PGY2 Pharmacy Residency Manual

Bill Gatton College of Pharmacy
East Tennessee State University

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Dean’s Welcome

On behalf of the faculty, staff and students at the Bill Gatton College of Pharmacy, I would like to welcome you to the "Gatton Family". I'm confident that it shouldn't take long for you to recognize that the culture of our College is one of the most important elements of our success. The simple fact that you were chosen by the faculty from a large number of applicants speaks volumes about you and your professional success to date.

I look forward to seeing you grow and progress throughout the coming year. You will have an opportunity to make a difference in the health and well-being of the patients we serve. In addition, I hope that you will help make the residency program better for those who follow you in the years to come.

Please know that I am available to assist you in any way during your time at ETSU. I am excited that you have chosen the Gatton College of Pharmacy in your endeavor to further your professional education.

Debbie C. Byrd, PharmD, MBA, BCPS
Dean and Professor
Bill Gatton College of Pharmacy
East Tennessee State University
Johnson City, Tennessee 37614
423-439-2068
Residency Leadership Team Members and Responsibilities

Chair of the Department of Pharmacy Practice

The Department Chair identifies the Post-graduate Training Coordinator, Residency Program Directors, and residency preceptors. Ultimately all residents report to this individual through their respective program directors. The Department Chair provides contracts to residents after release of the residency match results and, if necessary, dismisses the resident. The chair also:

- Promulgates policies, procedures, and guidelines regarding the residency programs
- Ensures financial viability of post-graduate training programs
- Provides adequate resources for training and development of residents and preceptors
- Certifies that all residents meet graduation requirements, along with the Dean

Post-graduate Training Coordinator

This individual coordinates activities for all post-graduate training programs and reports directly to the Chair of Pharmacy Practice, including recruitment efforts. This individual also assists with accreditation for all programs and coordinates activities of the Tri-Cities Residency Consortium (TCRC). The Post-Graduate Leadership Team (PGLT) is also organized and coordinated by this individual.

Teaching and Learning Certificate Program Coordinator

This individual maintains the Teaching and Learning Certificate (TLC) Program and works directly with member institutions of the TCRC to include interested residents within the region. This individual reports directly to the Chair of Pharmacy Practice. The Post-graduate Training Coordinator will also work closely with this individual.
Residency Program Directors

Each Residency Program Director (RPD), in close association with the Department Chair and Coordinator of Post-graduate Studies, is the pharmacist responsible for direction, conduct, and oversight of the individual residency program. The RPDs are responsible for the following:

- Lead recruitment efforts for their individual program in collaboration with the practice site(s) and other post-graduate programs at the college
- Submit rank order lists to the National Matching Service
- Develop individualized plans for each resident during orientation
- Evaluate preceptors for appointment/reappointment
- Plan residency activities and schedules
- Perform quarterly evaluations and adjust the residents’ individualized plans, as necessary
- Ensure progression and appropriate documentation of progression for trainees
- Attend major residency activities
- Represent the residency on the Residency Advisory Committee and Post-graduate Leadership Team
- Process residents’ leave requests
- Monitor resident duty hours and verify adherence to ASHP standards
- Ensure program offerings meet ASHP accreditation requirements
- Assist in the update/revision of the pharmacy residency manual
- Assist the department chair and/or Post-graduate Training Coordinator in the compilation of program-specific documents for ASHP accreditation
Site Coordinators and Responsibilities

Ambulatory Care
McKenzie Calhoun, PharmD (ETSU Family Physicians, Kingsport)
Brian Cross, PharmD (ETSU Family Physicians, Bristol)
Brooklyn Nelson, PharmD (Ballad Health Primary Care, Johnson City/Elizabethton)
Ryan Tewell, PharmD (ETSU Family Physicians, Johnson City)

The site coordinators for the Ambulatory Care residency (a multiple-site residency program) oversee and coordinate the program’s implementation at individual sites and serve as preceptors in the program. In addition, the site coordinators:

- Determine schedules during block cycles in consultation with the RPD
- Provide instruction to residents during direct teaching months
- Interface with the RPD for overall program activities
- Work with preceptors during the block cycle regarding longitudinal experiences
- Ensure the site is compliant with ASHP standards and requirements
Residency Program Support Staff and Responsibilities

All support staff members assigned to the Department of Pharmacy Practice work directly with the Department Chair, Coordinator of Post-graduate Studies and RPDs to provide support for the program, including:

- Complete necessary documents for employment (e.g., signed contracts, original transcripts, residency completion certificates, background checks, immunizations)
- Ensure all required paperwork is completed and sent to human resources/payroll
- Archive human resource folders
- Submit annual residency program payment to ASHP (January)
- Support recruitment efforts (e.g., ASHP Midyear Clinical Meeting)
- Schedule interviews
- Prepare office space for residents (e.g., supplies, keys)
- Distribute materials before the residency (e.g., residency manual, related documents)
- Organize orientation (e.g., schedule, agenda, orientation books)
- Coordinate and support TCRC events
- Provide general support of residents (posters, lab coats, forms, etc.)
- Complete travel support documentation
- Support Post-Graduate Leadership Team meetings (schedule, agendas, minutes)
- Prepare program documents for accreditation by the American Society of Health-System Pharmacists

Office of Graduate Medical Education, College of Medicine

- Completes Banner documentation
- Orient residents to program benefits
Preceptors

All preceptors must meet the qualifications outlined in Standard 4 (Requirements of the Residency Program Director and Preceptors) and be willing to adhere to all requirements of Standard 3 (Design and Conduct of the Residency Program). In general, all college faculty are expected to participate in residency training, in their respective practice areas, as part of their normal responsibilities. Preceptors are selected at the sole discretion of the RPD with input from the Chair of Pharmacy Practice. The Chair is integral in the evaluation process by evaluating preceptor effectiveness, in consultation with the RPD, as part of the University’s FAP/FAR/FAE process. Preceptors must also adhere to the college’s Preceptor Development Plan for Post-graduate programs.

