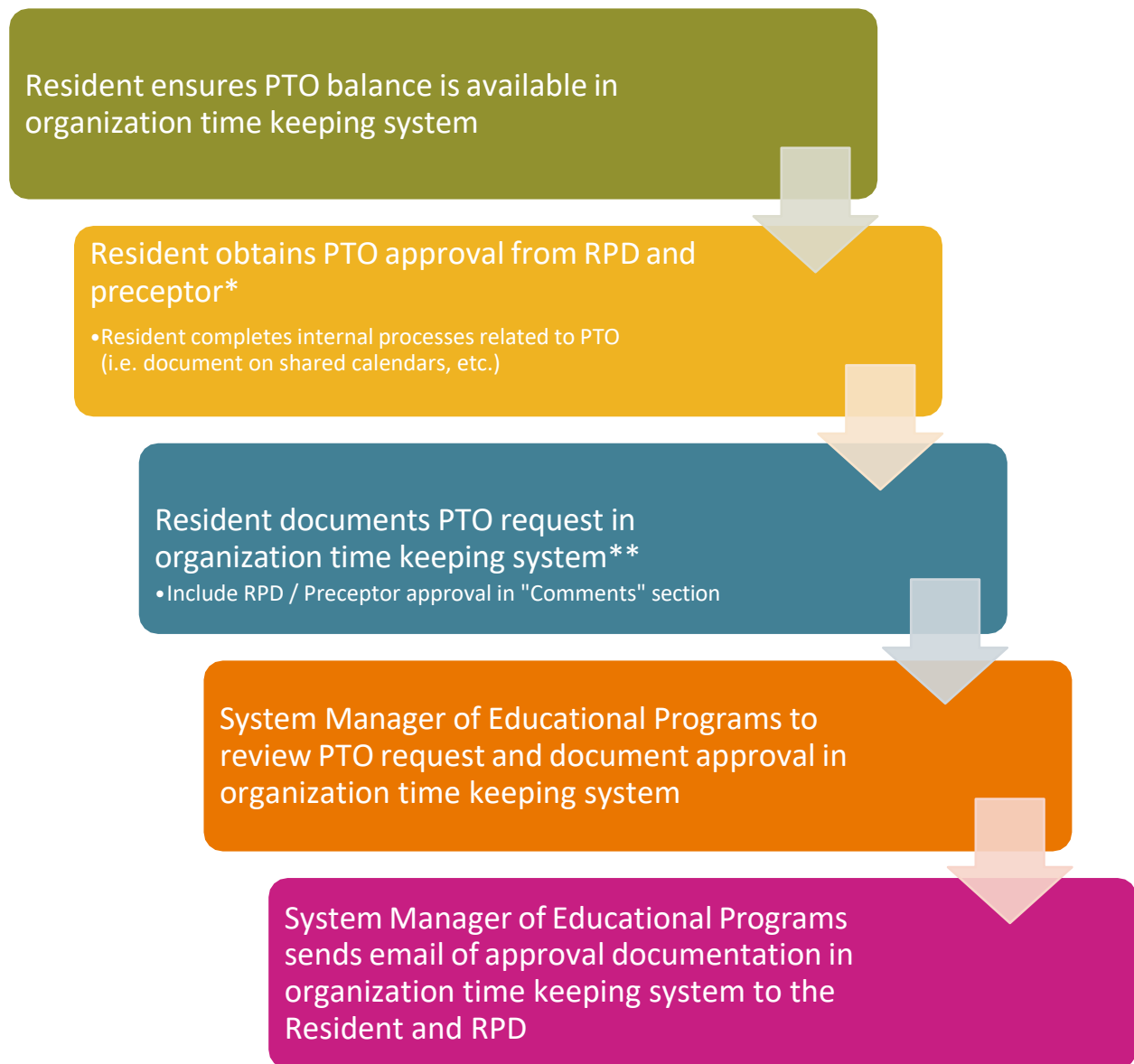
## **MODIFICATIONS TO SELECTION CRITERIA**

Modifications may be made to the interview process and selection criteria when deemed necessary by the RAC for ongoing quality improvement. The RAC must meet to discuss and approve modifications before implementation.

## **NATIONAL MATCHING SERVICE**

1. Novant Health will participate in the ASHP Match - National Matching Service.
2. The submitted ranking list will remain confidential.
3. After candidates are matched to residency programs, he/she must apply to Novant Health. A Novant Health Human Resources representative will contact matched candidates with an official offer of employment.
4. If there are unmatched positions for a residency program after Phase I Match and Phase II Match, RPD and/or the RAC may decide to participate in the Post Match Process.
5. RPDs and/or RPCs will send out an agreement letter and a copy of the residency program manual for the matched candidate to sign and return accepting their position within the residency program by the date specified by the National Matching Service.
6. All candidates must be approved for hire through Novant Health Human Resources prior to the official job offer being extended to the candidate.

## Appendix C: Resident PTO Approval Process



\*Initial approvals from RPD and respective preceptor should be documented via email (“Respective preceptor” is the preceptor whose rotation would be impacted by the requested time off). The System Manager and System Residency Coordinator should be copied on all approval emails.

