

# **INFORMATION FOR PGY-1 PHARMACY RESIDENTS**

**The Pharmacy Department**

**at**

**Stony Brook University Hospital**



Updated ~ October 2019





Stony Brook University



The Stony Brook campus is set among 1,040 wooded acres.



Stony Brook University

**THE TOP 1%!**

Where Stony Brook sits among all the world's universities.

**THE TOP 100!**

Stony Brook's ranking among national universities.

**THE TOP 40!**

Stony Brook's ranking among public national universities.





Stony Brook University Hospital

### Discoveries and Inventions

- The link between smoking and emphysema
- ReoPro<sup>®</sup>, the most commonly used treatment for angioplasty patients
- CaviStat<sup>®</sup>, a fluoride-free, cavity-fighting complex in candy form
- XIAFLEX<sup>®</sup>, for the treatment of adults with Dupuytren's contracture



## Centers and Institutes

- Stony Brook Trauma Center
- Stony Brook Cancer Center
- Stony Brook Heart Institute
- Stony Brook Neurosciences Institute
- Stony Brook Digestive Disorders Institute
- Stony Brook Children's Hospital



## Specialized Services

- AIDS Center
- Bariatric and Metabolic Weight Loss Center
- Burn Center
- Carol M. Baldwin Breast Care Center
- Christopher Pendergast ALS Center of Excellence
- Cody Center for Autism and Developmental Disabilities
- Comprehensive Psychiatric Emergency Program
- Comprehensive Sickle Cell Program
- Cystic Fibrosis Center
- Kidney Transplantation Program
- Open-Heart Surgery Program
- Pediatric Multiple Sclerosis Center
- Regional Perinatal Center
- Stem Cell Transplantation and Hematologic Malignancy Program
- Stroke Center

### Furthering Research

- Provides patients with access to clinical trials
- Devotes \$90 million annually to medical research
- On the cutting edge of scientific discovery in cancer, neurological diseases, cardiovascular disorders and many other areas



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### **Pharmacy Website**

<https://inside.stonybrookmedicine.edu/pharmacy>

### **Pharmacy Residency Program Website**

<https://renaissance.stonybrookmedicine.edu/pharmacy/pharmacy-residency-program>

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## **ABOUT STONY BROOK UNIVERSITY AND STONY BROOK UNIVERSITY HOSPITAL**

Stony Brook University is one of America's most dynamic public universities and an internationally recognized research institution that is changing the world.

Nobel laureates, Guggenheim fellows and MacArthur grant winners teach on our campus, making it a magnet for outstanding students. *U.S. News & World Report* ranks Stony Brook among the top 100 universities in the nation and among the top 40 public universities. A member of the invitation-only Association of American Universities, Stony Brook is one of the 62 top research institutions in North America. Our faculty are leaders in significant national and worldwide projects, including uncovering the causes of lobster mortality in Long Island Sound, searching for the origins of man in Kenya's Turkana Basin, and managing the national parks of Madagascar. They also have made significant contributions to NASA initiatives, such as calculating the brightness of stellar explosions, and most recently, examining Martian minerals for evidence of life and other phenomena.

Stony Brook is home to an exceptionally diverse student body of more than 25,200 high-achieving students — including more than 16,800 undergraduates — from nearly all 50 states and more than 100 countries. Stony Brook offers more than 200 undergraduate programs, more than 100 master's programs and more than 40 doctoral programs. Innovative programs include a combined-degree fast-track MBA program and the award-winning Undergraduate Research and Creative Activities (URECA) program, which involves undergraduates in research in nearly every discipline and has produced Beckman, Goldwater, Marshall and Truman scholars. Students in all disciplines have the opportunity to enrich their education by pursuing their academic interests in an overseas location while still earning credits toward their bachelor's degree. Stony Brook offers unique semester, academic year, and summer and winter programs in locations such as Argentina, Italy, Jamaica, Korea, Madagascar and Tanzania.

The University is divided into 12 schools and colleges: the College of Arts and Sciences, the College of Business, the College of Engineering and Applied Sciences, the Graduate School, the School of Journalism, the School of Marine and Atmospheric Sciences, the School of Professional Development, and the five health sciences schools: Dental Medicine, Health Technology and Management, Medicine, Nursing and Social Welfare.

The **College of Arts and Sciences** offers degree programs in fine arts and humanities, in biological and physical sciences, in mathematics and in social and behavioral sciences. In addition to departmental majors, special interdisciplinary majors using the resources of two or more departments are offered, as well as programs leading to provisional certification in secondary education.

The **College of Business** provides comprehensive education and research for the business, public and nonprofit sectors. Our MBA program is taught by senior Stony

Brook faculty and by key executives recruited as visiting professors from throughout the tri-state region — industry leaders who have built stellar careers in today's global business world. Also included are an Executive MBA program and an MS degree in management and policy.

The **College of Engineering and Applied Sciences**, which offers seven ABET-accredited programs, provides students with opportunities to find work in industry or proceed to graduate study in a variety of areas. Students are given the latitude to plan a course of study within traditional engineering disciplines or in new interdisciplinary fields.

The **Graduate School** offers advanced degree programs in many fields leading to the master's and doctoral degrees. Stony Brook's advanced graduate programs are internationally recognized and consistently receive exceptionally high ratings from external evaluation agencies and scholarly studies.

The **School of Journalism** is the only public undergraduate journalism school in New York. All students take courses in print, broadcast and online journalism, and have the opportunity to participate in internships on Long Island and in New York City. The School established one of the nation's first courses in news literacy, designed to educate students on how to evaluate the credibility of the news they consume; and the Alan Alda Center for Communicating Science, which works to enhance the understanding of science by helping train the next generation of scientists and health professionals to communicate more effectively with the public. The Center is named for actor, director and writer Alan Alda, a visiting professor at Stony Brook, who played a key role in its creation.

The **School of Marine and Atmospheric Sciences** (SoMAS) is SUNY's designated school for marine and atmospheric research, education and public service. SoMAS is one of the leading coastal oceanography institutions in the world and features classrooms on the water. The School is also the focus for the study of atmospheric sciences and meteorology and includes the Institute for Terrestrial and Planetary Atmospheres, Institute for Ocean Conservation Science, Institute for Particle-Related Environmental Processes, Living Marine Resources Institute, Waste Reduction and Management Institute and Long Island Groundwater Research Institute.

The **School of Professional Development** (SPD) offers graduate and non-credit programs for working professionals seeking to advance their careers through part-time study. SPD enrolls approximately 2,000 students in its 25 master's, certificate and post-master's programs, eight of which are available completely online.

**Stony Brook Southampton**, on Long Island's East End, is home to the Southampton Arts MFA programs and summer workshops, the School of Marine and Atmospheric Sciences' new Marine Sciences Center, and the undergraduate residential Semester by the Sea program in marine sciences.

**Stony Brook Manhattan**, which connects the University to New York City, offers educational experiences with an urban flair, including summer and winter undergraduate classes, fall and spring graduate programs, lectures and conferences.



**SUNY Korea**, a partnership between Stony Brook University, the State University of New York (SUNY) and the South Korean government, opened its doors in March 2012 as the first American university established on Korean soil. It is also the first university to join the Songdo Global University Campus.

**Stony Brook Medicine**, Long Island's premier academic medical center, encompasses Stony Brook University Hospital, Stony Brook Children's Hospital, five health sciences schools — Dental Medicine, Health Technology and Management, Medicine, Nursing and Social Welfare — and our major centers and institutes, programs, clinics and community-based healthcare settings. With 603 beds, the University Hospital serves as Suffolk County's only tertiary care center and Regional Trauma Center. With 106 beds, Stony Brook Children's offers the most advanced pediatric specialty care in the region. We also are home to the Cancer Center, Heart Institute and Neurosciences Institute. A Medical and Research Translation (MART) building, dedicated to imaging, neurosciences, cancer care and research, and a new Hospital Pavilion and Children's Hospital will open in 2017.

The **School of Dental Medicine (SDM)** is renowned for implementing cutting-edge technology in its educational programs and in the delivery of oral healthcare services. The SDM offers the Doctor of Dental Surgery degree in addition to postdoctoral education in endodontics, pediatric dentistry, orthodontics, periodontics and implant dentistry, advanced education in general dentistry, dental anesthesiology and dental care for the developmentally disabled. Master's and doctoral degrees are offered through the University's Graduate School and the School's Department of Oral Biology and Pathology. The SDM provides dental care to more than 13,000 community residents each year and is the country's leading dental school in translational research and technology transfer. SDM students participate in community outreach regionally, nationally and abroad in an effort to serve remote or impoverished regions of the world, including Kenya, Madagascar and the Indian Health Center at Pine Ridge in South Dakota.

The **School of Health Technology and Management** offers baccalaureate, master's and doctoral degrees in both clinical and non-clinical areas. The entry-level full-time programs include athletic training, clinical laboratory sciences, occupational therapy, physician assistant, physical therapy and respiratory care. Part-time graduate programs are offered for healthcare professionals in healthcare policy and management, and the post-professional physical therapy and physician assistant programs. The School also offers an undergraduate major in health science and a minor in adapted aquatics. Additionally, the School of Health Technology and Management offers non-credit certificate programs in anesthesia technology, EMT-paramedic, medical dosimetry, nuclear medicine, phlebotomy, polysomnographic technology and radiologic technology.

The **School of Medicine** was built on the fundamental cornerstones of excellence in education, research, patient care and community service. It consists of eight basic science and 18 clinical departments providing preclinical and clinical education of medical students including graduate, postgraduate and continuing education. Faculty, students and residents help Stony Brook Medicine — one of the leading academic medical centers in the United States — to serve more than 31,000 inpatients and 230,000 outpatients each year. As a major research university,

Stony Brook works to improve health and save lives by bridging the gap between laboratory discoveries and clinical applications. The School offers research and clinical opportunities and has attracted a faculty of national and international renown. The School's eight departments in the basic science disciplines are anatomical sciences; biochemistry and cell biology; biomedical engineering; microbiology; neurobiology and behavior; pathology; pharmacological sciences; and physiology and biophysics. The 18 clinical science departments are anesthesiology; dermatology; emergency medicine; family medicine; medicine; neurology; neurological surgery; obstetrics, gynecology and reproductive medicine; ophthalmology; orthopaedics; pathology; pediatrics; preventive medicine; psychiatry and behavioral science; radiation oncology; radiology; surgery; and urology.

The **School of Nursing**, accredited by the State Education Department, offers full- and part-time educational opportunities in preparation for professional nursing practice. The School offers three degree programs: a Bachelor of Science with a major in nursing, a Master of Science with a major in nursing and a Doctor of Nursing Practice. The baccalaureate and master's programs are accredited by the Commission on Collegiate Nursing Education. Nurses with an associate's degree may be interested in the Registered Nurse Baccalaureate Program, and those with baccalaureate degrees may continue their education by preparing for advanced practice as nurse practitioners, clinical nurse specialists or nurse midwives. Post Master's Certificate and Master's Completion options are available.

The **School of Social Welfare** is committed to a more just society based on equality, human dignity and social justice. It offers three degree programs: a Bachelor of Science with a major in social work (BSW), a Master of Social Work (MSW) and a PhD. The full-time, upper-division undergraduate BSW program provides preparation for entry-level social work positions. The MSW program prepares graduates for advanced generalist social work practice. A dual-degree program in social work and law with Touro Law Center is available. The MSW and BSW programs are accredited by the Council on Social Work Education; and the MSW program is registered with the NYS Education Department as qualifying graduates for licensure credentialing. The School's PhD program operates under the auspices of the Stony Brook University Graduate School.

The Long Island State Veterans Home, a 350-bed skilled nursing facility located on our campus, is integrated with Stony Brook Medicine to provide honorably discharged veterans of the U.S. Armed Forces, their spouses or widows and Gold Star Parents with a comprehensive array of services. It also serves as a site for the education and training of long-term care and geriatric healthcare professionals.

## **RESEARCH AND DEVELOPMENT**

Stony Brook University co-manages nearby **Brookhaven National Laboratory** (BNL), joining such prestigious schools as Princeton, Stanford and the University of Chicago on the list of major institutions that have a role in running federal research laboratories. In addition, BNL and Stony Brook collaborate with **Cold Spring Harbor Laboratory** — one of the world's pre-eminent private research institutes.

Our **Center of Excellence in Wireless and Information Technology** (CEWIT) and three state-designated Centers for Advanced Technology — in sensor systems, biotechnology and integrated electric energy systems — facilitate partnerships between New York State industry and University research. Our **Advanced Energy Research and Technology Center**(AERTC) is a partnership of academic institutions, research institutions, energy providers and industrial corporations focusing on innovative energy research, education and technology deployment.

### **ECONOMIC IMPACT**

The entrepreneurial energy and economic strength of the University bring a combined benefit of \$4.6 billion to the economy of Long Island. Stony Brook has a remarkable record of fruitful collaboration with private enterprise. Through its high-technology incubators, the University has promoted the launch of 44 companies. The University is the largest single-site employer on Long Island, with more than 14,000 full- and part-time employees.

### **ARTS AND ATHLETICS**

Stony Brook's Staller Center for the Arts offers a rich program of theater, dance, classical music and popular entertainment throughout the year. The Center hosts master classes and concerts by our world-renowned resident artists, the Emerson String Quartet. Each summer, the Stony Brook Film Festival brings leading and emerging filmmakers and eclectic audiences to campus.

Stony Brook's **Department of Athletics** supports 20 Division I varsity intercollegiate athletic programs that compete at the highest level within the NCAA. All of Stony Brook's men's and women's programs offer athletic scholarships. Student-athletes compete in impressive athletic facilities, including the 8,300-seat Kenneth P. LaValle Stadium, Joe Nathan Field and the new Island Federal Credit Union Arena, which opened in fall 2014. Over the past six seasons, the Stony Brook Seawolves have won 38 conference championships and earned 24 national postseason bids

### **EQUAL OPPORTUNITY**

Stony Brook University is an Affirmative Action/Equal Opportunity employer. We are committed to the creation of a diverse and inclusive campus climate. We encourage protected veterans, individuals with disabilities, women and minorities to apply.

Being a 24-hour healthcare facility, employees are generally required to work on the days they are scheduled, including secular and non-secular holidays/religious observances.

## **STONY BROOK MEDICINE**

### **Mission**

Stony Brook Medicine delivers world-class, compassionate care to our patients, advances our understanding of the origins of human health and disease, and educates the healthcare professionals and biomedical investigators of the future, so they can bring the fruits of scientific discovery to our patients.

### **Vision**

Stony Brook Medicine will continue to strive for excellence as:

- A world-class institution, recognized for outstanding, compassionate patient care, biomedical research, and healthcare education
- The first choice of patients for their care and the care of their families
- An academic medical center that attracts educators and students with the desire and ability to provide and receive the highest quality, innovative education
- One of the top-ranked institutions for scientific research and training.