Criteria for Appointment and Reappointment of Preceptors

Preceptors are appointed by the Residency Program Director, in cooperation with the site coordinator and partnering organization, after being qualified consistent with the criteria outlined in the Standards. Preceptors are reviewed annually and discussed as part of the program’s annual quality improvement process and any recommended changes are proposed by the RPD for approval by the Residency Advisory Committee (RAC). Evaluation of preceptor performance includes review of the submitted ASHP academic and professional record, review of resident evaluations, compliance with documented functions and responsibilities, and adherence to preceptor development plan.

Preceptors who cannot maintain required expectations or fail to meet quality standards may be identified for development. The RPD will design an individualized preceptor development plan that the preceptor will be required to adhere to and show appropriate improvement within a set timeframe. Additionally, placement of residents with this preceptor may be postponed. Preceptors who are not compliant or who continue to fail to meet quality standards will be removed from the roster. Following approval by the RAC, the RPD will notify the preceptor’s supervisor of the change in preceptor status.

Preceptor Development Plan

Initial Assessment

All preceptors must complete the ASHP academic and professional record form or fill out the necessary informational fields in PharmAcademic. Academic and professional records must be reviewed by the Program Director or designee. Preceptors must document any completed preceptor development on their annual FAP/FAR/FAE and must also agree to participate in residency program preceptor development requirements. Preceptors must meet the requirements as outlined in Standards 4.4 through 4.8 of the ASHP Accreditation Standard for
Postgraduate Year Two (PGY2) Pharmacy Residency Programs. Preceptors-in-Training must be assigned a mentor and complete a preceptor development plan consistent with Standard 4.9.

Development

All preceptors must agree to complete professional development activities. For faculty preceptors, these activities are part of their normal expectations and will be documented and monitored using the Universities required Faculty Activity Plan (FAP)/Faculty Activity Report (FAR)/Faculty Activity Evaluation (FAE) system. This evaluation is conducted annually by the Chair of Pharmacy Practice for each faculty preceptor. Input from the Residency Program Director (RPD) will be provided to the Chair and the Chair will provide feedback, as necessary, to the RPD. Non-faculty preceptors will be monitored by the RPD for completion of ongoing preceptor development activities. Preceptors are allowed to complete their development by attending sessions at local, regional, or national meetings.

Bi-Annual Live Event

The college should sponsor a preceptor development session bi-annually. This will incorporate clinical topics along with programming specific to preceptor development at the level of student pharmacists. Preceptor development at the level of residents may also be additionally provided. Event planning shall be coordinated by the Department of Experiential Education. Guidance and oversight of content should be provided by the Experiential Education Committee and Experiential Education Advisory Board.

Online Development

The college partners with the Collaborative Education Institute (CEI) and Pharmacists’ Letter to offer preceptor development activities. These activities will be provided to our preceptors, including student and resident preceptors, at no charge and offer an online alternative to live programming. Development activities offered via CEI are monitored by Office of Experiential Education staff and logged in the online program management system (Evalue). It is the responsibility of the preceptor to notify the RPD and/or Chair of completion of residency specific modules. The recommended mechanism is for faculty preceptors to include in the FAP/FAR/FAE, and for all preceptors to include on their academic and professional record.

Preceptor Feedback of Instruction

Preceptors shall be provided feedback via resident assessment per the assessment plan as outlined in the residency manual and individual learning experience descriptions. Preceptors may access their evaluations at any time in PharmAcademic. The Chair may request information, as necessary, from the RPD for inclusion in the annual FAP/FAR/FAE process, if not provided by the faculty. Any concerning evaluations of preceptors completed by the resident will be immediately brought to the attention of the Post-graduate Leadership Team (PGLT) and/or the Chair.
Noncompliance

Preceptors or sites who fail to participate in the required preceptor development and quality assurance initiatives may be required to undergo development before placement of additional residents. Preceptors who cannot maintain required expectations or continually fail to meet quality standards may be identified for development and/or removed from the roster. The RPD will notify the Chair immediately if development and/or removal from the preceptor roster is necessary for any faculty preceptor. For non-faculty preceptors, their respective supervisor will be notified by the RPD.
Program Oversight

Tri-Cities Residency Consortium

The Tri-Cities Residency Consortium (TCRC) consists of pharmacy residency programs in the Tri-Cities area of Northeast Tennessee. The Gatton College of Pharmacy (GCOP) is a member of the TCRC and organizes and hosts the group.


B. Responsibilities and functions:

- collectively elevate pharmacy residency training in the Tri-Cities/Northeast Tennessee
- assist sites and residents in conducting research activities by hosting forums for residents to present research ideas and results
- coordinate collaborative preceptor development opportunities
- enhance resident networking opportunities throughout the residency year

C. Membership: Any pharmacy post-graduate training program in the Tri-Cities region (Northeast TN) may participate in this consortium.

D. Meetings: The TCRC meets in July at the resident picnic, in the fall during research presentations, and in the spring during the SERC practice presentations. Additionally, the TCRC should have a meeting once per semester including all program directors (fall and spring) to either discuss current issues relative to residency training and/or preceptor development activities. The post-graduate training coordinator for the Bill Gatton College of pharmacy will serve as the chair of the consortium.
Post-Graduate Leadership Team (PGLT)

The Post-Graduate Leadership Team (PGLT) is established based upon the needs and request of the Chair of the Department of Pharmacy Practice.

A. **Purpose**: The purpose of the PGLT is to coordinate the post-graduate activities within the ETSU Gatton College of Pharmacy. This committee differs from the RAC in that it provides a much broader oversight of post-graduate related issues, above and beyond what is needed at the individual program level.

B. **Responsibilities and Functions**:

- Coordinate the activities of the college of pharmacy related to post-graduate training including all accredited and unaccredited residency and fellowship programs
- Support program directors in providing professional and preceptor development activities
- Plan and execute recruitment activities for post-graduate training activities
- Oversee policies and procedures relative to post-graduate training to ensure as much standardization as possible
- Review research efforts of post-graduate trainees to ensure quality and logistical feasibility as it relates to the respective programs
- Provide oversight of the Teaching and Learning Certificate Program
- Oversees the programs’ continuous quality improvement process and ensures programs conduct ongoing quality improvement as necessary

C. **Membership**: The Post-Graduate Leadership Team (PGLT) is comprised of the Chair of the Department of Pharmacy Practice, the Coordinator of Post-Graduate Studies, the directors of all post-graduate training programs within the College, and staff responsible for supporting the residency and fellowship programs. The Coordinator of Post-Graduate Studies serves as Chair and provides leadership and oversight.