\*\* Multiple days off should be entered by using the “Monthly View”, selecting the desired dates then clicking “Add Calendar” to generate one request rather than multiple separate requests

## Appendix D: Conference Attendance

### Pharmacy Residency Conference Attendance

Residents may be granted educational leave to attend specific meetings depending on the specific residency year, available program funds, and other relevant circumstances. Attendance is limited to one national meeting and one local/regional meeting, and residents must present a poster, abstract, or platform presentation to qualify for attendance.

If approved, the residency program will generally cover reasonable expenses, such as travel, lodging, and registration fees, associated with attending the meeting – up to the maximum allowed reimbursement amount. Travel and food stipend reimbursed at the government rate. All travel and reimbursement must follow Novant Health policies and procedures.

#### **NATIONAL MEETINGS**

- PGY1 residents will attend the ASHP Midyear Clinical Meeting to present a Medication-Use Evaluation (MUE) or comparable project and participate in recruiting activities and/or other activities as designated by program leadership.
- PGY2 residents may attend the ASHP Midyear Clinical Meeting or choose an approved conference in their area of specialty (i.e. HOPA, MAD-ID, SCCM, etc.) to present a poster, abstract, or platform presentation. PGY2 residents must submit a travel justification form for national conference attendance and obtain approval from System Manager and Senior Director of Educational Programs prior to booking travel arrangements.
- Following each meeting, residents must bring back an idea/proposal applicable to Novant Health and submit via the Conference Attendance Form for review by pharmacy leadership. Reimbursement will not be processed until the conference form has been submitted.
- Maximum reimbursement is \$1500/meeting.

#### **LOCAL/REGIONAL MEETINGS**

- PGY1 residents will attend University of North Carolina Research in Education and Practice Symposium (UNC REPS) or comparable meeting to present a research or comparable project and participate in activities as designated by program leadership. PGY2 residents may attend a local/regional meeting if research presentation obligation not met elsewhere.



- Following each meeting, residents must bring back an idea/proposal applicable to Novant Health and submit via the Conference Attendance Form for review by pharmacy leadership. Reimbursement will not be processed until the conference form has been submitted.
- Maximum reimbursement is \$500/meeting.

## Appendix E: Resident Moonlighting Activities

### Resident Disclosure and Request for Approval of Moonlighting Activities

#### SECTION I: DISCLOSURE OF PROPOSED MOONLIGHTING

1. Resident Name: \_\_\_\_\_
2. Residency Program: \_\_\_\_\_
3. Training Year:      ☐ PGY1                              ☐ PGY2
4. Specific description of the activity: \_\_\_\_\_  
\_\_\_\_\_
5. Dates on which moonlighting activities will commence \_\_\_\_\_ and end \_\_\_\_\_
6. Maximum length of shift: \_\_\_\_\_
7. Amount of time off (number of hours) between end of moonlighting and the beginning of next scheduled accredited program learning experience (minimum 8 hours): \_\_\_\_\_

#### SECTION II: RESIDENT'S CERTIFICATION

By signing this Request for Approval, I certify that the foregoing description of my requested moonlighting activities is accurate and true. I understand that any approval of the requested moonlighting activities is conditioned on my ongoing compliance with the following assurances, and will terminate upon failure to comply with any of the following:

- Moonlighting outside my approved training program will not interfere in any way with my educational experience, performance, or regular training program responsibilities as a resident.
- I will not engage in moonlighting activities during my scheduled training program hours, including times when I am scheduled to be on-call or available for consultations as part of my approved training program.
- I must remain in good standing in my approved training program, as documented by satisfactory evaluations, to continue moonlighting activities.
- I must promptly update this Request Form to reflect any changes in my moonlighting activities.
- My moonlighting activities outside the approved training program must comply with applicable federal and State law and regulations.
- I agree to the following work hour limits: My total aggregate work hours, including both my activities as part of an approved training program and my moonlighting activities shall

not exceed 80 hours per week when averaged over four weeks. Further, my moonlighting activities shall not exceed 8 hours per pay period.

- I understand that failure to comply with any of the foregoing conditions may result in withdrawal of permission to engage in moonlighting or other disciplinary actions.

I certify that I will comply with all the foregoing conditions while engaging in moonlighting activities:

Resident/Fellow Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION III: PROGRAM DIRECTOR APPROVAL/DISAPPROVAL

I have reviewed the above-noted request in addition to the expected duty hours and my determination regarding that request is as follows:

- ☐ Request Approved. I concur that the duty hour requirements will not be exceeded.

Approval for moonlighting activities is granted solely subject to the above-noted conditions and based on the below confirmations.

- ☐ No evaluations in PharmAcademic include the designation of “Needs Improvement”.
- ☐ RPD(s) has noted positive recommendations / comments from staffing/service commitment preceptors.

Approval is granted through the end of the current academic year unless changes in the conditions for approval occur. Submission of an updated Request for Approval must occur each program year or to reinstate moonlighting privileges once revoked.

- ☐ Request Denied

Residency Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager, Educational Programs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Novant Health Pharmacy Educational Programs

- Email: [PharmacyEducationalPrograms@novanthealth.org](mailto:PharmacyEducationalPrograms@novanthealth.org)
- Website: [Novant Health Pharmacy Residency Programs](#)