### **Values**

**Integrity** – We are honest and ethical in all our interactions.

**Compassion** – We provide empathic care with attentive listening and affirmation.

**Accountability** – We hold ourselves accountable to our community, to our organization and to each other for our performance and behaviors.

**Respect** – We foster an environment of mutual respect and trust, embracing diversity in people and thinking.

**Excellence** – We set the highest standards for safety, clinical outcomes and service.



## **THE PHARMACY DEPARTMENT AT STONY BROOK UNIVERSITY HOSPITAL**

The Pharmacy Department at Stony Brook University Hospital provides services to over 600 in-patients, as well as, all Stony Brook Medicine out-patient clinics. It is made up of four Registered Pharmacy areas.

- The Main Hospital Pharmacy
- The OR Satellite Pharmacy
- The Out-Patient Ambulatory Care Satellite Pharmacy
- The Out-Patient Cancer Center/MART Satellite Pharmacy

There are over 130 professional staff members who uphold the Pharmacy's mission, vision, and goals. They keep the University Hospital Pharmacy Department operating around the clock in order to deliver world class service and care.

The pharmacy employs over 130 staff members and is operational 24x7x365.

### **Mission Statement:**

The mission of the SBUH Department of Pharmacy is to guide the safe and appropriate use of medication in order to provide optimal pharmaceutical care to all patients of Stony Brook University Hospital.

### **Purpose:**

The fundamental purpose of pharmaceutical services is to ensure the safe and appropriate use of medications. Our core philosophy is that pharmacists practicing in academic institutions such as SBUH are expected to make meaningful contributions to patient care, education, community service, and research. Optimal pharmaceutical care can be defined as the identification, resolution, and prevention of drug-related problems that affect positive patient outcomes. We believe that this is best provided through a team approach that effectively integrates the knowledge and skills of the pharmacist with those of other health care professionals.

### **Vision:**

Our vision is to ensure the safe and optimal use of pharmaceuticals for all patients of Stony Brook Medicine by having pharmacists provide a central and visible role in all aspects of medication management.

To fulfill this responsibility, the Pharmacy is involved with decision making and actions relating to the procurement, storage, preparation, dispensing, distribution and administration of all drug products. The pharmacy also provides information to support judgments regarding medication selection, dosage, method of administration, and monitoring of therapy.

## **TRANSPORTATION TO STONY BROOK**

Stony Brook University is situated on a 1,100 acre site (see campus maps) on the north shore of Long Island in southeastern New York. We are approximately 60 miles east of New York City.

### **By Car**

From New York City, take the Long Island Expressway (LIE, I-495) eastbound from the Queens Midtown Tunnel in Manhattan or the Throgs Neck Bridge or Whitestone Bridge in Queens to exit 62, and follow Nicolls Road (Route 97) north for 9 miles. The main entrance to the Stony Brook University Medical Center is on the right.

### **By Train**

Take the Long Island Railroad's Port Jefferson line from Penn Station in Manhattan to Stony Brook. The LIRR station is at the north end of the campus; bus service to the central campus is provided. Trains to and from Penn generally require transfers at Jamaica or Huntington. Hicksville is also a transfer point on some lines.

### **By Ferry**

Car ferries cross Long Island Sound at Bridgeport, Connecticut to Port Jefferson, Long Island. Take Route 25A west to Nicolls Road, and turn left on Nicolls. The University entrances are the first three intersections you come to. From New London, Connecticut to Orient Point, Long Island, take Route 25A west to Nicolls Road and proceed as above.

### **By Plane**

Long Island's Islip-MacArthur Airport is 16 miles from the campus and is serviced by direct flights by major airlines and commuter lines. New York City Area Airports (JFK, LaGuardia and Newark) are 50 miles to the west.

Driving directions to Stony Brook University from Islip-MacArthur Airport: Exit the airport and turn left onto Veterans Memorial Highway (Route 454 West). Merge onto Sunrise Highway (Route 27) and take the second exit onto Nicolls Road. Drive north for 12 miles. The main entrance to Stony Brook University Medical Center is on the right.

## **APPLICATION PROCESS**

All candidates for the PGY1 residency program at Stony Brook University Medical Center must participate in the ASHP Residency Matching Program.

The following materials must be submitted by January 10<sup>th</sup> to PhORCAS

- Letter of Intent
- Curriculum Vitae
- Three Letters of Recommendation
- College Transcript(s)

Questions about the application process should be addressed to:

### **Amanda Waldeck, Pharm.D., BCPS**

PGY1 Residency Program Director

Stony Brook University Hospital

101 Nicholls Road, Level 1

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Telephone: 631-444-2860

Email: [Amanda.Waldeck@stonybrookmedicine.edu](mailto:Amanda.Waldeck@stonybrookmedicine.edu)

### **Please note**

All candidates must:

- Must have completed a program in pharmacy leading to a Doctor of Pharmacy degree from a pharmacy program accredited by the Accreditation Council for Pharmacy Education (ACPE).
- Be of good moral character.
- Be at least 21 years of age.
- Be a citizen of the United States or alien lawfully admitted for permanent residence in the United States (Alien Registration Card /USCIS I-551 Status - "Green Card").
- Must be eligible for New York State licensure, with all examinations for New York State licensure (Parts I, II, & III) successfully completed by October 1<sup>st</sup> of the residency year.
- *Must have a limited intern permit issued by the Office of Professions, NY State Board of Pharmacy until a NY state pharmacist licensure is obtained*

## **WELCOME LETTER**

July 1, 20XX

Dear Residents:

Welcome to the Stony Brook University Hospital PGY-1 Pharmacy Residency Program. We are delighted that you have selected us for your post graduate pharmacy training. We look forward to your time here with us and are committed to providing you an outstanding experience.

The Stony Brook University Hospital PGY-1 Pharmacy Residency program is designed to produce a well – rounded, independent professional through experiences in clinical practice as well as basic research and professional activities. The primary emphasis of your residency program will be on the development of practice skills across a wide variety of practice settings, tailored to your interest. Your clinical, managerial, and leadership skills and responsibilities will be developed and enhanced under the mentorship of your preceptors. Your engagement in monthly presentations will develop and refine your communication skills and abilities as a clinical practitioner.

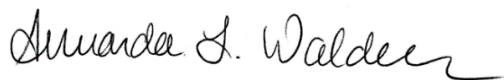
You will participate in ongoing scholarly activities to further develop your problem solving skills and ability to interpret, generate, and disseminate knowledge.

The year ahead of you will be a busy year, but I am confident that you will greatly benefit from our residency program. On a national level, it is evident that the outstanding Pharmacy practitioners of the future will have completed post – graduate training in pharmacy. Your investment of time, talent, and energy today will reap rewards in the future. As the residency program director, I am available to help you reach your highest potential. I look forward to working with you and watching you as you begin to develop into an outstanding pharmacy practitioner.

Your residency will begin July 1<sup>st</sup> & continue through June 30<sup>th</sup> of the following year.

Please read the enclosed SBUH manual for pharmacy practice residents and please sign and date the acceptance agreement form outlining the terms and conditions of employment at a PGY-1 resident at Stony Brook University Medical Center.

Sincerely,



Amanda Waldeck, Pharm.D., BCPS  
Residency Program Director



## **STATEMENT OF PHILOSOPHY**

The primary goal of the Stony Brook University Hospital pharmacy practice residency program is to train and develop residents who possess in-depth knowledge and skills in clinical pharmacy practice. The primary emphasis of the pharmacy practice residency is the development of a wide spectrum of practice skills in medicine, surgery, ambulatory care, drug information, pharmacokinetics, pain management and clinical pharmacy.

Secondary goals of the program are to develop knowledge and skills in comprehensive pharmacy practice. Comprehensive pharmacy practice knowledge and skills refer to pharmacy administration, professional practice, and current issues. Teaching opportunities include taking the lead in clinical clerkships and facilitating small group discussions. The resident's involvement in staff education is mandatory.

Preceptors are expected to be committed to the personal development of residents on their rotation. Teaching residents is a high priority of the Pharmacy Department. As such, the timely performance of related responsibilities and the maintenance of clinical expertise are expected.

The resident must personally accept a large part of the responsibility for his or her own success in attaining the objectives necessary for completing the residency program. Neither the preceptors nor Stony Brook University Hospital can assure the achievement of individual goals unless the resident is highly motivated to do so.

Each pharmacy resident is required to rotate through and will be trained in the central pharmacy for a period of 6 weeks before beginning other rotations within the program.

## **GENERAL RESIDENCY PROGRAM OBJECTIVES**

The objective of the Residency Program is to provide the resident with practical experience which will emphasize, reinforce, and expand previous hospital and other pharmacy experience that he or she may have received.

The following is a list of skills residency that residency graduates are expected to have mastered by the time of graduation. This listing is not intended to be all inclusive.

- The resident will be able to help in disease prevention and general of well-being.
- The resident will be able to monitor drug therapy.
- The resident will be proficient in the retrieval and evaluation of drug literature.
- The resident will be proficient in interpersonal communications with patients, patient families, and all health professionals.
- The resident will be able to establish and maintain a patient data base which can use to appropriately manage the drug therapy for an individual patient.
- The resident will be familiar with all applications of the electronic patient record.
- The resident will develop teaching skills that will allow the resident to effectively participate in clinical and didactic instruction.
- The resident will be proficient in coordinating efforts with other members of the health care team to promote rational drug therapy.
- The resident will be able to act as an effective preceptor for other students of the health care professions.

## **GENERAL REQUIREMENTS FOR THE PGY-1 RESIDENCY PROGRAM**

### General Requirements

All candidates must:

- Must have completed a program in pharmacy leading to a Doctor of Pharmacy degree from a pharmacy program accredited by the Accreditation Council for Pharmacy Education (ACPE).
- Be of good moral character.
- Be at least 21 years of age.
- Is a United States citizen or alien lawfully admitted for permanent residence in the United States (Alien Registration Card /USCIS I-551 Status - "Green Card").

### Licensure:

**Applicants must be licensed to practice pharmacy, or eligible to become licensed to practice pharmacy in the State of New York.**

Residents entering the program who are not yet licensed to practice Pharmacy in the State of New York must apply for a Limited (Intern) Permit before starting the residency. Application for this permit and other licensing information can be obtained on the web at <http://www.op.nysed.gov/prof/pharm/pharmlic.htm>

Residency candidates **MUST** have successfully completed all requirements for licensure in New York State by October 1<sup>st</sup> of the residency year. **Failure to complete all requirements by October 1<sup>st</sup> may result in termination of the resident from the residency program.**

If a resident fails to obtain licensure by the month of October 1<sup>st</sup> the RPD and the Residency Advisory Committee may allow the resident to remain in his/her position under the conditions that the resident would be mandated to make up the time between the date of actual licensure at the end of his/her residency. Because of funding issues it should be noted that there is a possibility that the resident may have to be placed on a volunteer status while he/she makes up this time.

**THERE WILL BE NO EXCEPTIONS TO THESE REQUIREMENTS.**

## **DUTY HOURS**

### Purpose:

To establish an institutional policy regarding duty hours for all pharmacy residents training programs within Stony Brook University Hospital (SBUH).

- Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- Duty hours must be limited to 80 hours per week, averaged over a 4 – week period, inclusive of all in-house call activities and all moonlighting.
- Moonlighting at an alternate site is not recommended. The resident should use his/her discretion before performing moonlighting hours. The resident's priority is to the residency program. If residency performance is negatively affected, the resident may be asked to terminate moonlighting hours.

### Maximum Duty Period Length:

Duty periods of PGY-1 residents must not exceed 16 hours in duration. There must be a minimum of 8 hours between shifts.

- Shifts may include day, evening, nights, and weekends. All residents are expected to work their scheduled hours to successfully complete the program.

## **ASSESSMENT AND EVALUATION OF QUALIFICATIONS OF RESIDENCY CANDIDATES**

### Application Requirements:

An acceptable candidate must be a graduate or graduate candidate of an ACPE accredited College of Pharmacy and must participate in the ASHP Residency Matching Program.

Residency candidates at Stony Brook University Medical Center must be eligible for New York State licensure, with all examinations for New York State licensure (Parts I, II, & III) successfully completed by September 1<sup>th</sup> of the residency year.

Failure to attain licensure by October 1<sup>st</sup> may result in termination of the pharmacy resident by the RPD.

Eligible applicants must submit the following materials by January 10<sup>th</sup>:

- Letter of Intent
- CV
- Three Letters of Recommendation
- College Transcript(s)

Based on the information supplied the Residency Advisory Committee will score each applicants application package and score it using the grid below.

The Residency Advisory Committee is comprised of:

- The Residency Program Director
- Director of Pharmacy
- 2-3 Clinical Preceptors

### Application Evaluation:

All applicant packages will be screened initially by the Residency Program Director for minimum requirements and if the applicant does not meet the needs he /she will be eliminated from the pool of applicants.

The minimum requirements are

- Applicant is a graduate of an Accreditation Council for Pharmacy Education (ACPE)-accredited Doctor of Pharmacy degree program.
- Applicant is either licensed to practice Pharmacy in the State of New York or is eligible for licensure in the State of New York.
- Applicant has participated in and adhered to the rules of the resident Matching Program process.

The 20 highest scoring application packets following review and assessment by the Residency Advisory Committee will be invited to interview.

Documentation of the above process for all applicants will be recorded and securely archived for a period of 5 years.

## **APPLICANT INTERVIEW PROCESS**

Based on the rankings from the application evaluation process, designated potential resident candidates will be asked to interview on-site.

This on-site interview is a chance for both parties concerned to see and learn more about each other. Resident interviews are approximately 8 hours in length and include a tour the facility and an opportunity to spend time with the current residents.

Members of the Residency Advisory Committee will convene beforehand to review the interview process and to make certain that all involved understand the evaluation and ranking process. During this time the Residency Program Director and the Director of Pharmacy will convey to the committee what attributes they feel the ideal resident should possess.

The formal interview process is conducted by the Residency Advisory Committee which is composed of:

- The Residency Program Director
- 1-3 Clinical Preceptors

### **Ranking system used by the Potential Resident Advisory Committee:**

During interviews, each candidate will be assessed and evaluated by the RPD, the Residency Advisory Committee and the preceptors ("reviewers") using a standardized scoring grid. This grid is updated on an annual basis by the Residency Advisory Committee.

After the interview, the scores recorded on the standardized scoring grid will be tabulated and ranked by the Residency Program Director, who will then review with the Residency Advisory Committee.

If the majority of the reviewers feel that the applicant will not be able to successfully complete the PGY1 program, the applicant will be removed from consideration and his/her name will not be added to the ASHP match listing.