D. **Meetings and Minutes**: The PGLT will meet approximately every month and will maintain a permanent record of its proceedings and actions. Minutes of each meeting will be prepared by a designated staff member and will be maintained by the Coordinator of Post-Graduate Studies.
Residency Advisory Committee (RAC)

The Residency Advisory Committee (RAC) is established in accordance with the American Society of Health-Systems Pharmacists (ASHP) Accreditation Standards for Residency Programs.

A. **Purpose:** The purpose of the RAC is to guide the overall residency program with respect to the ASHP Accreditation Standards and to ensure that program leadership and preceptors are engaged in the design and oversight of the program.

B. **Responsibilities and Functions:**

   - Contributes to the design of the core residency curriculum by reviewing, maintaining, and updating the educational and experiential learning experiences of the residency program, which will also be consistent with the current ASHP guidelines and Residency Learning Model
   - Annually reviews recommendations from the RPD regarding qualifications and appointment of preceptors and establishes their functions and responsibilities
   - Assures that overall residency program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation is provided, and resident evaluations are conducted
   - Annually reviews the incoming resident’s individualized plan for residency, training schedule, and learning objectives and quarterly reviews the resident’s progress in the residency and updated development plan
   - In conjunction with other identified experts in research, reviews potential residency research proposals for feasibility, research design, practice implications, and unique contribution to the literature
   - Refers residents as needed to the PGLT for corrective actions and dismissals as necessary, under the advisement of the Residency Program Director

C. **Membership:** The RAC is comprised of the RPD and at least 2 preceptors for required learning activities. At least 1 clinician from a partner site should be included. The RAC will be appointed by the RPD in collaboration with the Chair of Pharmacy Practice. Other preceptors affiliated with the program may be invited to RAC meetings as needed and engaged in RAC activities and residents may also be asked to participate, when appropriate and/or required.

D. **Meetings and Minutes:** The RAC will meet quarterly and will maintain a minutes of its proceedings and actions. The RPD will create the agenda. Minutes of each meeting will be prepared by a designated member and will be maintained by the RPD or his/her designee.
Purpose of the Residency Program

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

Overview of Residency Programs

PGY2 Ambulatory Care

Description
The ambulatory care residency program focuses primarily in family medicine (including inpatient and ambulatory care settings). A secondary and significant emphasis of the program is academia, with the Teaching and Learning Certificate program being a required component. The practice sites include ETSU Family Medicine Residency teaching practices in Kingsport, Johnson City, and Bristol, which are the primary teaching facilities for the Colleges of Pharmacy and Medicine. Family medicine faculty from the College of Pharmacy will be the primary preceptors for these experiences, with some elective rotations offered by experts in those areas from both the College and local area practice sites. Experiential teaching is an important component of this residency, as residents will be working alongside pharmacy and medical students, PGY1 pharmacy residents, and first-, second-, and third-year family medicine residents.

ASHP Competency Areas, Goals, and Objectives
Available here: https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation/PGY2-Competency-Areas
PGY2 Internal Medicine

Description
The internal medicine residency program focuses primarily on medicine patients and related subspecialties (e.g., cardiology, infectious diseases, oncology, etc.). A secondary and significant emphasis of the program is academia, with the Teaching and Learning Certificate program being a required component. The main site for the residency program is Johnson City Medical Center, part of Ballad Health, which is the primary teaching facility for the Colleges of Pharmacy and Medicine. Internal medicine faculty members from the College of Pharmacy serve as primary preceptors, with elective rotations offered by experts in those areas from both the College and Johnson City Medical Center. Experiential teaching is an important component of this residency, as residents will be working alongside pharmacy and medical students, PGY1 pharmacy residents, and first-, second-, and third-year medicine residents.

ASHP Competency Areas, Goals, and Objectives
This program teaches and evaluates all ASHP required goals and objectives and in addition teaches and evaluates all goals and objectives under elective competency area E1: Academia.

Required Block and Longitudinal Rotations
Each resident is required to complete all Internal Medicine rotations in the Internal Medicine Series. Some rotations may be scheduled more than once based on the resident’s initial self-assessment and goals for the training year. Residents will be given opportunity to complete at least 2 elective block rotations in specialty/sub-specialty areas of their choosing, based on availability.

The resident will work in the Transitions of Care Clinic longitudinally throughout the residency year. The Internal Medicine Resident is responsible for covering patient care responsibilities, in collaboration with a faculty preceptor, on Tuesday afternoons. Any absences should be scheduled and communicated with the preceptor in advance, as the resident is an integral part of the interprofessional patient care team.

Additional required longitudinal experiences include: Orientation, Administration/Practice Management, Research Project, and completion of the Teaching and Learning Certificate Program.
Selection of Residents

Qualifications of Resident Applicants
Applicants must have a Doctor of Pharmacy degree from an ACPE-accredited college or school of pharmacy, have completed an ASHP-accredited PGY1 residency (PGY2 programs only), and be eligible for licensure in Tennessee and/or the state(s) of the assigned practice site(s).

Application Information
To apply for one of the residency programs, applicants submit an application to PhORCAS ([https://phorcas.webadmit.org](https://phorcas.webadmit.org)). The deadline for applications is January 5th each year.

Recruitment and Selection of Residents
Recruitment of residents for the pharmacy residency program primarily begins at the ASHP Midyear Clinical Meeting, including the Residency Showcase and the Personnel Placement Service. Assessment of applicants begins at this meeting but continues throughout December based on further interactions with applicants. The residency programs use the standardized evaluation forms through PhORCAS to collect data relative to the applicants' ability to achieve the goals and objectives of the specific residency program. After receipt of formal applications through PhORCAS, each individual RPD, with input from preceptors, selects individuals for on-site interviews based on information gathered either during PPS or a web-based video interview using a PGY2 Screening Questionnaire in addition to the application collected through PhORCAS. Interviews occur during late January, February and early March, and these interviews entail a full day with a presentation of approximately 30 minutes on a clinical topic of the residents’ choice. Programs use standardized forms to evaluate applicants, including an evaluation form for individual preceptor interviews and a form for the presentation. After interviews are completed, the RPD, in collaboration with preceptors, identifies acceptable candidates based on feedback collected using the evaluation forms. This information is used to develop a rank order list, which is then communicated to the Post-graduate Leadership Team and submitted to the National Matching Service by the RPD. Once match results are released, the Chair of the Department of Pharmacy Practice extends formal contract offers on behalf of the College.

Pre-Residency Requirements
Residents will be required to provide certain documents prior to formal employment. Specific requirements will be requested by Department of Pharmacy Practice staff after the matching process has occurred. Documents include items such as federal employment forms, vaccination documentation, pharmacy license, and a copy of the residents PGY1 residency completion certificate, once earned. Additionally, all residents are required to participate in a pre-employment background check to be arranged and paid for by the College.
### General PGY2 Schedule

<table>
<thead>
<tr>
<th>July Orientation</th>
<th>July-September</th>
<th>October-December</th>
<th>January-March</th>
<th>April-June</th>
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<tbody>
<tr>
<td>✓ College and practice site(s) orientation</td>
<td>✓ Blocked rotations begin</td>
<td>✓ Quarterly residency evaluation (revise goals as necessary)</td>
<td>✓ Quarterly residency evaluation (revise goals as necessary)</td>
<td>✓ Quarterly residency evaluation (revise goals as necessary)</td>
</tr>
<tr>
<td>✓ Residency rotations and longitudinal experiences selection</td>
<td>✓ Continuing education program advisor identified</td>
<td>✓ IRB approval secured and residency project implemented, including data collection</td>
<td>✓ Residency project finalized and prepared for presentation at Southeastern Residency Conference</td>
<td>✓ Attend and present residency project at the Southeastern Residency Conference</td>
</tr>
<tr>
<td>✓ Specific residency goals and evaluation points established with the RPD</td>
<td>✓ Residency project advisor identified</td>
<td>✓ ASHP Midyear Clinical Meeting attendance (December)</td>
<td>✓ Manuscript preparation begins</td>
<td>✓ Residency project findings disseminated (e.g., poster, publication)</td>
</tr>
<tr>
<td>✓ Dates and deadlines for major activities finalized</td>
<td>✓ Project development and submission for IRB approval, as necessary</td>
<td>✓ Recruitment of the next year’s resident(s)</td>
<td>✓ Recruitment of the next year’s resident(s)</td>
<td>✓ Publication submitted</td>
</tr>
<tr>
<td>✓ Teaching and Learning Certificate Program enrollment</td>
<td></td>
<td></td>
<td></td>
<td>✓ Final residency evaluation completed</td>
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<tr>
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<td></td>
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<td></td>
<td>✓ End-of-year residency items uploaded</td>
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</tbody>
</table>

**As scheduled throughout the year:**

- ✓ Longitudinal experiences
- ✓ Staffing
- ✓ Continuing education program
- ✓ Teaching activities
- ✓ Publication
Expectations for Professional Practice

Professional Conduct
The Gatton College of Pharmacy embraces the educational philosophy and values of East Tennessee State University and is committed to the following core values:

**Academic Excellence**
We strive to achieve excellence in teaching, scholarship, and service to the university, local, and professional communities.

**Professionalism, Integrity, and Character**
We aim to create an environment that instills professionalism, integrity, empathy, a high standard of ethical behavior, and the highest professional commitment to the patient, the community, and the employer.

**A Caring Community**
We endeavor to create a caring community characterized by mutual respect, patience, kindness, and generosity, and one that respects, values, and promotes the dignity and diversity of faculty and students.

**A Culture of Service**
We strive to create a culture that values and promotes service to our patients, school, community, and profession.

**Lifelong Learning**
We pursue a passion for lifelong learning and a commitment to personal and professional growth as we serve our patients, community, and profession.

**Creativity**
We hope to create an atmosphere open to new ideas and to foster an environment that provides opportunities for students to explore their individual passions and desires pursuant to the profession of pharmacy.

Professional Dress
The resident will dress professionally in business attire when in contact with patients, other healthcare providers, or students unless otherwise instructed. When the resident represents the College to another healthcare provider or patient, he/she should also wear a long white medical coat with appropriate labeling. Residents must adhere to any additional guidelines in place at each assigned practice site.
Employee Identification Cards
The resident must wear his/her name badge when conducting the business of the College or affiliate institution.

Confidentiality
The resident will have access to confidential information regarding patients and students. This information must remain confidential and may not be disclosed to any unauthorized individuals in accordance with HIPAA (http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/) and FERPA (http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html), respectively. In addition, confidential information can only be included in encrypted email communication per site and/or university policy or through secure text messaging (Tiger Connect). Violation of this confidentiality policy is grounds for dismissal from the program. ETSU requires all personnel with patient care responsibilities to complete the university’s online mandatory HIPAA training modules.

Attendance
Residents are required to attend all professional functions dictated by the RPD, residency leadership team, and rotation preceptors. Residents are responsible for their assigned duties of the residency program (e.g., rotations, staffing, etc.), and to assure commitments are met in the event of an absence. All leave requests should be submitted in advance to the RPD after discussion with relevant preceptors. An excused absence is defined as leave approved by the RPD.
General Responsibilities of the Resident

Employment Eligibility
Residents must meet state and federal guidelines for employment (I9 documentation).

Pharmacy Licensure
Residents must obtain a license to practice pharmacy in the state of Tennessee by September 1st of the program year. The license must remain in good standing with the Tennessee Board of Pharmacy for the entirety of the training period. Failure to obtain or maintain an active license as stated above may result in the resident being dismissed from the residency training program. Tennessee levies a professional privilege tax on all pharmacists who hold an active license as of June 1st each year.

Health Status Documentation Requirement
Residents are required to provide documentation of immunization to measles, mumps, rubella, diphtheria and polio and record of any past immunization against or infection with varicella (chicken pox). Results of a skin test for tuberculosis within the past six months must also be provided. If BCG was administered in the past, please note this. Furthermore, documentation of immunity to Hepatitis B by serologic testing must be provided. If this documentation is lacking, the incoming resident will be required to obtain Hepatitis B vaccination at the time of employment. It is the resident’s responsibility to provide the required immunization and tuberculosis skin test data prior to initiating clinical duties. Failure to do so will delay the resident’s participation in the program. Compliance with OSHA and CDC safety, bloodborne pathogen and infection control guidelines is also required.