If the majority of the reviewers feel that the candidate can successfully complete the PGY1 program, they will remain for consideration for potential ranking for the match.

After final consensus of the committee the Residency Program Director will submit the ranking to the matching service.

Documentation of each interview will be recorded and securely archived for a period of 5 years.



## THE RESIDENCY PROGRAM AT STONY BROOK UNIVERSITY HOSPITAL

### Purpose

The PGY-1 residency builds upon a Pharm.D. education and outcomes to contribute to the development of a clinical pharmacist for a wide variety of patient care positions, adjunct faculty positions, PGY-2 training in area of choice and eligible for board certification. It is expected that upon completion of the residency program at SBUH, the resident will be competent and confident in the management of medication therapy for various disease states.

A Postgraduate year one of pharmacy residency training is an organized program that builds upon knowledge, skills, attitudes, and abilities gained from an accredited professional pharmacy degree program. The first-year residency program enhances general competencies in managing medication-use systems and stresses optimal medication therapy outcomes for patients with a broad range of disease states.

### Principles of PGY1 Pharmacy Residencies

- **Principle 1:** The resident will be a pharmacist committed to attaining professional competence beyond entry-level practice.
- **Principle 2:** The pharmacy residency program will provide an exemplary environment conducive to resident learning.
- **Principle 3:** The resident will be committed to attaining the program's educational goals and objectives and will support the organization's mission and values.
- **Principle 4:** The resident's training will be designed, conducted, and evaluated using a systems-based approach.
- **Principle 5:** The residency program director (RPD) and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents.
- **Principle 6:** The organization conducting the residency will meet accreditation standards, regulatory requirements, and other nationally applicable standards and will have sufficient resources to achieve the purposes of the residency program.
- **Principle 7:** The pharmacy will be organized effectively and will deliver comprehensive, safe, and effective services

## **PROGRAM STRUCTURE**

Each program starts on July 1<sup>st</sup> and finishes June 30<sup>th</sup> of the following year. (If July 1<sup>st</sup> falls on a weekend the residency begin on the following Monday)

Each pharmacy resident will be scheduled to complete 9 to 12 clinical rotations.

### **Required Rotations Include:**

- BOOST - Better Outcomes for Older adults through Safe Transitions
- Cardiology
- Critical Care (Adult)
- Infectious Disease (Adult)
- Internal Medicine
- Orientation
- Pharmacy Practice

### **Elective Rotations Include:**

- Ambulatory Care - World Trade Center Health Program
- Anesthesiology/ Pain Service
- Antimicrobial Stewardship
- Continuous Quality Improvement/ Quality Assurance (CQI/QA)
- Emergency Medicine
- Neonatology
- Nutrition Support/Parenteral Nutrition
- Oncology (Adult Inpatient)
- Palliative Care
- Pediatrics (Intensive Care & General Medicine)
- Pediatric Infectious Disease
- Pediatric Oncology
- Psychiatry
- Rapid Response Team
- Renal Transplant
- Transitions of Care

### **Required Longitudinal Experiences Include:**

- ACPE accredited continuing education (CE) presentations
- Board Certification Preparation
- Community Service
- Medication Use Evaluation
- Professional Skills Development
- Research Project
- Staffing Responsibilities
- Teaching Certification through St. John's University (optional)

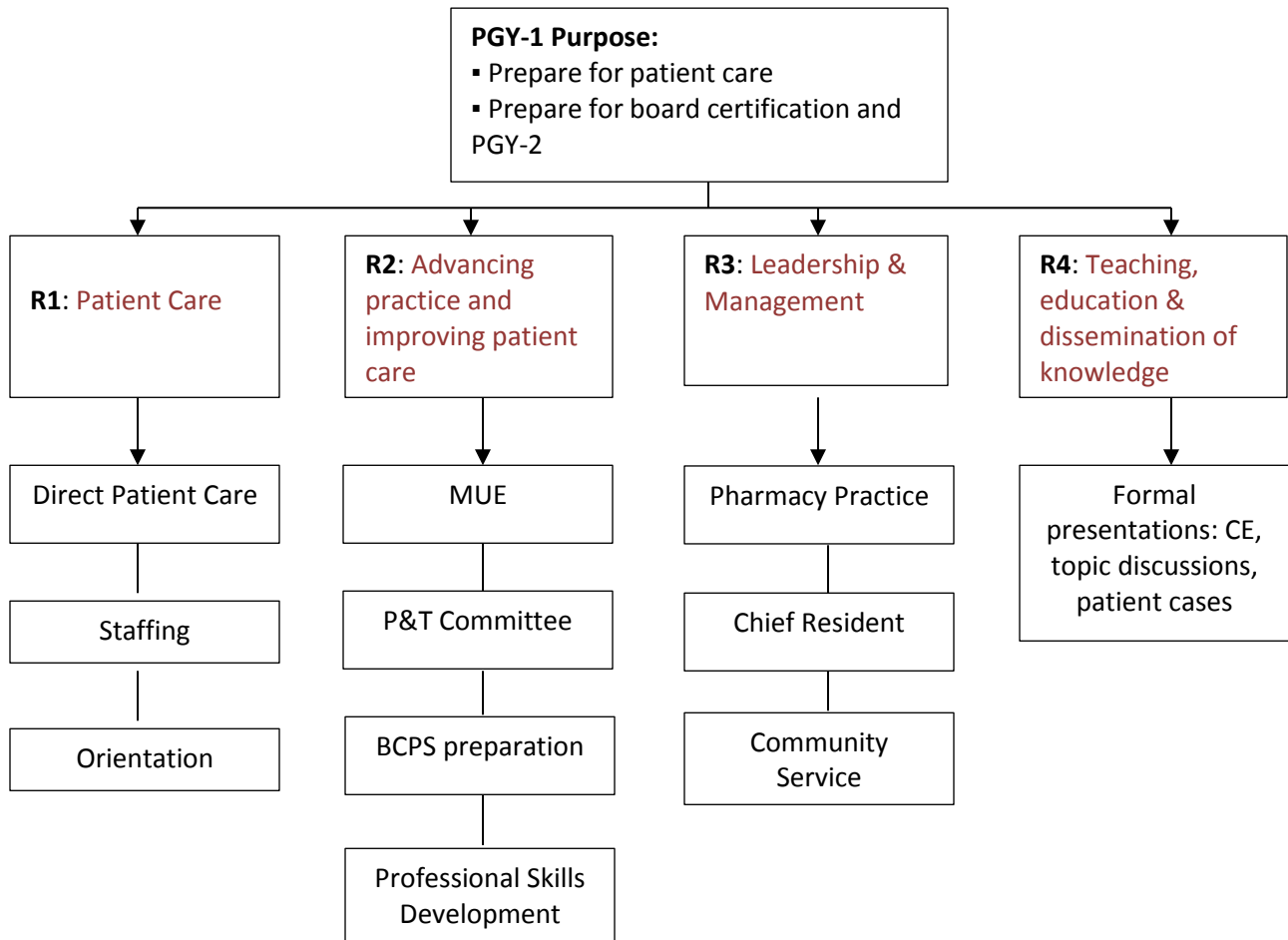
All residents must successfully complete their Orientation block before proceeding to any other rotation.

Rotations are generally 1 month in duration. Residents can opt to concentrate in one of the above areas by remaining in that area for an additional rotation.

All residents will be assigned a longitudinal research project that will normally take between 6 to 12 months to complete. The outcome of this project will be a manuscript that is suitable for publication. It is expected that the manuscript will be submitted to a peer-reviewed journal for possible publication. Selection of a project must occur within the first 30 days of the residency.

PGY-1 residents will attend at least one national or regional pharmacy meeting. ASHP Midyear Clinical Meeting, ASHP Summer Meeting, the New York State System of Health System Pharmacists Annual Assembly and the Eastern States Conference are examples of such meetings. It is expected and required that the resident present a poster at least one of these meetings. The RPD and their designated research project mentor will assist each resident with the preparation of the poster.

If the department has opted to have a recruitment booth at any of these meetings it will be expected that the resident be involved in the activities of the booth and assist in the recruiting process of new residents.



## **PERTINENT INFORMATION AND REQUIREMENTS OF THE PGY-1 RESIDENCY PROGRAM**

### **Residency Binders/Portfolios**

All residents will be given a large binder which will contain information or a narrative summary of the residents' activities. This binder will be submitted to the RPD at the end of the year to serve as a portfolio of the resident's activities over the period of the residency. The resident is encouraged to also archive their work either electronically or by creating a duplicate binder.

The binder should be divided into sections that include but are not limited to:

- Each rotation completed
- All P&T committee work
- Research Project information
- Summary of meetings and/or lectures that the resident attended
- Lectures (including CE presentations) given and the Power Point presentation handout
- Resident Self-Assessment
- Resident Customized Plan
- Quarterly Report
- Monthly Calendar (which includes daily log of all activities)
- Copies of journal articles reviewed
- Evaluations, including self-evaluations, quarterly evaluations, midpoint evaluations, and exit interview

### **Service Schedule**

On rotation where applicable the resident is expected to completely work up any patients on that service and to evaluate and plan a strategy for patient follow-up that occurs on a daily basis, coordinate blood sampling for pharmacokinetic consults and evaluate serum concentration data. In addition, pharmacy residents are expected to pre-round on their patients daily to collect pertinent physical, laboratory and radiographic information findings. Daily rounds, whose times vary according to the specific rotation, are made with either the Clinical Pharmacist of that area or the Attending Physician as well as the interdisciplinary care team to discuss the patients who are currently on that service and to make ongoing recommendations. All new patients on the team must be seen immediately.

### **SBUH Conference Participation**

Participation in the medical education conferences that are regularly scheduled throughout the week at SBUH is strongly recommended. This may include, but is not limited to Grand Rounds, Morning Reports, Noon conferences, journal clubs, etc. Each preceptor will inform the resident of potential educational opportunities available at the start of each rotation.

## **Membership in Professional Organizations**

All residents are expected to participate in at least one professional organization. Membership in professional organizations keeps the resident up-to-date on the latest health-system pharmacy news and clinical research and serves to positively impact the future of pharmacy.

While residents are allowed to join any professional organization it is strongly recommended that each resident belong to The American Society of Health-System Pharmacists (ASHP).

It is also required that all residents become a member of the New York State Society of Health-system pharmacists (NYSHSP) and attend local Long Island Society of Health-system Pharmacists (LISHP) meetings. Residents are required to attend the monthly dinners.

## **National/Regional Pharmacy Conferences**

Residents are expected to present their research projects at the following conferences:

1. ASHP Midyear Clinical Meeting (poster)
2. New York City Regional Pharmacy Residency Conference (platform presentation)

## **Pharmacy and Therapeutics Committee**

Pharmacy residents are expected to attend the Pharmacy and Therapeutics Committee meetings which are held once each month. Residents will be assigned to review and present a formulary summary in standard format for each medication brought to the committee for inclusion on the SBUH formulary.

A standardized form will be used for this process which can be found on the pharmacy web site.

## **Journal Clubs**

Each resident will complete at least 2 journal clubs in one year. Each resident is highly encouraged to attend each of these sessions. A general outline is provided in this manual.

## **Clinical Pharmacy Didactic Teaching Sessions**

All residents are expected to provide bi-monthly didactic teaching sessions which will be ACPE accredited. Please contact Dr. Caesar Alaienia for details regarding the rules and regulations for presenting an ACPE accredited lecture.

Resident attendance is mandatory at these sessions. No other activities should be scheduled at this time.

Topics for this activity may consist of a wide variety of areas in clinical pharmacy and pharmacology; they must be scheduled with the ACPE coordinator at least 3 weeks before the actual event.

## Pharmacy Student Preceptor Responsibilities

The pharmacy resident may be asked to serve as a preceptor for pharmacy students who are completing a rotation at the same time as the resident. The resident may be asked to lead discussions with the students, evaluate the students' work, and/or provide feedback to the students during the rotation.

When interacting with pharmacy students, the resident will at all times conduct himself or herself in a professional manner expected of a preceptor.

## Research Projects

One of the criteria for completing the Pharmacy Residency is the completion of a research project. This project may be in any area pertinent to pharmacy practice. The completion of such a project will allow the resident to develop competencies in the area of research.

The topic of this research project will be coordinated with the residency director and research coordinator within the first 4 weeks of the residency.

The following is an overview for the completion of the Residency project/research:

- **September 1<sup>st</sup>** - Topic selected and minimum one-page abstract. Abstract must include methodology and timetable.
- **October 1<sup>st</sup>** - Submit completed abstract to ASHP for consideration for poster presentation.
- **November 1<sup>st</sup>** - Submit completed protocol or proposal submitted to IRB for institution approval.
- **December 1<sup>st</sup>** - Preliminary data, results, and conclusions must be available for presentation at the ASHP midyear meeting. Data collection and evaluation
- **March** - Completed research/project will be presented at the LISHP Resident Research Symposium (one resident per program).
- **April** - Completed research/project will be presented at the Eastern States Resident/Preceptor's Conference (optional).
- **June 1<sup>st</sup>** First draft and completed project paper
  - Final project will be presented at the NYC Regional Pharmacy Residency Conference.

## Staffing Requirements

A longitudinal staffing component has been built into the PGY1 residency program. This staffing component will allow the resident to gain experience by performing the duties of a staff pharmacist in each area of the pharmacy and in a single area on all shifts. When the resident has exhibited adequate knowledge of pharmacy operations in a particular area, as determined by the preceptor, the resident will be assigned to perform supervisory duties and assignments in that area. The resident will have the opportunity to expand on his or her knowledge in any areas within the department, should the resident choose to do so. Projects will be assigned throughout the year.



While the time allotted to the staffing requirement is minimal in comparison to the time spent on clinical rotations it is important for the resident to realize the importance of mastering the skills required to work in a hospital pharmacy.

### **Weekend Coverage**

All PGY1 residents will work one weekend every 21 days or approximately one weekend per month. If the resident is unable to work a day on the weekend that they are scheduled, they may illicit the assistance of their co-residents for a switch. However, if coverage cannot be found, the resident must work the weekend days that were originally scheduled.

### **Weekday Hours**

A typical work week is on day shift, Monday through Friday. However, since this is a 24 hour facility, evening and night shifts may also be required. Residents are required to fulfill all the activities and hours of the rotation they are scheduled for.

### **Sick Time**

Sick time is allowed and is governed by the rules and regulations of SBUH. When ill, residents must contact the Program Director and the supervisor on duty.

### **Extended Sick Leave**

Extended sick leave is sick leave that exceeds the amount of sick leave the resident is entitled to, as defined by UUP.

Extended leave may be granted to any resident for good cause. The RPD will be the person responsible for granting this type of leave.