Pharmacy Malpractice Insurance
Professional liability insurance coverage will be provided by the Tennessee Claims Commission Act (TCA 9-8-301 et seq) for the period of agreement only. Claims made after the termination of training will be covered if based on activities of the educational program and occurred during the agreement period. This coverage does not extend to any practice of pharmacy for activity outside the pharmacy education program of the University. The resident must obtain supplemental liability insurance at his/her expense. Each resident is responsible for any liability incurred in the operation of vehicles used in transportation to assigned duties.

Basic Life Support and Advance Cardiac Life Support
Each resident will successfully complete basic life support training and is strongly encouraged to complete advanced cardiac life support training, as dictated by the program RPD.

Membership in the Tennessee Pharmacists Association
Residents are strongly encouraged to join Tennessee Pharmacists Association and to participate in TPA activities as authorized by their RPD.
General Residency Requirements

Internal Medicine Rotations

**Block rotations**
This is the most frequently occurring mode of instruction in this residency, and these distinct periods are spent at a particular site with a specific preceptor. Block rotations begin in August and typically follow calendar months. The resident will spend seven months with general internal medicine teams, one month completing an administrative block rotation, and two months for elective block rotations. Orientation will occur during the month of July and December is reserved for travel to Midyear, completion of required projects, and Holiday leave per the University calendar. The elective rotations that may be completed include cardiology, critical care, oncology, infectious diseases, and psychiatry. Electives may change from year to year based on preceptor availability.

**Longitudinal rotations**
These learning experiences are in addition to block rotation experiences and span a specific amount of time, which could be a few days or weeks to the entire year. Experiences will be based on the resident’s goals and objectives established at the beginning of the residency program or during a quarterly review of the resident’s progress.

Ambulatory Care Rotations

**Clinical Rotations**
The resident will spend six to eight week long block rotations in family medicine clinics that provide the foundation of the residency experience. The resident will spend 1/2 day per week in a continuity clinic for the entire 12-month experience. Elective rotations (which may include infectious diseases/HIV clinic, oncology clinic, private-practice endocrinology, indigent-care clinic, psychiatry, geriatrics, and/or pain management) may be provided as a block or longitudinal rotation depending on the preceptor and clinic time availability.

**Longitudinal Experiences**
These experiences will be interwoven throughout the entire year and may vary based on the core Family Medicine block rotation and longitudinal experience scheduled.
Inclement Weather
Residents are to follow University policy when inclement weather occurs. Under extreme
conditions, the University and/or clinics may choose to officially close, delay, or suspend
selected activities. An official statement of closing will be posted on the University’s web page,
broadcast over several area radio and television stations, including the University’s radio
station, WETS-FM, and distributed via the ETSU GoldAlert Messaging System. (Residents may
sign up for GoldAlert by going to https://www.getrave.com/login/etsu.) Residents are
responsible for monitoring these sources for announcements and contacting the RPD and/or
preceptor for further instructions.

Duty Hours
Resident duty hours will reflect and reinforce the resident’s obligation for adequate, continuous
patient care while at the same time recognizing that prolonged and difficult practice duties
detract from this obligation. The residency program adheres to the ASHP policy regarding duty
hours.

Duty hours must be limited to 80 hours per week, with 1 day off for every 7 days worked, when
averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
Duty hours are documented via E*Value and monitored by the respective RPD. Complete
details are available in the ASHP Duty-hour Requirements for Pharmacy Residencies. Residents
and preceptors must adhere to these requirements at all times without exception.

External Employment (see appendix form)
Employment not related to the resident’s training program (moonlighting) is permitted only
with approval of the RPD. All hours worked as outside employment fall under the restrictions
outlined in duty hours. The university can require the residents to be rested and alert while
performing their duties. The RPD is responsible for addressing a resident’s fitness for
performance of duties. Violation of this policy could result in disciplinary actions up to and
including dismissal from the program. External employment hours are counted and must be
recorded as duty hours in the tracking system (E*Value).
General Required Activities

Project

Each resident will complete a research project. Residents will identify a project mentor, submit a project selection form (with approval), adhere to the general timeline below, and submit the project for IRB approval.

July
Meet with RPD to discuss research process and potential research topics; receive IRB protocol training

Mid-July
Select research topic

Mid-August
Present residency project proposal/specific aims to college faculty and preceptors

Mid-September
Submit project to research office and/or IRB

November
Begin data collection

Early-April
End data collection and begin data analysis

Mid-April
Prepare for SERC presentation (present research project initially to college faculty and preceptors, then Tri-Cities Residency Consortium)

Late-April
Present research project at Southeastern Residency Conference (SERC)

May-June
Finalize manuscript (the project must be submitted to the RPD in a finalized form sufficient for publication)
Continuing Educational Presentation (see appendix form)
Each resident will be required to develop and deliver a one-hour ACPE-accredited presentation to local pharmacists during his/her training year. A mentor should be identified early on in the program for this activity. The topic is ultimately approved by the RPD with input from postgraduate leadership team.

Journal Club
Residents will complete journal clubs as part of individual residency programs. The specific requirements may vary by program and preceptor and will be provided by the individual RPD and/or preceptor.

Publication
In addition to the residency project, it is strongly encouraged, particularly for residents seeking a career in academia, that each resident submit one peer-reviewed article for publication. The type of article will vary and may include a case study, review article, or other manuscript as approved by the RPD.

Teaching Responsibilities
Each resident will complete the Teaching and Learning Certificate Program during their year (see separate document providing a description of the Teaching and Learning Certificate Program).

Since residents enrolled in the GCOP residency program are Postgraduate Year Two (PGY2) residents, there are further requirements related to didactic and experiential teaching than that outlined in the Teaching and Learning Certificate Program description. Each resident will serve as a facilitator for the Communication Skills for Health Professions (PMPR 4182) course (fall semester). Additionally, each resident will give at least four hours of formal teaching to pharmacy students in the classroom. While some lecturing is satisfactory, the teaching should have a mixture of settings and approaches including an active learning component. Each resident will observe other pharmacists precepting students early in the program. After sufficient experience, residents may serve as the formal preceptor for one to two Advanced Pharmacy Practice Experiences, which include up to two students.

Resident Mentors
Residents will have a preceptor for each individual rotation (blocked and longitudinal) and any staffing requirement, where applicable. Selected individuals will also serve as mentors for major activities, including 1) the residency project and 2) continuing education program. During the first two months of the program, the resident must, in conjunction with the RPD, identify one mentor for the residency project and one mentor for the continuing education presentation. The RPD may serve as one or both of these roles.

Chief Resident
There is currently no chief resident for our residency training programs.
Southeastern Residency Conference
Each resident will attend and present their project results at the Southeastern Residency Conference (SERC). Travel support will be provided.

ASHP Midyear Clinical Meeting
Residents are required to attend the ASHP Midyear Clinical Meeting and will be given financial support to do so. At the meeting, one of the residents’ primary responsibilities will be to help recruit future residents as part of the Residency Showcase and Personnel Placement Service.

Participation in Recruitment Efforts
Each resident will assist with program recruitment efforts. In addition to attendance at the ASHP MCM, each resident will serve as a source of information and advice for potential candidates. During interviews scheduled in January, February and March, there will be scheduled times for interviewees to interact directly with current residents. Residents will also follow-up with candidates and ensure all questions have been adequately answered.

Residency Portfolio
Each resident will maintain a portfolio in PharmAcademic to document the completion of their required learning activities. The resident is encouraged to keep copies of their files although the resident should be able to access their portfolio through PharmAcademic even after separation from the residency program. The notebook will include, at a minimum:

a) Handouts of in-services to nurses, physicians or other healthcare professionals  
b) Final documents for projects (i.e. MUE, formulary review, etc.) when applicable  
c) Handout/slides/posters from presentations of research project  
d) Draft manuscript for research project  
e) Other manuscripts submitted or prepared for publication  
f) Curriculum vitae updated June of residency year  
g) Hyperlink to the online TLC portfolio**  
h) Summary of time tracking reports for the residency year (RPD will retrieve from EValue and add to the residents' files in PharmAcademic)

**The Teaching and Learning Certificate (TLC) Program Portfolio is a separate requirement (see separate document providing a description of the Teaching and Learning Certificate Program).
**Completion of Program Requirements**

A certificate will be issued on the recommendation of the Dean after completion of satisfactory service. This certificate and any letters of verification will be issued only after the resident has completed all requirements, has settled all financial obligations to the university and affiliated hospitals/clinics, and has returned all hospital/clinic and university property.

At a minimum, the resident must complete the following to be awarded a certificate of completion:

- Complete the appropriate rotations as assigned by the RPD and agreed upon by the resident in the customized training plans
- Achieve at least 90% of the required outcomes for the given residency program
- Complete the research project including a finalized initial draft of a manuscript
- Complete all assignments such as journal clubs/MUEs/administrative projects
- Satisfactorily complete all assigned job duties/activities as requested by the RPD or outlined in the residency manual
- Document attainment of competence for the disease states required in the Appendix of the Competency Statements, Goals and Objectives for an ASHP-accredited PGY2 Internal Medicine residency program
- Return all supplies, keys, technology, etc. to the appropriate staff person

A detailed checklist of completion requirements is available and will be reviewed with the resident quarterly and at the end of the residency year as part of the quarterly review and update to the customized training plan.

**Options for Extending the Residency**

If a resident believes he/she is unable to meet 90% of the goals of the residency in one year, he/she should inform the RPD in writing as early as possible. The declaration should include which specific goals will not be met and why. The RPD, with advice from the post-graduate leadership team and residency advisory committee, will consider the circumstances and determine whether to grant an extension.

If the RPD believes the resident is unable to meet a sufficient number of the goals of the residency, as outlined below, in one year, the RPD should inform the resident in writing as early as possible. The letter should include which specific goals are not likely to be met. If a resident does not meet the sufficient number of the goals of the residency in one year, the RPD, with advice from the post-graduate leadership team and the residency advisory committee, will consider the circumstances and determine whether to grant additional time. Typically, additional time will only be granted in lieu of extenuating circumstances, such as medical or health related problems, not for suboptimal performance, particularly for significant extensions of time. Residents requiring an extension for any reason will not be eligible for additional compensation and thus may be required to complete the residency extension without pay and benefits.
Resident Disciplinary Action and Dismissal
The resident may face disciplinary action if he/she violates any policy in this manual or his/her contract, is unprofessional, insubordinate or otherwise inappropriate, or is dangerously incompetent. In addition, residents may be dismissed for failure to demonstrate adequate progress towards the achievement of residency program outcomes, including goals, objectives, and activities, and for failure to perform assigned job duties. Residents may also be dismissed should their privileges to practice be revoked by the practice site as failure of the resident to retain practice privileges with the primary or any secondary teaching sites would prevent the resident from reasonably being able to achieve the required goals and objectives of the residency program. This includes not only Johnson City Medical Center but also Holston Valley Medical Center, Bristol Regional Medical Center, any Family Medicine Teaching Clinic, any Ballad Health Clinic, any State of Franklin Healthcare Associates Clinic, or any other site assigned to the resident as part of the mutually agreed upon customized training plan and resident schedule as documented during the most recent quarterly update.

Violations should be reported to the RPD. The RPD, along with the department chair, will discuss the violation(s) with the resident and document the meeting. The discussion and documentation should include a description of the violation, the seriousness of the violation, and a plan of correction. The residency advisory committee will be informed of any violations, and they will provide guidance to the RPD and department chair should violations occur.

If the behavior continues and/or is particularly egregious, the resident may be subject to dismissal from the residency program. Such serious violations will be discussed by the residency advisory committee. The RPD will report the final decision determined by the residency advisory committee, in consultation with the RPD, to the post-graduate leadership team. If the residency advisory committee determines a behavior is grounds for suspension or dismissal, the recommendation will be forwarded to the Chair of the Department of Pharmacy Practice, who has the final decision whether to suspend or terminate a resident’s contract.

In the event of dismissal, the resident may appeal the Chair’s decision by submitting a written appeal within five business days to the Dean of the College, who will charge the Associate Dean of Academic Affair or another designee to form an ad hoc committee as outlined below. The committee will hear the appeal and make recommendations to the Dean. The Dean will render a decision within ten business days of the resident’s submitted appeal. The decision of the Dean is final.