If a resident requests extended leave and is granted such, he/she must make up this time at the end of his/her residency in order to fulfill the requirements of the residency .

**It should be noted that due to the funding structure of the residency program it is very likely that funding will not be available for the resident while the resident makes up this lost time.**

### **Vacations/Holidays/Personal Days**

Each pharmacy resident is entitled to vacation days as described by the rules and regulations of the UUP.

Vacation requests will generally *not* be granted for the entire month of July or the final month of the residency.

### **Emergency situations (i.e. inclement weather)**

Residents are expected to be at work in emergency situations (snows, storms etc) and should be prepared to stay overnight. In such situations, residents may be expected to assist with daily operations of the pharmacy.

**Photocopying**

Free photocopying is available in the pharmacy department.

**Computers**

Residents will be given a designated work space which will include a computer that has the ability to access all of the University's and Hospital's databases.

**Students**

The pharmacy resident will assist in precepting Pharm.D. students who rotate through the pharmacy department during the course of the year.

**Schedule Changes**

Any change in the residents' rotation schedule for any reason will be immediately communicated to the resident and preceptor via email. PharmAcademic will also immediately be appropriately modified to reflect this change in schedule.

## REQUIREMENTS FOR THE COMPLETION OF THE RESIDENCY PROGRAM

Upon successful completion of the program, the resident will be awarded a certificate of completion of the PGY-1 Pharmacy Practice Residency from Stony Brook University Hospital.

### Requirements to receive a Residency Certificate:

- For all required rotations, at least 80% of the learning objectives have been marked as "Achieved for Residency"
- One MUE or a Medication Safety Project completed
- Participation in the P&T committee and presentations of formulary additions/removals
- Completed a Resident binder
- A Minimum of 2 Journal club presentations
- A Minimum of 2 formal case presentations
- Completion of 5 formal ACPE accredited CE presentations (2 residents will present each month, alternating starting in September. The month of February will be skipped and everyone will present their research project in June in one joint CE)
- Present research platform presentation at the New York City Regional Residency Conference
- Must attend and present poster on their research project at the ASHP Midyear Clinical Meeting
- Have no required rotations marks as "Needs Improvement". Any resident that receives this status must work with the preceptor to obtain a minimum of "Satisfactory".
- A minimum of 2 community service activities (maximum of 2 residents per outreach activity)
- Completion of a residency research project, including a poster, platform presentation, and a manuscript that is ready for publication.
- Participation in the residency evaluation process (self-evaluation, rotation evaluation, preceptor evaluation and preceptor's resident evaluation)
- Comply with all staffing requirements as per longitudinal rotation

### Successful Completion of the PGY1 Residency

Based on the skills, knowledge, and attitudes developed and enhanced during this residency, a graduate of the SBUH PGY1 residency will be prepared to enter clinical practice, a PGY2 residency, or a fellowship program.

### Timeline

<b>June</b>	<ul style="list-style-type: none"><li>• Make arrangements for NAPLEX and MPJE</li><li>• Baseline self-assessment on PharmAcademic</li></ul>
<b>July</b>	<ul style="list-style-type: none"><li>• Orientation to Pharmacy Department</li><li>• Research &amp; MUE Project topics &amp; preceptors selected<ul style="list-style-type: none"><li>○ Overview of research process</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>• Institutional Review Board (IRB) training</li> <li>• Dates of CE presentations established</li> <li>• Overview of P&amp;T Committee and Medication Safety Committee participation</li> <li>• Infectious disease lectures</li> <li>• Electives chosen for first half of the year</li> </ul>
<b>August</b>	<ul style="list-style-type: none"> <li>• Register for ASHP Midyear Meeting (if applicable)</li> <li>• First CE topic selected and objectives submitted (3 weeks prior)</li> <li>• Rotations on patient care units begin</li> </ul>
<b>September</b>	<ul style="list-style-type: none"> <li>• Project designs and methods write-up complete</li> <li>• Submit project to IRB</li> </ul>
<b>October</b>	<ul style="list-style-type: none"> <li>• ASHP abstract deadline (see <a href="http://www.ashp.org">www.ashp.org</a> for details)</li> <li>• New York State Licensure must be obtained October 1<sup>st</sup></li> </ul>
<b>November</b>	<ul style="list-style-type: none"> <li>• Prepare poster for ASHP Clinical Midyear Meeting</li> <li>• Resume/CV preparation and interview skills development</li> </ul>
<b>December</b>	<ul style="list-style-type: none"> <li>• Present posters at ASHP Midyear Clinical Meeting</li> <li>• Electives for second half of the year chosen</li> </ul>
<b>January</b>	<ul style="list-style-type: none"> <li>• Review new resident applications</li> </ul>
<b>February</b>	<ul style="list-style-type: none"> <li>• Participate in interviews of prospective resident candidates</li> <li>• Completion of Medication Use Evaluation projects</li> </ul>
<b>March</b>	<ul style="list-style-type: none"> <li>• One resident selected to present research project at LISHP Residency Research Symposium</li> </ul>
<b>May</b>	<ul style="list-style-type: none"> <li>• Completion of manuscript for publication</li> <li>• Attend Eastern States Conference (optional)</li> <li>• Submit abstracts for NYC Regional Residency Conference</li> </ul>
<b>June</b>	<ul style="list-style-type: none"> <li>• New York City Regional Residency Conference platform presentations</li> <li>• Participate in exit evaluation of the residency</li> <li>• Submission of all required materials (including PharmAcademic and Binder Portfolio)</li> </ul>

### **Evaluation and Assessment of the Resident**

PharmAcademic will be used as a database to maintain all evaluations and assessments.

The RLS Model contains supporting materials to conduct three types of assessment:

- Preceptor evaluation of resident's attainment of goals and objectives
- Resident's self-evaluation of his or her attainment of goals and objectives
- Resident's evaluation of the preceptor and learning experience

Assessment of resident performance, both by preceptors and by the resident him/herself is directly linked to the model's goals and objectives. An established set of criteria for measuring the quality of performance on each objective is explained in the model. The RLS model provides various forms to help in the assessment of both the resident and preceptor:

Preceptor Evaluations of Resident:

- **Summative Evaluation** (*required*): Primary evaluative tool for judging overall resident achievement of the goals and objectives assigned to the preceptor’s learning experience. Performed by the preceptor at the end of the rotation using the 4 clinical teaching roles.
- **Midpoint Evaluation** (*required for learning experiences at least 3 weeks or longer*): a midpoint evaluation will be completed by the preceptor at the halfway mark through the rotation. Identical to the summative evaluation, allows for the resident to see their progress for meeting goals and objectives for the learning experience.
- **Snapshot Evaluation** (*optional*): criteria-based checklist for evaluating resident performance on each of the objectives in the RLS Model. A snapshot evaluation is used to evaluate one specific performance of the targeted objective by the resident. The criteria-based checklists provide written feedback to help residents improve their performance and are designed as a supplement to routine verbal feedback for communicating the specifics of evaluation during the course of a learning experience.
- **Quarterly Longitudinal Evaluation** (*required*): The Pharmacy Residency Director shall meet with the resident quarterly. Prior to these meetings, the resident will complete the Quarterly Residency Plan. The purpose of these quarterly evaluations is to review the written evaluations of the resident’s performance, review the residents’ evaluations of preceptors, review and modify the customized plan for the next quarter, review any ongoing projects such as the residency project or lectures, and revise the residency plan, if necessary. The resident and the Residency Program Director and preceptors if appropriate will discuss the resident’s educational progress and performance as they relate to the residency’s goals and objectives. If any issues with the resident’s progress are identified at the quarterly evaluation, meetings may occur more frequently. If these meeting happen to fall on a weekend, the meeting will be pushed forward to the following Monday.

Quarter	Dates	Quarterly Report Submission Date
1 <sup>st</sup> Quarter	July 1 – September 30	October 10
2 <sup>nd</sup> Quarter	October 1 – December 31	January 10
3 <sup>rd</sup> Quarter	January 1 – March 30	April 10
4 <sup>th</sup> Quarter	April 1 – June 30	June 10

Resident Self-Evaluations:

- **Self –Assessment & Annual Plan** (*required*): After notification of the ASHP match and prior to beginning the Residency on July 1, each prospective resident completes a self-assessment (Appendix A) to critically evaluate his/her self both professionally & personally to determine career direction and purpose. This self-assessment identifies areas of strength and weakness for the resident and helps develop action plans for learning experiences throughout the Residency year. The Self-Assessment provides the resident with a tool for continual self-assessment and establishes benchmarks to measure personal & professional success. This assessment plan is evaluated and updated with the Residency Program Director on a quarterly basis.

- **Resident's Self-Assessment** (*required*): Using the summative evaluation form for the specific learning experience, the resident self-evaluates his/her performance during the rotation. The evaluation form is compared to the completed evaluation of the preceptor. The residents should be reminded to constantly evaluate himself and herself throughout the residency year.
- **Resident Evaluation of Preceptor** (*required*): Performed by the resident to evaluate the quality of his or her preceptor's performance at the end of the learning experience.

The resident evaluation, self-assessment, and preceptor evaluations are due on the final day of the rotation. Midpoint evaluations are due at the halfway mark of the rotation (i.e. due at the end of the 2<sup>nd</sup> week for a 4 week rotation). The preceptor of the rotation is responsible for ensuring that the evaluations are completed in a timely fashion. These reports are reviewed by the Residency Program Director and other preceptors as necessary.

#### Compliance with the Evaluation Policy

Residents and Preceptors must comply with the evaluation policy. This is essential for the advancement of the resident and the residency program. Failure to comply with this policy may result in disciplinary action by the RPD

#### Summary of Residency Evaluation Responsibilities

- **Residents** (Submit all Electronically via PharmAcademic)
  - Rotation RLS-based self-assessment: midpoint and summative.
  - Rotation evaluation of the preceptor/rotation.
  - Quarterly progress report
  - Quarterly Longitudinal Evaluations
  - Co-signatures of all shared preceptor evaluations
- **Preceptors** (Submit all electronically via PharmAcademic):
  - RLS-based resident rotation evaluations: midpoint and summative.
  - Quarterly Longitudinal Evaluations
  - Co-signatures of all shared resident evaluations
- **Residency Program Director**
  - Quarterly evaluation of resident (Quarterly Development Plan)
  - Co-signatures of all resident and preceptor evaluations



## **ASHP REQUIRED COMPETENCY AREAS, GOALS, & OBJECTIVES**

*(Last Updated April 2016)*

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/guidance-document-newly-approved-required-competency-areas-goals-objectives-2016>

### **Competency Area R1: Patient Care**

**Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.**

**Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.**

Criteria:

- Interactions are cooperative, collaborative, communicative, and respectful.
- Demonstrates skills in negotiation, conflict management, and consensus building.
- Demonstrates advocacy for the patient.

**Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.**

Criteria:

- Interactions are respectful and collaborative.
- Uses effective communication skills.
- Shows empathy.
- Empowers patients to take responsibility for their health.
- Demonstrates cultural competence.

**Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.**

Criteria:

- Collection/organization methods are efficient and effective.
- Collects relevant information about medication therapy, including:
  - History of present illness.
  - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
  - Social history.
  - Medication history including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements; immunizations; and allergies.
  - Laboratory values.
  - Pharmacogenomics and pharmacogenetic information, if available.
  - Adverse drug reactions.
  - Medication adherence and persistence.
  - Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Sources of information are the most reliable available, including electronic, face-to-face, and others.
- Recording system is functional for subsequent problem solving and decision making.
- Clarifies information as needed.

- Displays understanding of limitations of information in health records.

**Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.**

Criteria:

- Includes accurate assessment of patient's:
  - Health and functional status,
  - Risk factors
  - Health data
  - Cultural factors
  - Health literacy
  - Access to medications
  - Immunization status
  - Need for preventive care and other services, when appropriate
  - Other aspects of care, as applicable.
- Identifies medication therapy problems, including:
  - Lack of indication for medication.
  - Medical conditions for which there is no medication prescribed.
  - Medication prescribed or continued inappropriately for a particular medical condition.
  - Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
  - Therapeutic duplication.
  - Adverse drug or device-related events or potential for such events.
  - Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug-laboratory test interaction, or potential for such interactions.
  - Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
  - Patient not receiving full benefit of prescribed medication therapy.
  - Problems arising from the financial impact of medication therapy on the patient.
  - Patient lacks understanding of medication therapy.
  - Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
  - Laboratory monitoring needed.
  - Discrepancy between prescribed medications and established care plan for the patient.

**Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).**

Criteria:

- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
  - Relevant patient-specific information including culture and preferences.
  - The goals of other interprofessional team members.
  - The patient's disease state(s).
  - Medication-specific information.
  - Best evidence.
  - Ethical issues involved in the patient's care.
  - Quality-of-life issues specific to the patient.
  - Integration of all the above factors influencing the setting of goals.
- Designs/redesigns regimens that:
  - Are appropriate for the disease states being treated.

- Reflect:
  - The therapeutic goals established for the patient
  - The patient's and caregiver's specific needs
  - Consideration of:
    - Any pertinent pharmacogenomic or pharmacogenetic factors.
    - Best evidence.
    - Pertinent ethical issues.
    - Pharmacoeconomic components (patient, medical, and systems resources).
    - Patient preferences, culture and/or language differences.
    - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
- Adhere to the health system's medication-use policies.
- Follow applicable ethical standards.
- Address wellness promotion and lifestyle modification.
- Support the organization's or patient's formulary.
- Address medication-related problems and optimize medication therapy.
- Engage the patient through education, empowerment, and promotion of self-management.
- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
  - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
  - When applicable, reflects preferences and needs of the patient.

**Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.**

Criteria:

- Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the health care team.
  - Recommendation is persuasive.
  - Presentation of recommendation accords patient's right to refuse treatment.
  - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
  - Creates an atmosphere of collaboration.
  - Skillfully defuses negative reactions.
  - Communication conveys expertise.
  - Communication is assertive but not aggressive.
  - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.

- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Medication orders are clear and concise.
  - Activity complies with the health system's policies and procedures.
  - Tests correspond with the recommended monitoring plan.
  - Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
- Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

**Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.**

Criteria:

- Selects appropriate direct patient care activities for documentation.
- Documentation is clear.
- Documentation is written in time to be useful
- Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise.

**Objective R1.1.8: (Applying) Demonstrate responsibility to patients.**

Criteria:

- Gives priority to patient care activities.
- Plans prospectively.
- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner.
- Determines barriers to patient compliance and makes appropriate adjustments.

**Goal R1.2: Ensure continuity of care during patient transitions between care settings.**

**Objective R1.2.1: (Applying) Manage transitions of care effectively.**

Criteria:

- Effectively participates in obtaining or validating a thorough and accurate medication history.

- Conducts medication reconciliation when necessary.
- Participates in thorough medication reconciliation.
- Follows up on all identified drug-related problems.
- Participates effectively in medication education.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Follows up with patient in a timely and caring manner.
- Provides additional effective monitoring and education, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.

**Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.**

**Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.**

Criteria:

- Correctly interprets appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
  - Identifying, clarifying, verifying, and correcting any medication order errors.
  - Considering complete patient-specific information.
  - Identifying existing or potential drug therapy problems.
  - Determining an appropriate solution to an identified problem.
  - Securing consensus from the prescriber for modifications to therapy.
  - Ensuring that the solution is implemented.
- Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
  - When required, accurately calibrates equipment.
  - Ensuring that solutions are appropriately concentrated, without incompatibilities; stable; and appropriately stored.
  - Adhering to appropriate safety and quality assurance practices.
  - Preparing labels that conform to the health system's policies and procedures.
  - Ensuring that medication has all necessary and appropriate ancillary labels.
  - Inspecting the final medication before dispensing.
- When dispensing medication products:
  - Follows the organization's policies and procedures.
  - Ensures the patient receives the medication(s) as ordered.
  - Ensures the integrity of medication dispensed.
  - Provides any necessary written and/or verbal counseling.
  - Ensures the patient receives medication on time.
- Maintains accuracy and confidentiality of patients' protected health information.
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.

**Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.**

Criteria:

- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
- Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.

**Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.**

Criteria:

- When appropriate, follows the organization's established protocols.
- Makes effective use of relevant technology to aid in decision-making and increase safety.
- Demonstrates commitment to medication safety in medication-use processes.
- Effectively prioritizes workload and organizes workflow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, and expiration dates; and proper repackaging and relabeling medications, including compounded medications (sterile and nonsterile).
- Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.
- Promotes safe and effective drug use on a day-to-day basis.

**Competency Area R2: Advancing Practice and Improving Patient Care**

**Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.**

**Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.**

Criteria:

- Displays objectivity.
- Effectively synthesizes information from the available literature.
- Applies evidenced-based principles.
- Consults relevant sources.
- Considers medication-use safety and resource utilization.
- Uses the appropriate format.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

**Objective 2.1.2 (Applying) Participate in a medication-use evaluation.**

- Uses evidence-based principles to develop criteria for use.
- Demonstrates a systematic approach to gathering data.
- Accurately analyzes data gathered.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.



**Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.**

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
- Uses best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice standards and other evidence (e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts).
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

**Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.**

Criteria:

- Effectively uses currently available technology and automation that supports a safe medication-use process.
- Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs

**Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system.**

**Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use system.**

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Determine an appropriate topic for a practice-related project of significance to patient care.
- Uses best practices or evidence-based principles to identify opportunities for improvements.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

**Objective R2.2.2: (Creating) Develop a plan to improve patient care and/or the medication-use system.**

Criteria:

- Steps in plan are defined clearly.
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
- Plan for improvement includes appropriate reviews and approvals required by department or organization, and addresses the concerns of all stakeholders.
- Applies evidence-based principles, if needed.

- Develops a sound research or quality improvement question that can be realistically addressed in the desired time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
- Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
- Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.

**Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.**

Criteria:

- Follows established timeline and milestones.
- Implements the project as specified in its design.
- Collects data as required by project design.
- Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience.
- Plan is based upon appropriate data.
- Gains necessary commitment and approval for implementation
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Change is implemented fully.

**Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.**

Criteria:

- Outcome of change is evaluated accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Correctly identifies need for additional modifications or changes.
- Accurately assesses the impact of the project, including its sustainability (if applicable).
- Accurately and appropriately develops plan to address opportunities for additional changes.

**Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.**

Criteria:

- Outcome of change is reported accurately to appropriate stakeholder(s) and policy-making bodies according to departmental or organizational processes.
- Report includes implications for changes to or improvement in pharmacy practice.
- Report uses an accepted manuscript style suitable for publication in the professional literature.

- Oral presentations to appropriate audiences within the department and organization or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

## **Competency Area R3: Leadership and Management**

### **Goal R3.1: Demonstrate leadership skills.**

#### **Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.**

Criteria:

- Demonstrates effective time management.
- Manages conflict effectively.
- Demonstrates effective negotiation skills.
- Demonstrates ability to lead interprofessional teams.
- Uses effective communication skills and styles.
- Demonstrates understanding of perspectives of various health care professionals.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.

#### **Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement.**

Criteria:

- Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

### **Goal R3.2: Demonstrate management skills.**

#### **Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.**

Criteria:

- Identifies and explains factors that influence departmental planning, including:
  - Basic principles of management.
  - Financial management.
  - Accreditation, legal, regulatory, and safety requirements.
  - Facilities design.
  - Human resources.
  - Culture of the organization.
  - The organization's political and decision-making structure.
- Explains the potential impact of factors on departmental planning.
- Explains the strategic planning process.

#### **Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system.**

Criteria:

- Identifies appropriate resources to keep updated on trends and changes within pharmacy and healthcare.

- Explains changes to laws and regulations (e.g. value-based purchasing, consumer-driven health care, reimbursement models) related to medication use.
- Explains external quality metrics (e.g., FDA-mandated Risk Evaluation and Mitigation Strategy) and how they are developed, abstracted, reported, and used.
- Describes the governance of the health care system and leadership roles.

**Objective R3.2.3: (Applying) Contribute to departmental management.**

Criteria:

- Helps identify and define significant departmental needs.
- Helps develop plans that address departmental needs.
- Participates effectively on committees or informal work groups to complete group projects, tasks, or goals.
- Participates effectively in implementing changes, using change management and quality improvement best practices and tools, consistent with team, departmental, and organizational goals.

**Objective R3.2.4: (Applying) Manage one’s own practice effectively.**

Criteria:

- Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one’s own practice.
- Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable learning opportunities when performance does not meet expectations.
- Demonstrates effective workload and time management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and a “can-do” approach.
- Strives to maintain a healthy work-life balance.
- Works collaboratively within the organization’s political and decision-making structure.
- Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

**Competency Area R4: Teaching, Education, and Dissemination of Knowledge**

**Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).**

**Objective R4.1.1: (Applying) Design effective educational activities.**

Criteria:

- Accurately defines educational needs with regard to target audience (e.g., individual versus group) and learning level.
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences' defined learning needs.
- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), and timely and reflects best practices.
- Includes accurate citations and relevant references and adheres to applicable copyright laws.

**Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.**

Criteria:

- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of "um" and other interjections).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visual aids and handouts to support learning activities.

**Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.**

Criteria:

- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate.
- Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public).
- Creates one's own work and does not engage in plagiarism.

**Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.**

Criteria:

- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
- Provides timely, constructive, and criteria-based feedback to learner.
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.
- Identifies ways to improve education-related skills.

- Obtains and reviews feedback from learners and others to improve effectiveness as an educator.

**Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.**

**Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs.**

Criteria:

- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
  - Selects direct instruction when learners need background content.
  - Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.
  - Selects coaching when learners are prepared to perform a skill under supervision.
  - Selects facilitating when learners have performed a skill satisfactorily under supervision.

**Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.**

Criteria:

- Instructs students, technicians, or others as appropriate.
- Models skills, including "thinking out loud", so learners can "observe" critical-thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.

## RESIDENT DISCIPLINARY & REMEDIATION ACTION

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant SBUH and Residency Program policies.

### **Disciplinary and/or Remediation action will be taken if a resident:**

- Does not follow policies and procedures of SBUH, Department of Pharmacy, or Residency Program
- Does not present him/herself in a professional manner
- Does not earn satisfactory progress on any of the residency goals or objectives
- Does not make adequate progress towards the completion of residency requirements (e.g. project, manuscript, CE presentations, seminar)
- Demonstrates gross negligence

### **Disciplinary Action and/or Remediation Policy and Procedure**

If a resident fails to make satisfactory advancement in any aspect of the residency program, the following disciplinary steps shall be taken:

1. **Early Identification:** If a resident appears to be struggling in specific areas continuously across rotations, these concerns should be brought to the RPD. The RPD will assess the resident's evaluations on PharmAcademic and any verbal or written feedback from the preceptor(s). The RPD will address any longitudinal deficits in the resident's Quarterly Evaluation. If the concerning behaviors continue on the rotation following the Quarterly Evaluation, then the RPD will give the resident a **verbal** warning and have a discussion to assist in any barriers to learning that the resident may be experiencing.
2. **First Remediation:** If satisfactory improvement is not seen within 2 weeks, the RPD will meet with the resident, and the resident will be given a **written** warning. This document will identify specific learning objectives and/or behaviors that require attention and improvement by the resident, as well as an action plan for when and how these deficiencies will be addressed. The document will be signed by the resident and the RPD and kept into their personnel file by the Residency Program Director. A remediation plan will then be created by the RAC to address the resident's deficiencies. The remediation plan will include:
  - Specific objectives or general areas for improvement the team has identified as problematic
  - An appropriate solution or measurable outcome. This will include goals for monitoring progress.
  - Dates to reach these outlined goals
  - Follow-up steps to take if goals are not achieved within the designated time frame.
3. **Second Remediation:** If satisfactory improvement is not seen during the first remediation (2-4 weeks), the resident will meet with the RPD and receive a second **written** warning. A second remediation plan will be created at this time, at which if goals and objectives are not met by the end of the designated



timeframe (about 4 weeks), the resident will be given a **Final Written Warning** and will be subject for dismissal. During the second remediation, the resident may be asked to give up non-required activities, as deemed appropriate by the RPD and RAC.

4. If the RPD and RAC determine that the resident will not complete the residency program in the normal time frame, a plan to adequately complete the requirements shall be presented and reviewed by the Residency Program Director. No action shall be taken against the resident until the Director of Pharmacy reviews the report and recommendations concerning any action. If the Director of Pharmacy feels that the action recommended by the RPD is appropriate, the action will be implemented.

When and if dismissal is recommended by the Residency Program Director, the Director of Pharmacy and the Residency Advisory Committee will have a meeting to discuss the final decision, which may include termination. Termination is the final step of the disciplinary process and documentation will clearly reflect that prior progressive corrective action has failed to produce an acceptable change in the employee's behavior and/or performance as per UUP regulations. Termination action must be approved through Human Resources prior to meeting with the employee.

5. All disciplinary actions will be documented in PharmAcademic as well as their SBUH employee records.

## **QUALITY IMPROVEMENT FOR THE RESIDENCY PROGRAM**

The Residency Advisory Committee (RAC) meets on a quarterly basis, at a minimum, to discuss the residency program and each resident's progress to date. The Residency Program Director is the Chair of this Committee. Prior to each meeting the Residency Program Director develops an agenda for the meeting. If any resident have any suggestions throughout the year for improvement to the residency, he / she should bring these to the Residency Program Director so that a discussion of the potential improvement can be added to the committee's agenda.

During the fourth quarter, the Residency Program Director and the Director of Pharmacy will elicit feedback from the residents for the purpose of making improvements to the program. This is typically completed prior to the formal exit interview to allow the Program Director to begin planning for the next year's program. A more formal exit interview evaluation process occurs at the end of June and gives the resident an opportunity to provide feedback about suggested changes to the curriculum as well as to evaluate whether his or her goals as stated in the residency plan have been met, to evaluate the program and Program Director, and to perform self-reflection about the most important things that were learned during training.

The June meeting of the Residency Advisory Committee will focus on a discussion and critique of the previous year's program. The committee will review suggestions for changes for the upcoming year. The current residents may be asked to attend this meeting, depending upon the feedback given through the exit interviews. The Residency Program Director and members of the Residency Advisory Committee will take this feedback to plan, implement, and evaluate each change recommended.

The 1<sup>st</sup> Quarter Meeting of the Residency Advisory Committee will focus on reviewing plans for the upcoming year including rotation scheduling, curricular changes based upon ASHP requirements, electives, project ideas, and any changes occurring at the clinical sites. The RAC will perform an annual review of the ASHP Standards and Learning Objectives to assure that the program remains within compliance of these standards in order to maintain accreditation.

# ROTATIONS

## **AMBULATORY CARE**

World Trade Center Health Program (WTCHP)

### **Overview:**

The Ambulatory Care rotation is a 4-week elective experience that exposes residents to ambulatory care practices in a clinic that serves responders of the 9/11 disaster. The rotation will be split into two – 2 week rotations with an emphasis on psychiatric pharmacy during the first 2 weeks and chronic disease states during the second 2 weeks. The resident will work with other clinic staff (physicians, nurse practitioners, nurses, and social workers) to ensure patients are receiving the best care possible. The pharmacy resident, under the instruction and the assistance of the preceptor, will provide direct patient care to optimize medication regimens.

### **Rotation Activities:**

The resident will have the opportunity to explore the following practice areas within ambulatory care.

1. Describe collaborative drug therapy management (CDTM)
2. Summarize the steps necessary to establish a clinical practice under CDTM
3. Design therapeutic treatment/monitoring plans using evidence based medicine
4. Conduct patient interviews and assessment of symptoms and communicate with other health care professionals
5. Perform medication reconciliation, assess medication adherence, and provide education on medications/disease states
6. Demonstrate ability to effectively document patient interactions within the electronic medical record
7. Describe operations of WTCHP pharmacy benefits and assist in evaluating pharmacy related items (e.g., prior authorizations, WTCHP formulary management)

### **Evaluation**

Residents will be evaluated according to Stony Brook University Medical Centers PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **ANESTHESIOLOGY/PAIN SERVICE**

### **Overview:**

The PGY1 pharmacy Anesthesiology/OR Pharmacy rotation is a 2-week elective experience that exposes residents to the operating room environment and the role of the pharmacist in this critical care area of the hospital. The resident will become acquainted with the various technological components of the OR Pharmacy and learn about the pharmacologic agents that are used in this area.

### **Rotation Activities:**

The resident will have the opportunity to explore the following practice areas within the field of the OR Pharmacy and the Anesthesia Suite:

- Pre-evaluation and management of surgical patients from the anesthesiology standpoint.
- Anesthetic Techniques including general and local anesthesia.
- Pertinent perioperative patient monitoring parameters
- Anesthetic and pain agents used including general anesthetics, neuromuscular blocking agents and regional anesthetic agents, pre- and postoperative adjunctive agents and techniques.
- Necessary monitoring encountered during the surgical procedure and relate the function of each member of the surgical team involved with patient care and the procedure.
- The various approaches to acute and chronic pain management as it relates to immediate post-operative pain.
- The day to day operation of the OR Pharmacy and the methods that are employed to ensue patient safety.