Extension of timeframe: should event(s) occur that significantly affect the notification timeframe listed above, the resident or administration may be granted an extension by the Dean. Such extension may be prospective or retrospective.

Grievance Procedure
If a resident believes he/she has been treated or evaluated unfairly, he/she may report this to the RPD, or where the RPD is the offender, the Chair of the Department of Pharmacy Practice in writing within five business days of the actual occurrence. The RPD or Chair of the Department
of Pharmacy Practice shall develop a plan of action and communicate the plan to the resident, preceptor and/or RPD, and other appropriate individuals within five business days. If the resident is unsatisfied and wishes further recourse regarding the plan or implementation of the plan, the resident may further appeal the Chair’s decision within five days to the Dean, who is the final authority on the appeal.

Residency Evaluation Procedure

The residency program utilizes ASHP’s Residency Learning System and PharmAcademic.

Initial evaluation with the residency program director
At the beginning of the residency program, residents will complete a self-evaluation that is used to guide the individualized plan. This assessment includes review of strengths and areas for improvement as well as unique goals the resident would like to achieve during the year. The RPD in consultation with the resident and residency advisory committee will develop the individualized plan, which will be revised and modified as appropriate on a quarterly basis.

Preceptor evaluation of learning experiences
With each learning experience, the preceptor will provide at least one formative (in the form on the custom midpoint evaluation in PharmAcademic) and one summative evaluation to the resident. The evaluation will be based on the goals assigned to the learning experience and it includes staffing, all learning experiences, individual block rotations, and longitudinal experiences. The RPD will receive a copy of each evaluation.

Self-evaluations of learning experiences
At the end of each learning experience and at other invited times, the resident will evaluate his/her own performance based on the goals of the learning experience and make comments. In addition, the resident must evaluate themselves on their progress toward all the goals of the program during each quarterly evaluation.

Evaluation of preceptors and rotations
After each learning experience and at other invited times, the resident will evaluate that learning experience and the preceptor. This includes staffing, longitudinal experiences, and block rotations.

Quarterly evaluations with the residency program director
At each quarterly evaluation, the RPD, in consultation with the residency advisory committee, will read the evaluations from the learning experiences since the last quarterly evaluation, as well as the resident’s self-evaluation. He/she should then evaluate the resident on his/her progress toward the goals of the program. Quarterly evaluations are also opportunities to re-evaluate the appropriateness of residents’ goals and customized training plan and revise them as necessary. Short-term goals for the next quarter should also be set if necessary.

Ongoing programmatic assessment
The PGLT will discuss each program during routine PGLT meetings. Trainee updates should be provided at each meeting by the respective program director. Additionally, post-graduate
trainees will receive a formal assessment at the end of the training period. This assessment will be evaluated by the program director, the PGLT and college administration.

**Evaluation of preceptors**
Preceptors are evaluated on an ongoing basis per the Preceptor Evaluation Plan. Components of the evaluation process include the residents’ evaluation of the preceptor for each learning experience. Residents are required to complete a written preceptor evaluation at the conclusion of each experience. Residents should feel free to alert their respective RPD to any specific issues as soon as they arise for particularly concerning or egregious issues.

**Evaluation of learning experiences**
Learning experiences (LEs) are evaluated on an ongoing basis. Residents are required to complete a written LE evaluation at the conclusion of each experience. Residents should feel free to alert their respective RPD to any specific issues as soon as they arise for particularly concerning or egregious issues.

**Rating Scale Definitions**
The following scale will be used for summative evaluations completed in PharmAcademic:

<table>
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<tr>
<th>Rating</th>
<th>Definition</th>
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<tr>
<td>Needs Improvement (NI)</td>
<td>Resident is not performing at an expected level or displays deficiencies in knowledge/skill in this area at the time of evaluation; significant improvement is needed. Resident’s progress will not result in achievement of objective. Resident often requires assistance to complete the objective and/or is unable to ask appropriate questions to supplement learning. Resident may display unprofessional behavior or fail to meet set deadlines.</td>
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<tr>
<td>Satisfactory Progress (SP)</td>
<td>Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective and displays adequate knowledge/skill at the time of evaluation. Requires some assistance, but is able to ask appropriate questions to help build understanding. Progressing as expected; improvement evident.</td>
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<tr>
<td>Achieved (ACH)</td>
<td>Resident can consistently perform associated activities independently for this learning experience and has fully mastered the knowledge/skill evaluated. Rarely requires assistance and minimal supervision is required.</td>
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<tr>
<td>Achieved for Residency (ACHR)*</td>
<td>Resident can consistently perform associated activities independently across the scope of pharmacy practice. Performance is ideal and meets what is expected of a PGY-1 graduate of the residency program over multiple learning experiences with consistency, independence, and professionalism.</td>
</tr>
<tr>
<td>Not Applicable (NA)</td>
<td>Not evaluated at the time of evaluation.</td>
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*only RPD may determine ACHR in consultation with the RAC, following review of preceptor evaluations*
Residency Benefits

Stipend
The university, in order to enable the resident to pursue his/her course of training in the program, will provide the resident a per diem stipend of $48,500 per annum, based on a 365-day year. The stipend is payable in equal monthly installments on the last working day of each month. The university requires direct deposit.

Leave (see appendix form)
All leave is granted at the discretion of the RPD and must be approved in advance and in writing by the RPD or his/her designee. The resident must contact the RPD and preceptor via email or by phone in the event of urgent sick leave.

Residents are expected to carry out any duties or assignments as directed by their RPD on Federal or State holidays, unless other arrangements are made by the RPD according to departmental policy. Residents may be required to “make-up” any time missed in accordance with the residency program.

Annual Leave (AM)
A total of ten (10) days (75 hours) of paid annual leave is granted during the fiscal year and must be approved by the Residency Program Director. Annual leave is usually considered as a short leave of absence from duty during the usual working week; however, the Program Director reserves the right to include weekends and official holidays if he/she believes it to be appropriate based on the resident’s schedule. Any unused annual leave will be forfeited at the end of the contract year.