### **Evaluation**

Residents will be evaluated according to Stony Brook University Medical Centers PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **ANTIMICROBIAL STEWARDSHIP**

### **Overview**

This is a 4 week elective rotation at Stony Brook University Hospital, a 603 bed, adult and pediatric tertiary teaching hospital. It is intended to expose the resident to various aspects of Antimicrobial Stewardship in the inpatient adult and pediatric setting. The Pharmacy PGY1 resident will work as part of the Adult Antimicrobial Stewardship Program. The resident will function as an antimicrobial steward under the guidance of the preceptors. Overall, the resident will gain knowledge and experience in conducting antimicrobial stewardship activities and an understanding for the roles of various healthcare professionals in an effective antimicrobial stewardship program.

### **Rotation Activities**

**Under the guidance of the rotation preceptors (direct instruction, modeling, coaching, facilitating), the PGY1 resident:**

- Provide prospective audit and feedback to prescribers: review of current antimicrobial use and providing guidance to clinicians regarding appropriate prescribing practice, dosing, de-escalation opportunities, IV to PO conversion, and duration of therapy
- Provide pharmacokinetic service for the use of aminoglycosides and vancomycin
- Participate in quality improvement projects

**Through independent and interactive learning sessions (resident is expected to lead topic discussions during interactive learning sessions), the PGY1 resident:**

- Learn about the use of pharmacokinetic and pharmacodynamic principles for the use of antimicrobial agents.
- Learn about basic clinical microbiology and interpretation that is needed to guide antimicrobial recommendations
- Describe approaches to evaluating the impact of an ASP through measurement of process and outcome measures
- Learn about antimicrobial use monitoring and metrics for measuring antimicrobial use at Stony Brook University Hospital (SBUH)
- Prepare and present a CE lecture with a focus on Antimicrobial Stewardship for Pharmacy staff

### **Committee Responsibilities:**

- Attend Antimicrobial Stewardship Committee, Pediatric ASP meetings, NICU ASP meetings, and Infection Control Meetings
- Present one Antimicrobial Use Report to the Antimicrobial Stewardship Committee

**After the completion of the Antimicrobial Stewardship Rotation, the Resident should be able to:**

- Know the spectrum of activity and appropriate use for antimicrobial agents: meropenem, ertapenem, linezolid, daptomycin, gentamicin, tobramycin, amikacin, vancomycin
- Apply pharmacodynamics and pharmacokinetic principles in determining appropriate dosage of antimicrobial agents
- Analyze microbiology data to guide appropriate antimicrobial use
- Identify the relative costs of different antimicrobials used in SBUH
- Appraise the utility of different tools and stewardship interventions
- Describe approaches to evaluating the impact of an ASP through measurement of process and outcome measures

**Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.



## **BOOST - (BETTER OUTCOMES FOR OLDER ADULTS THROUGH SAFE TRANSITIONS)**

*(LICENSURE REQUIRED FOR THIS ROTATION)*

### **Overview**

The PGY1 BOOST rotation is a 2-week required experience whereby the residents will be responsible for patients' medications beginning with home medications at admission, inpatient medications, and discharge medications. The goal of the rotation is to have a better understanding for the Pharmacist's role in the continuity of medication in providing a better outcome for these patients. During this rotation the resident will have the opportunity to interact with patients, families, and other health care providers to obtain an accurate home medication history on every patient meeting the BOOST criteria. This interaction will continue 72 hours post discharge in an effort to promote medication compliance in the home environment.

### **Rotation Activities**

- Every morning the resident will attend medical rounds on the designated unit. During these rounds the resident will be able to review each patient's medication profile and present any Pharmacy problems/concerns to the medical team for resolution.
- The resident will interview each new BOOST patient and obtain an accurate home medication history. If the patient is unable to provide the necessary information, the resident will contact family members, the patient's PCP, the patient's pharmacy, and any other additional sources that will provide the needed information.
- The resident will then review the patient's current inpatient medication profile insuring no home medications have been omitted without reason. If such a discrepancy exists, the resident will contact the appropriate medical team and discuss his/her findings.
- The resident will continue to monitor the patient throughout his hospital stay. Lab tests and results will be reviewed daily for each patient.
- Upon determination by the medical team of the patient's discharge to home, the resident will review all discharge orders for appropriateness. The resident will contact the medical team with any questions/concerns/recommendations at this time.
- The resident will discuss discharge medications with the patient and/or family and provide any education necessary.
- The resident will follow up with the patient/family 72 hours post discharge to discuss issues, compliance, or questions the patient may have concerning his medication.
- The resident will be responsible for case studies, journal clubs, and any other assignments designated by the preceptor.

### **Evaluation**

Residents will be evaluated according to Stony Brook University Medical Center's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **CARDIOLOGY**

### **Overview:**

The cardiology rotation is a 4-week required learning experience where the pharmacy resident will round with the cardiology service team in the Cardiac Acute Care Unit (CACU). The cardiology team is comprised of a Cardiology attending, two residents, three interns and sometimes a medical student. The resident will be responsible for provision of clinical services (i.e. obtaining accurate home medication histories, identifying pharmacotherapeutic problems, implementing cost-effective medication regimens, therapeutic drug monitoring, identifying and counseling high risk patients, and providing effective discharge counseling) in collaboration with the rounding cardiology team. At the end of the rotation the resident should be able to identify, manage, and counsel patients and physicians regarding medication therapy, with an emphasis on cardiovascular conditions.

### **Rotation Activities:**

The resident will have the opportunity to explore the various practice areas within the field of Cardiology and will:

- Attend interdisciplinary rounds Monday-Friday.
- Attend rounds with the cardiology service team and actively participate (service rounds usually begin just after interdisciplinary rounds).
- Maintain a patient profile on each patient on the service, which includes a brief history and physical, medications (before admission and during the hospitalization), pertinent laboratory values and procedure results, pharmacokinetic evaluation, etc.
- Provide pharmacokinetic evaluation and therapeutic monitoring of drug therapy for patients on the service, including dosing recommendations and ordering serum drug levels (including but not limited to: digoxin, heparin, and warfarin).
- Discuss and provide informal patient presentations to the preceptor daily. This should include chief complaint, past medical history, medications, social and family history, physical exam, lab data, impression, and medical plan.
- Ensure continuity of pharmaceutical care by obtaining a home medication history and reviewing the home medication list for discrepancies with inpatient medications.
- Provide education and medication counseling to patients, family members, and/or caregivers.
- Provide answers to drug information questions in a timely manner.
- Demonstrate ability to retrieve information from the literature, objectively evaluate a clinical study, and provide a clinical interpretation of the literature.
- Participate in several topic discussions throughout the rotation
- Present one journal club to the clinical staff (article will be cardiology-related and published with-in the last year, unless otherwise specified).
- Resident is strongly encouraged to present a cardiology-related CE to the pharmacy staff at the end of the rotation.

### **At the completion of the Cardiology Rotation, the resident will be able to:**

- Discuss the pharmacology, pharmacokinetics, and pharmacodynamics of

- cardioactive drugs.
- Discuss the pathophysiology of cardiac disease.

**Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **CONTINUOUS QUALITY IMPROVEMENT / QUALITY ASSURANCE (CQI/QA)**

### **Overview:**

The PGY1 Continuous Quality Improvement/ Quality Assurance (CQI/QA) Pharmacy rotation is a 2-week elective experience that exposes residents to the CQI/QA process that is employed at Stony Brook University Medical Center. Some of the CQI/QA projects the resident will be working on will be solely geared to the pharmacy department and some will be inter-departmental.

### **Rotation Activities:**

The resident will have the opportunity to explore the CQI/QA process by the following means:

- Working with the CQI / QA pharmacist
- Introduction to the CQI process, the PSN data base, internal pharmacy QA, SBUH policy and procedure
- Attend formal CQI/QA classes that are offered by the hospital system
- Learning CQI/QA methodologies used at SBUMC
- Investigating adverse drug events
- Identify opportunities for improvement of the medication-use system
- Participate in the medication-use evaluation
- The resident must complete an opportunity to improve the medication-use system during this rotation (this project may extend past the rotation dates)
- Participate in formal presentations
- Attend meetings such as the Medication Safety Committee, Medication Safety Subcommittee, IHI meetings for NICU and PICU, NICU PSN Review Committee, P&T Committee, and the NICU or PICU HRO meeting.

### **At the completion of the CQI/QA rotation, the resident will be able to:**

- Discuss various strategies, tools, and processes that may be used in CQI/QA to improve the medication process
- Identify an opportunity to improve one aspect of the medication process using CQI/QA methodologies.
- Design and perform a CQI/QA project aimed at improving some aspect of the medication process.

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **EMERGENCY MEDICINE**

*(Evening Shift)*

### **Overview:**

Emergency Medicine is a 2-4 week elective rotation. The Emergency Department is a level one trauma center and consists of a fast track, acute, observation, critical care, pediatrics, and psychiatry sections. The Emergency Medicine health care team consists of attending physicians, medical fellow, medical residents, nurses, case managers, and social workers.

The Clinical Emergency Medicine Specialist's role is to ensure safe and effective medication use for patients in the Emergency Department. Responsibilities include: responding to medical emergencies (code blue, code bat, code H, code T) and toxicological emergencies, verifying medication orders for the critical care, acute care, fast track emergency departments, facilitating admixtures during medical emergencies, assisting with drug information questions, participating in CHF transitions of care initiatives, performing medication reconciliation and patient interviews.

### **Rotation Activities:**

The resident will have the opportunity to work with emergency personnel and intervene in the care of patients in the Emergency Department. Duties will include observing and assisting in code and trauma events, medication reconciliation, and obtaining medication histories. The resident will work with other hospital staff (residents/ interns, attending physicians, NPs, PAs, and RNs) to properly transition the patients care from an out-patient setting to an in-patient setting. The pharmacy resident, under the instruction and assistance of the preceptor, will provide pharmaceutical care for ED patients.

- Residents will have the opportunity to discuss treatment recommendations to the ED team, including attending physicians, medical residents, nurses, physician's assistants, social workers, and case managers. Residents will communicate plan to ED physicians and nurses
- Pharmacy resident will be expected to analyze the appropriateness of medications when verifying ED orders, reviewing medication profiles, and while working up and monitoring patients.
- The expectation for the pharmacy resident is to follow at least 5 patients per day and design and redesign medication therapy based on patients specific parameters.
- The expectation for the pharmacy resident is to follow at least 5 patients per day and design and redesign medication therapy based on patients specific parameters.

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

- The resident will receive feedback throughout the rotation on a non-scheduled basis.

- The resident will have a mid-point evaluation to discuss and document the residents progress at that point per PharmAcademic criteria.
- The resident will have a final evaluation at the end of the rotation period utilizing the PharmAcademic criteria.
  - The evaluation will also be based on the completion of the learning activities stated above. Staff interaction, professionalism, and communication will play a major role in the evaluation.

## **INTERNAL MEDICINE**

### **Overview:**

The PGY1 pharmacy internal medicine rotation is a 4-week required experience that exposes residents to the practice of pharmacy in the general medicine setting. The major goals of this rotation are for the resident to develop communication skills, independent judgment, accountability and clinical competence by intensive application of their knowledge, problem-solving techniques and critical thinking skills in the general medicine practice setting. This will be accomplished by a rotation in which the resident will provide clinical pharmacy services on an interdisciplinary teaching team.

### **Rotation Activities:**

The following activities are considered minimum for the completion of this rotation. Additional activities may be assigned at the discretion of the preceptor.

- Pre-round on patients on designated team's service
- Attendance at clinical rounds with the respective medical service and the Attending Physician, Monday-Friday
- Attend all assigned Department of Medicine conferences
- Participation and presentation at clinical pharmacy conferences???
- Performance of admission medication interviews, compliance assessment, and discharge counseling, when warranted.
- Provision of drug therapy monitoring. The resident will monitor therapy, discuss problems with the preceptor and recommend appropriate adjustments to the medical staff. A prospective approach to monitoring and anticipation of problems is essential
- Provision of drug information. The resident will provide written or verbal drug information responses and/or teaching to their medical team
- Interaction and communication with nursing, medical and other patient care staff regarding appropriate drug administration, distribution, and other associated problems affecting patient care
- Presentation of 1 Journal Club article that will be approved by the preceptor
- Presentation of 1 Patient Case Presentation
- Participation in scheduled discussions of therapeutic topics with the preceptor
- Presentation of 4 formal topic discussions, focusing on disease state management
- Daily meetings with preceptor for sign out

### **At the completion of the General Medicine Rotation, the resident will be able to:**

- Demonstrate a comprehensive understanding of pathophysiology, diagnosis, prognosis, and management of a given disease state with the use of a systematic learning approach.
- Demonstrate the ability to design and individualize non-drug and drug therapy in the management of a given disease state, given the patient's diagnosis and general therapeutic goals



- Monitor any patient, accurately and efficiently, using the prospective monitoring approach. This includes designing a plan to evaluate the patient response to therapy by using the subjective and objective parameters of therapeutic efficacy and toxicity
- Identify potential medication-related problems, and resolve them with the use of clinical skills and appropriate literature support.
  - Examples may include drug allergies, drug interactions, subtherapeutic or toxic doses and pathophysiologic or pharmacologic contraindications
- Justify and defend all drug therapy recommendations by effectively utilizing therapeutic principles and quality drug literature resources
- Demonstrate the ability to effectively communicate with health-care professionals by presenting information in a practical, logical, well-organized and timely manner
- Demonstrate the ability to take patient medication histories as needed
- Demonstrate an ability to identify, evaluate, and solve or prevent problems which relate to the provision of clinical pharmacy services
- Demonstrate efficient time management
- Discuss the pathophysiology of a variety of disease states, how they present, and how they are diagnosed
- Outline the drug therapy and monitoring procedures for specific disease states

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **INFECTIOUS DISEASE ROTATION**

### **Overview:**

The PGY1 pharmacy Infectious Disease rotation is a 4-week required experience that exposes residents to the practice of pharmacy in infectious disease.

The major goal of this rotation is for the resident to gain a general knowledge in the clinical use of anti-infective agents. This will be accomplished by a rotation in which the resident will provide clinical pharmacy services.

### **Rotation Activities:**

The PGY1 resident will work with the Infectious Disease Pharmacist. The PGY1 resident will:

- Participation in the activities of the Infectious Diseases Consult Service. The resident will be expected to attend and participate in daily consult rounds, provide drug information as needed, and monitor selective patients seen by the service.
- Daily round with Pharmacy Preceptor on selective patients seen by the Infectious Diseases Consult Service.
- Present to Pharmacy Preceptor a thorough discussion on the following infectious diseases: (1) Pneumonia (community, nosocomial) (2) Skin and skin structure infection (3) Urinary Tract Infection (complicated and uncomplicated) (4) Endocarditis.
- Attend Infectious Diseases Journal Club.
- Attend Infectious Diseases Clinical Conference.
- Completion of assigned reading material.
- Prepare and present a CE lecture with focus on Infectious Diseases Pharmacotherapy.

### **After the completion of the Infectious Diseases rotation, the Resident should be able to:**

- Describe the presentation and pathophysiology of various infectious diseases
- Outline anti-infective treatments
- Develop a prospective monitoring plan for therapeutic response
- Design a plan of monitoring for drug toxicity/pharmacokinetics as applicable
- Describe the application of diagnostic tests and physical assessment to infectious diseases
- Demonstrate knowledge of the presentation, the likely pathogens, and treatment options for the following infectious diseases: (i) Pneumonia (community, nosocomial) (ii) Skin and skin structure infection (iii) Urinary Tract Infection (complicated and uncomplicated) (iv) Endocarditis.

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **LONGITUDINAL STAFFING**

### **Overview:**

The PGY1 resident will work in the main dispensing pharmacy as assigned, rotating through various positions within the department. This is a longitudinal rotation and will begin after the pharmacy orientation rotation and will end on June 30<sup>th</sup> of the residency year.

### **Rotation Activities:**

- Allow the resident to assimilate and integrate a variety of practice skills developed within the Pharmacy Department in order to function effectively as an acute care pharmacy practitioner in varied different hospital settings during his or her professional career.
- Develop good communication and interpersonal skills
- Devise efficient strategies for accomplishing the required activities in the given time frame
- Residents are required to work 1 full weekend every 4<sup>th</sup> weekend and one 3-hour evening weeknight shift once every 2 weeks.

### **At the completion of this longitudinal rotation, the resident will be able to:**

- Function as a staff pharmacist in various areas of the pharmacy

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **CRITICAL CARE (ADULT)**

### **Overview:**

The PGY1 pharmacy ICU Critical Care Rotation is a 4-week required experience that exposes residents to the practice of pharmacy in the medical intensive care setting.

It is suggested, if possible, to complete a one month rotation of infectious disease, cardiology, and general medicine before being scheduled for this rotation. The major goal of this rotation is for the resident to develop communication skills, independent judgment, accountability and clinical competence by intensive application of their knowledge, problem-solving techniques and skills in the critical care practice setting in medicine. This will be accomplished by a rotation in which the resident will provide clinical pharmacy services.

### **Rotation Activities:**

The following activities are considered minimum for the completion of this rotation. Additional activities may be assigned at the discretion of the preceptor.

- Completion of a pretest assignment to assess the resident's knowledge base.
- Attendance at work rounds daily.
- Attendance at Attending rounds with the respective medical service, Monday-Friday.
- Attend all assigned ICU/Department of Medicine conferences.
- Participation in scheduled discussions of therapeutic topics and presentation of patients with the preceptor.
- Participation and presentation at clinical pharmacy conferences.
- Performance of admission medication interviews and discharge counseling on selected patients, with assessment of compliance, a plan to increase compliance and appropriate education for each patient selected.
- Provision of drug therapy monitoring. The resident will monitor therapy, discuss problems with their preceptor and recommend appropriate adjustments to therapy. A prospective approach to monitoring and anticipation of problems is essential.
- Provision of drug information. The resident will provide written or verbal drug information responses to his or her their medical team.
- Interaction and communication with nursing staff and decentralized pharmacists regarding appropriate drug administration, distribution, and other associated problems which affect patient care.
- Journal club presentations
- Disease state presentations

### **At the completion of the Medical ICU rotation, the resident will be able to:**

- Understand the evaluation, diagnosis, pathology, pathophysiology, and therapy of the critically ill patient.
- Understand the pharmacology and pharmacokinetics of pharmacologic agents used in the critical care setting.
- Effectively integrate the special considerations in critically ill patients into rational drug treatments and monitoring plans.
- Demonstrate an understanding and comprehension of pathophysiology,

diagnosis, prognosis, and management of a given disease state with the use of a systematic learning approach.

- Demonstrate the ability to design and individualize non-drug and drug therapy in the management of a given disease state, given the patient's diagnosis and general therapeutic goals.
- Monitor any patient, accurately and efficiently, using a prospective monitoring approach. This includes designing a plan to evaluate the patient response to therapy by using the subjective and objective parameters of therapeutic efficacy and toxicity.
- Identify potential medication-related problems and, with the use of clinical skills and literature support, resolve the problem. Examples include drug allergies, drug interactions, subtherapeutic or toxic doses, and pathophysiologic or pharmacologic contraindications.
- Justify and defend all drug therapy recommendations by effectively utilizing therapeutic principles and drug literature resources
- Demonstrate the ability to effectively communicate with health-care professionals by presenting information in a practical, logical, well-organized and timely manner.
- Demonstrate the ability to take patient medication histories as needed.
- Demonstrate an ability to identify, evaluate, and solve or prevent problems which relate to the provision of clinical pharmacy services.
- Demonstrate efficient time management.
- Discuss the pathophysiology of a variety of disease states, how they present and are diagnosed.
- Outline the drug therapy and monitoring procedures for specific disease states.

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## NEONATOLOGY

### **Overview:**

The PGY1 pharmacy neonatology rotation is a 2 to 4-week elective experience that exposes residents to the practice of pharmacy in the neonatal practice environment. Residents must complete the Digestive Diseases/Parenteral Nutrition rotation as a prerequisite to the neonatology rotation.

The major goal of this rotation is for the resident to develop communication skills, independent judgment, accountability and clinical competence by intensive application of their knowledge, problem-solving techniques and skills in the neonatal medicine practice setting. This will be accomplished by a rotation in which the resident will provide clinical pharmacy services. The resident will:

- Gain a working understanding of normal physiology and the pathophysiology involved with diseases commonly seen in low birth weight infants.
- Gain an understanding of drug therapy for a variety of diseases seen in the low birth weight infants.
- Be able discuss drug therapy in this patient population.

### **Rotation Activities:**

The following activities are considered minimum for completing the rotation. Additional activities may be assigned at the discretion of the preceptor.

- Attendance at IHI rounds daily.
- Attendance at Clinical rounds daily (red team vs. green team, as assigned by preceptor).
- Attendance at all assigned NICU conferences (NICU IHI and NICU PSN review)
- Attend lectures as deemed appropriate (Grand rounds, morning report, noon conference, NICU-related HSC lectures)
- Discuss PK/PD differences, biological differences, anatomical differences etc in pediatric vs adult pharmacy.
- Discuss common issues in the preterm neonate
- Provide drug therapy monitoring. The resident will monitor therapy, discuss problems with the preceptor and recommend appropriate adjustments to the medical staff.
- Provision of drug information. The resident will provide written or verbal drug information responses to their medical team.
- Present an assigned topic to other healthcare professionals
- Interaction and communication with nursing staff, medical and other patient care staff regarding appropriate drug administration, distribution, and other associated problems which affect patient care.

### **At the completion of the Neonatology rotation, the resident will be able to:**

- Demonstrate an understanding and comprehension of the pathophysiology, diagnosis, prognosis, and management of a given disease state with the use of a systematic learning approach.
- Monitor any patient, accurately and efficiently. This includes designing a

- plan to evaluate the patient response to therapy by using the subjective and objective parameters of therapeutic efficacy and toxicity.
- Identify potential medication-related problems and, with use of his/her clinical skills and appropriate literature support, resolve the problem. Examples include drug allergies, drug interactions, subtherapeutic or toxic doses and pathophysiologic or pharmacologic contraindications.
  - Justify and defend all drug therapy recommendations by effectively utilizing therapeutic principles and drug literature resources
  - Demonstrate the ability to effectively communicate with health-care professionals by presenting information in a practical, logical, well-organized and timely manner.
  - Demonstrate an ability to identify, evaluate, and solve or prevent problems which relate to the provision of clinical pharmacy services.
  - Demonstrate efficient time management.
  - Discuss the pathophysiology of a variety of disease states, how they present and are diagnosed.
  - Outline the drug therapy and monitoring procedures for specific disease states.

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.



## **NUTRITION SUPPORT / PARENTERAL NUTRITION**

### **Overview:**

The PGY1 Nutritional Support / Parenteral Nutrition rotation is a 2 week elective experience that exposes the resident to the Pharmacist's role in nutrition support and the formulation of patient-specific parenteral nutrition (PN) orders.

This will be a required prerequisite for the neonatology rotation.

The Nutrition Support Pharmacist is responsible for the daily order verification and processing of all parenteral nutrition orders for patients of all ages in the hospital. Orders are checked for clinical safety, appropriateness, and formula stability when compounding. Residents will have the opportunity during this rotation to learn about the complexities involved with the preparation of parenteral nutrition orders; as well as understand the types of patients who may be considered a candidate for receiving parenteral nutrition.

The primary goal of this rotation is to obtain a better understanding of nutritional support and the use of parenteral nutrition in patients that cannot take in sufficient quantities of nutrients by mouth to sustain their metabolic requirements. Other rotation goals include gaining experience managing electrolyte imbalances, nutrient deficiencies, and the differences in nutritional management between adult and pediatric patients.

### **Rotation Activities:**

The following activities are considered minimum for the completion of this rotation. Additional activities may be assigned at the discretion of the preceptor.

- Observe and assist with the daily order entry and verification process for parenteral nutrition orders with the Nutritional Support Pharmacist
- Provide PN monitoring for patients. The resident will monitor PN therapy, discuss problems with their preceptor, and make appropriate recommendations to adjust therapy
- Monitor drug therapy for patients on parenteral nutrition for appropriateness
- Prepare topic discussions and complete required readings and projects as designated by the preceptor
- Interact with medical teams and nutrition staff to provide appropriate PN therapy
- Attend meetings with the Nutritional Support Pharmacist

### **At the completion of the Nutritional Support / Parenteral Nutrition rotation the resident will be able to:**

- Understand the complexities of designing a parenteral nutrition formula for both adult and pediatric patients
- Identify patients where normal dietary intake is inadequate
- Discuss options to supplement patients that are not able to take in enough calories through normal dietary options
- Determine appropriate nutritional requirements for hospitalized patients
- Demonstrate understanding of managing electrolyte imbalances in PN

- Monitor appropriate laboratory markers to determine the efficacy of PN therapy
- Demonstration of appropriate time management

**Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **ONCOLOGY (ADULT INPATIENT)**

### **Overview:**

The PGY1 pharmacy inpatient Oncology Rotation is a 2 to 4-week elective experience that exposes the resident to the practice of pharmacy in the in-patient oncology setting.

The clinical pharmacy specialist on the team is responsible for ensuring safe and effective medication use to all patients on the service. This pharmacist participates in interdisciplinary rounds. This pharmacist is also responsible for review and preparation of chemotherapy orders, symptomatic care/ supportive care management, therapeutic drug monitoring, drug information queries for the team and patients, as well as counselling of patients on chemotherapy and other medication regimens. Beyond the scope of oncology alone, this pharmacist provides medication therapy management of chronic diseases, promotes antimicrobial stewardship, manages anti-infective therapies, and acts as a liaison between the unit and the pharmacy department.

The goals of this rotation are as follows:

- To be familiar with common hematology/oncology malignancies and their management.
- To gain experience performing clinical rounds on designated hematology/oncology units.
- To become comfortable providing medication information and recommendations for chemotherapy/immunotherapy regimens and prophylaxis/ supportive care regimens.
- To be a liaison between the pharmacy staff and the hematology/oncology medical staff on the unit.

### **Rotation Activities:**

The following activities are considered minimum for completing this rotation. Additional activities concerned with the rotation may be assigned at the discretion of the preceptor.

- The resident is requested to take the infectious disease rotation as a pre-requisite to this rotation.
- The resident will experience the role of chemotherapy within the hospital setting, from order entry to the delivery of these agents to the units.
- The resident will understand the processes to diagnosis, from physical checkup, lab test, and pathology to tumor board discussions and begin treatment for a patient.
- The resident will learn how to determine and utilize dependable resources
- The resident will be able to provide accurate drug information, discuss potential drug-drug interaction, and adverse drug reactions.
- The resident will learn how to use IDSA/ASCO antibiotic use guidelines in cancer and bone marrow transplant patients
- The resident will be expected to identify the accuracy of chemotherapy regimens using the most common resources including NCCN and ASCO guidelines.

- The resident will be able to discuss the pharmacology and the pharmacokinetics of anti-neoplastic agents.
- The resident will learn the cell cycle kinetic and the importance of cell signaling pathways for proliferation and growth.
- The resident will learn other treatment modalities options including surgery, radiation, chemoembolization etc.
- The resident will be given topics which include, but are not limited to, pharmacology in anti-neoplastic agents, antibiotic use in febrile neutropenia and cancer patients, pain management, symptom management, and oncology emergency management

**At the completion of the Oncology rotation, the resident will be able to:**

- Discuss the presentation and pathophysiology of common tumors.
- Outline the major treatment and prophylactic regimens, their toxicities and the approach to supportive care of these toxicities.
- Outline diagnostic techniques used in oncology patients including the use of physical and radiologic assessment tools for monitoring therapy.

**Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **ORIENTATION**

### **Overview:**

Orientation is a 4-week required experience that exposes residents to the practice of pharmacy in an in-patient hospital based pharmacy.

The major goal of this rotation is for the resident to develop communication skills, independent judgment, accountability and clinical competence by intensive application of their knowledge, and problem-solving techniques.

During the general orientation to the Pharmacy Department and Hospital, the resident is exposed to a variety of learning experiences. The goal of this orientation period is to provide the resident with an operational knowledge base for future professional interactions. The amount of time in the various areas of the orientation may be tailored to the resident's past practice experiences and ability to learn and assimilate new information.

The terminal learning objectives of the inpatient pharmacy services orientation phase are meant to orient the resident to all of the inpatient services provided by the department of pharmacy. These services focus on centralized unit dose distribution, IV additive distribution, and basic drug therapy review and optimization. Basic drug information, controlled substance distribution functions, and investigational agents are also stressed. Residents will learn the activities and policies and procedures related to the provision of inpatient pharmacy services and will become proficient in these services. In addition to the experiences provided in the orientation phases, sessions will be scheduled to discuss departmental organization, personnel policies, purchasing and inventory control, narcotic distribution and control, and patient unit inspections. An opportunity is available for the resident to repeat any experience in his or her orientation to ensure the appropriate level of understanding.

### **Rotation Activities:**

The resident must demonstrate an overall understanding of general pharmacy systems including:

- Centralized and decentralized medication distribution systems:
- The electronic Medication Administration Record
- The Pharmacy information system
- The Computerized Prescriber Order Entry System (CPOE)
- Other technology within the pharmacy
- Interpret physician's orders
- Profiling drug orders for new admissions and previously admitted patients
- The patient medication profile
- Reviewing Pharmacy Patient Drug Profiles and demonstrating an ability to identify and resolve drug therapy related problems (i.e. drug-drug interactions and drug diet interactions)
- Summarizing the cassette exchange/delivery system and times for each patient unit
- Understand the procedures surrounding unit based distribution cabinets.