Administrative Leave (LM)
A total of five (5) days (37.5 hours) of paid administrative leave is granted during the fiscal year and must be approved by the Residency Program Director. Administrative leave may be used by residents to interview for positions or attend professional activities not directly related to the residency program. Residents requiring more than 5 days for interviews may use annual leave with the approval of the RPD. Additional administrative leave may be granted at the discretion of the RPD for the purpose of representing the University at professional meetings and recruiting future residents. Any unused professional leave will be forfeited at the end of the contract year.

Holidays/Administrative Closing Days
Residents are granted paid time off for ETSU holidays and administrative closing days at the discretion of the RPD.

Sick Leave (SM)
A total of 5 days (37.5 hours) of paid sick leave per fiscal year is provided. Accumulated sick leave is forfeited if University service is contractually interrupted. Sick leave may be deducted for consecutive days of illness, irrespective of weekends and holidays,
depending on assigned duties and schedule. Sick leave can only be used for bonafide illness, which prevents the performance of professional duties and cannot be used for vacation, educational leave, professional leave, or other personal purposes. It is the responsibility of the resident to notify the RPD of illness, which prohibits them attending to assigned duties. The RPD has the right to request verification of any alleged illness. Where an employee must be absent because of illness in the immediate family, sick leave may be granted by the RPD. Parental leave will be treated as any other illness. Any unused sick leave will be forfeited at the end of the contract year.

Family Leave (KM)
In compliance with the Family Leave Act of 1993, it is the policy of the university to provide eligible male and female residents up to twelve workweeks of leave during a twelve-month period for specified family and medical reasons. The resident must use sick and annual leave prior to leave without pay. The resident and the RPD will establish a makeup schedule in accordance with the resident’s education program and departmental policy, which may result in a delayed completion date.

Leave of Absence
Unpaid leave of absence must be approved by the RPD and Chair of Pharmacy Practice. Should any leave interfere with the ability of the resident to complete the requirements of their program as scheduled, such requirements must be completed after the projected completion date of the Program.

Military Leave
Residents who are on military leave shall be paid their stipend for a period, or periods, not exceeding 20 working days in any one (1) calendar year, plus such additional days as may result from any call to active State duty pursuant to TCA 58-1-106. Residents must furnish the university certification from competent military authority of the dates active duty was actually performed.

Insurance

Health
The health insurance carrier for residents and their families is United Healthcare. Single or Family coverage is available for residents and their families. Premiums are shared by the College and the resident. All premiums are payroll deducted.

Life
Basic life of $50,000 is available for the resident only; no coverage for dependents.

Disability
Monthly benefits of $1,000 after 90 days of disability are provided; no coverage for dependents.
Academic Appointment
Residents will receive an adjunct faculty appointment in the Department of Pharmacy Practice.

Travel Support
Travel to the ASHP Midyear Clinical Meeting and the Southeastern Residency Conference will be supported through funds in the department of pharmacy practice. Additional travel may be supported, particularly for residents who are representing the College, contingent upon fund availability.

Office Space
The resident will be supplied with adequate dedicated workspace in a convenient location and necessary office supplies.

Computer
The resident will be provided with a computer and internet access that is adequate to perform his/her duties throughout the year. Additionally, the resident will have access to LexiComp® for use on their own personal mobile device.

Long-Distance Phone Calls
The resident will be issued a long-distance code from the Office of Information Technology for work-related use only. The resident will complete the OIT form and obtain the appropriate signatures.

Photocopying
Photocopying is available to residents. The resident will be issued a department code number in order to use photocopiers when necessary.

Mail
The resident will have a mailbox in the College. The post office box number for the Department of Pharmacy Practice is Box 70657.

Parking
The resident will be required to purchase an ETSU faculty/staff parking sticker for $60 per year. This parking sticker will allow parking on the VA Campus and the ETSU Main Campus

Keys
Keys will be issued to the resident and these must be returned at the end of the residency.

White Coat
The College will provide each resident one long white medical coat with the Gatton College of Pharmacy logo and it will be embroidered with the resident’s name. Residents may not wear white coats with any other institutional logos while performing resident duties of the College of Pharmacy or affiliated institutions.

ETSU Library
The resident will have full access to the ETSU Medical Library’s electronic and physical references. The library website is http://www.etsu.edu/medlib/. The purchase of articles via
interlibrary loan is covered by the Department of Pharmacy Practice (DPP) and is coordinated through DPP and/or medical library staff.

**ETSU Campus Recreation**
Residents have access to the Wayne G. Basler Center for Physical Activity (CPA) at no cost. The CPA is a 120,000 square foot facility that was built by and operates on student activity fees and is staffed by ETSU student workers. In addition to an indoor track and exercise equipment, ETSU offers programs in:

- Fitness
- Intramurals
- Non-credit instruction
- Outdoor Adventure
- Sports Clubs

Additional information may be obtained at: [http://www.etsu.edu/students/campusrec/](http://www.etsu.edu/students/campusrec/)
Appendices and Forms
Continuing Education Program Selection Form

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<tr>
<th>Proposed continuing education presentation title</th>
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| Description of the presentation, including an outline, objectives for the audience members, and an explanation of why it is an important, relevant and timely topic |
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<th>Comments from the residency leadership team (to be completed by RPD)</th>
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<th>Signature, Residency Program Director</th>
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Leave Request Form

East Tennessee State University
Gatton College of Pharmacy

LEAVE REQUEST

TO: ________________________________ (Residency Program Director)
FROM: ________________________________ (Resident)
DATE: ________________________________

I request to use the following type of leave:

☐ Annual Leave
☐ Administrative Leave
☐ Sick Leave
☐ Other:

☐ I have verified this request with my assigned preceptor and obtained their approval prior to submission to the RPD

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Total Leave Time (Hours) Requested: ________________________________

☐ Approve
☐ Disapprove

RPD Signature: ________________________________ Date: ______

Comments: ____________________________________________
Request for External Employment (Moonlighting) Form

To: ___________________________ (Residency Program Director)

From: ___________________________ (Resident)

Date of Request: _________________

I request to work as follows:

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<th>Date(s)</th>
<th>Time</th>
<th>Employer</th>
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Comments from residency program director (to be completed by RPD)

Decision of residency program director

☐ Approve

☐ Disapprove

_________________________________________ ____________________________
Signature, Residency Program Director Date