- The appropriate procedure for following up on problematic medication orders.
- Describe the process for documenting pharmacist's interventions.
- The resident will demonstrate an ability to answer at least one drug information question utilizing each of the following references:
  - AHFS Drug Information
  - Facts and Comparisons
  - Handbook of Injectable Drugs
  - Martindales - The Extra Pharmacopeia
  - Micromedex
  - Pediatric Drug Therapy (Harriet Lane)
  - Cancer Chemotherapy Handbook
  - MicroMedex
- The compounding oral medications not commercially available
- An overall understanding of IV admixture, chemotherapy and TPN compounding (understanding of USP 797 and 800 requirements)

Good communication and interpersonal skills are of paramount importance in this setting. The resident must devise efficient strategies for accomplishing the required activities in the time frame provided. Specific emphasis will be on the performance and evaluation of certain steps as described below in the list of the experience's learning activities

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **PALLIATIVE CARE**

### **Overview:**

The PGY1 Palliative Care rotation at Stony Brook is a 2 to 4-week elective experience that exposes residents to the practice of pharmacy in an in-patient hospital based setting.

The major goal of this rotation is for the resident to develop communication skills, knowledge base, and appropriate attitudes that are necessary for end-of-life care.

### **Rotation Activities:**

The following activities are considered minimum for the completion of the rotation. Additional activities concerned with the rotation may be assigned at the discretion of the preceptor.

- Round with the palliative care team on designated units
- Provide drug information to other health team members.
- Appropriately manage pain and other disagreeable symptoms by patients with a variety of terminal illness
- Provide pharmaceutical care to patients with acute pain, chronic cancer, and chronic non-cancer pain.
- Demonstrate leadership and practice management skills in pain management and palliative care
- Optimize the outcomes of pain management and palliative care patients through the expert provision of evidence-based patient-centered medication therapy as an integral part of an interdisciplinary team.
- Serve as an authoritative resource on the optimal use of medications in pain management and palliative care.
- Demonstrate excellence in the provision of training and educational activities for health care professionals, health care professionals in training, and the public in pain management and palliative care.
- Contribute to the body of pain management and palliative care knowledge
- Design evidence-based therapeutic regimens.
- Design evidenced-based monitoring plans.
- Recommend regimens and monitoring plans.
- Design education for a patient's regimen and monitoring plan.
- Implement regimens and monitoring plans.
- Evaluate patient progress and redesign regimens and monitoring plans.
- Communicate pertinent patient information to facilitate continuity of care.

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **PEDIATRIC ROTATION**

### **Overview:**

The PGY1 pharmacy Pediatric rotation is a 2 to 4-week elective experience that exposes the resident to the practice of pharmacy in the pediatric acute and intensive care setting.

The goals of this rotation are as follows: to recognize the difference between pediatric and adult patients and their impact on drug handling, to be familiar with common pediatric disease states and their management, to gain experience performing clinical rounds on designated pediatric units, to become comfortable providing pediatric medication information and recommendations, to be able to integrate pediatric staffing responsibilities with clinical responsibilities, and to be a liaison between the pharmacy staff and the pediatric medical staff on the unit.

### **Rotation Activities:**

The following activities are considered minimum for the completion of this rotation. Additional activities may be assigned at the discretion of the preceptor.

- Attendance at Attending rounds daily in the PICU and general pediatric units
- Assist discharge medication counseling for parents of patients leaving the unit.
- Provide drug therapy monitoring. The resident will monitor therapy, discuss problems with their preceptor, and recommend appropriate adjustments to therapy.
- The resident will provide written or verbal drug information responses to the medical team.
- Interaction and communication with nursing staff and decentralized pharmacists regarding appropriate drug administration, distribution, and other associated problems which affect patient care.
- The resident will prepare four topics for discussion as designated by the preceptor
- The resident will participate in pediatric order entry training
- The resident will partake in any extra projects/activities as deemed appropriate by the preceptor
- The resident will attend education lectures as provided by the preceptor
- Attendance of the "Pediatric Dosing of Aminoglycosides and Vancomycin Based on Pharmacokinetics Concepts" lecture is mandatory
- Present one journal club to the clinical staff
- Preparing a CE topic focusing on pediatrics is strongly encouraged during this rotation

### **At the completion of the Pediatric rotation, the resident will be able to:**

- Understand the normal physiology and the pathophysiology involved with diseases commonly seen in pediatric patients.
- Have an understanding of drug therapy for a variety of diseases seen in the pediatric patient.
- Understand the proper use of diagnostic tests (including physical assessment)



in pediatric patients.

- Be able discuss drug therapy in this patient population.
- Monitor any patient, accurately and efficiently. This includes designing a plan to evaluate the patient response to therapy by using the subjective and objective parameters of therapeutic efficacy and toxicity.
- Identify potential medication-related problems and use his/her clinical skills, with appropriate literature support to resolve the problem. Examples include drug allergies, drug interactions, subtherapeutic or toxic doses and pathophysiologic or pharmacologic contraindications.
- Use therapeutic principals and drug literature resources to effectively justify all drug therapy recommendations.
- Demonstrate the ability to effectively communicate with health-care professionals by presenting information in a practical, logical, well-organized, and timely manner.
- Demonstrate the ability to take patient medication histories as needed.
- Demonstrate an ability to identify, evaluate, and solve or prevent problems which relate to the provision of clinical pharmacy services.
- Demonstrate effective time management.

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **PEDIATRIC INFECTIOUS DISEASE**

### **Overview:**

This is a 2 week elective experience that will expose the resident to pharmacy practice within the pediatric infectious disease department. The major goal of this rotation is for the resident to develop general knowledge in pediatric infectious diseases and the appropriate therapies.

### **Rotation Activities:**

The following activities are considered minimum for the completion of this rotation. Additional activities may be assigned at the discretion of the preceptor.

- The resident must participate in the activities of the Pediatric Infectious Diseases Service.
- The resident is expected to attend and participate in daily consult rounds, provide drug information as needed, and monitor all patients seen by the service.
- The resident is expected to attend pediatric morning report daily at 8:30am.
- The resident will accompany the ID attending for afternoon clinic on designated days.
- The resident is expected to demonstrate a general knowledge of antibiotics, antifungals, and antivirals.
- The resident is expected to demonstrate a general knowledge of structural class, spectrum of activity, pharmacokinetics, pharmacodynamics, individualization of dosage, important and common side effects, and clinical uses of the antimicrobial agents on formulary in the pediatric population
- The resident is expected to demonstrate a general understanding of the most common infectious disease state in pediatrics.
- The resident will participate in any journal clubs/projects/presentations as determined by the pediatric ID attendings.
- The resident will attend all lectures and conferences as designated by the ID attending.

### **At the completion of this rotational experience, the resident should be able to:**

- Briefly discuss the pharmacokinetics, pharmacodynamics, spectrum of activity, common side effects, and dosage of the common antimicrobial agents used in pediatrics.
- Discuss the most common infectious diseases seen in children.
- Discuss the drug of choice for the most common diseases states in pediatrics.
- Outline the general guidelines for common childhood disease

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **PEDIATRIC HEMATOLOGY/ONCOLOGY**

### **Overview:**

This is a 2 week elective experience that will expose the resident to pharmacy practice within the pediatric oncology department. The major goal of this rotation is for the resident to develop general knowledge in pediatric oncologic diseases and the appropriate therapies.

The clinical pharmacy specialist is responsible for ensuring safe and effective medication administration for all patients that are admitted to the pediatric oncology service. The resident responsibilities include: reconciling medications for all patients on the team, review all chemotherapy regimens, recommend appropriate lab work prior to starting medications, provide drug information, and provide patient counseling.

Pre-rotation requirements:

- The resident should take the pediatric rotation prior to taking this rotation
- It is preferred that the resident take the oncology rotation prior to this rotation
- Since this rotation is a physician based rotation, the resident has to demonstrate ability to manage one's own practice effectively. The preceptors and RPD will determine whether the resident is ready to independently take this rotation.

### **Rotation Activities:**

The following activities are considered minimum for completing this rotation. Additional activities concerned with the rotation may be assigned at the discretion of the preceptor.

- The resident will round with the pediatric oncology team independently and experience the role of chemotherapy within the hospital setting
- The resident is expected to attend pediatric morning report daily at 8:30am
- The resident will understand the processes to diagnosis, from physical checkup, lab test, and pathology to tumor board discussions and begin treatment for a patient.
- The resident will learn how to determine and utilize dependable resources
- The resident will be able to provide accurate drug information, discuss potential drug-drug interaction, and adverse drug reactions.
- The resident will be expected to identify the accuracy of chemotherapy regimens using the most common resources including NCCN and ASCO guidelines.
- The resident will be able to discuss the pharmacology and the pharmacokinetics of anti-neoplastic agents.
- The resident will learn other treatment modalities including surgery, radiation, chemoembolization etc.
- The resident is expected to demonstrate a general knowledge of structural class, pharmacokinetics, pharmacodynamics, individualization of dosage, important and common side effects, and clinical uses of the antineoplastic agents on formulary in the pediatric population

**Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **PHARMACY PRACTICE**

### **Overview:**

This is a 4-week required rotation and will be scheduled after licensure has been obtained. The goal of this rotation is gain experience in the managerial aspect of the main pharmacy areas. You will work alongside the supervisor in these areas: main dispensing pharmacy, IV room, Order entry, and the IV bench area. You will attend and contribute in all staff meetings.

### **Rotation Activities:**

1. Please arrive at 7AM and report to the supervisor. When you arrive, you will finish checking the overnight run, which goes up at 8AM.
2. The run for pediatrics, mother/baby and psychiatry print at 7:30AM. The cassettes for mother/baby and psychiatry will be delivered at 11AM. The cassettes for pediatrics will be delivered at 2:30pm.
3. The pyxis run prints at 10AM. This should be completed between 11-11:30AM. This is delivered by the evening technicians when they arrive at 3pm.
4. In the afternoon, you will finish checking the pediatric cassettes with the pediatric IV medications, help put away the cardinal order, assist in order entry if needed, assist in making batch medications for oral syringes etc.
5. You will spend 1 week in the IV room. The schedule is below.
6. The last week of the rotation, you will spend rotating through the evening shift from 3pm-11:30pm.

IV room schedule:

1. You will spend one week in the IV room with the IV supervisor.
2. For IVPBs, there are 3 runs a day: 3am, 12:30pm, and 8pm
3. Pediatric IV medications print at 8AM. The pediatric pharmacist is responsible for preparing these before going to order entry.

At the end of this rotation the resident will be able to act as a supervisor in the pharmacy. You will be expected and assessed on your ability to handle:

- All staffing issues
- Lunch scheduling
- Sick calls
- Productivity issues
- Monitoring the orders in the queue and assign staff appropriately
- Manage all issues with nursing and medical staff
- Handle non-formulary questions

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **PSYCHIATRY**

### **Overview:**

The PGY1 pharmacy psychiatry rotation is a 4-week elective experience that exposes residents to the practice of pharmacy with regard to psychiatric diseases. Depending upon the service schedule, the resident may be placed on either the psychiatric unit, or on the hospital psychiatric consultation service.

The major goal of this rotation is for the resident to develop communication skills, independent judgment, accountability and clinical competence by intensive application of their knowledge, problem-solving techniques and skills in the psychiatric practice setting. This will be accomplished by a rotation in which the resident will provide clinical pharmacy services.

### **Rotation Activities:**

The following activities are considered minimum for the completion of the rotation. Additional activities may be assigned at the discretion of the preceptor.

- Daily rounds with the in-patient psychiatric team or the consult service. Time will be split between these 2 services.
- Attendance at teaching sessions held by the psychiatry team.
- Provide an in-service for the medical students/residents
- At the completion of the In-Patient Psychiatric rotation, the resident will be able to:
  - Discuss the pharmacology and pharmacokinetics of drugs specific to the psychiatric care setting.
  - Explain the indications for admission to a psychiatric care setting.
  - Explain basic pathophysiology of select disease states.
  - Monitor the progression of disease and of effects of therapy by using clinical symptoms, laboratory data, and other relevant data.
  - Prevent, detect, and manage adverse drug reactions and drug interactions in psychiatric patients.
  - Effectively integrate the special considerations of psychiatric patients into rational drug treatments and monitoring plans.

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **RAPID RESPONSE TEAM**

### **Overview:**

This is a 2 week elective experience that will expose the resident to the Stony Brook Rapid Response Team. The major goal of this rotation is for the resident to experience the role of different healthcare professionals and their response to emergency codes.

### **Rotational Activities:**

The following activities are considered to be the minimum for completion of this rotation. Additional activities may be assigned at the discretion of the preceptor:

1. Shadow the head of the rapid response team, Barbara Mills DNP
2. Review overnight rapid responses
3. Respond to rapid responses throughout the day
4. Understand the role of medications in emergent situations

**At the completion of this rotational experience, the resident should be able to:**

- Understand the role of a rapid response team in a hospital
- Understand the importance of drug availability in an emergency situation
- Recognize the potential role of a pharmacist on the rapid response team

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **RENAL TRANSPLANT**

### **Overview:**

This is a 2 week elective experience that will expose the resident to the Stony Brook Renal Transplant Service. The major goal of this rotation is for the resident to experience the role of a pharmacist on a renal transplant team, and work with an interdisciplinary team in both an inpatient and outpatient setting to assist in the care of patients during and following a kidney transplant.

### **Rotational Activities:**

- TBD

**At the completion of this rotational experience, the resident should be able to:**

- TBD

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.



## **HOSPITALIST SERVICE (TRANSITIONS OF CARE)**

### **Overview:**

The hospitalist rotation is a 2-4 week elective advanced rotation that cannot be taken until the BOOST rotation is taken. The pharmacy resident will act as a team member of one of the medicine hospitalist teams. The major goal of this rotation is for the resident to develop communication skills, independent judgment, accountability and clinical competence by intensive application of their knowledge, problem-solving techniques and skills in the general medicine practice setting. This will be accomplished by a rotation in which the resident will provide clinical pharmacy services.

### **Rotation Activities:**

The following activities are considered minimum and additional activities concerned with the rotation may be assigned at the discretion of the preceptor. In addition, the resident should display the initiative to extend themselves whenever the situation warrants.

Performance objectives:

- To gain a working understanding of normal physiology and the pathophysiology involved with diseases commonly seen in the inpatient internal medicine setting
- Gain an understanding of drug therapy for a variety of diseases seen in the inpatient internal medicine setting

### **Evaluation**

Residents will be evaluated according to Stony Brook University Hospital's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in PharmAcademic.

## **EVALUATION PROCESS**

### **Guidelines for Performance Evaluations**

#### Purpose:

The purpose of performance evaluations is to provide feedback on one's performance in an effort to improve future performance. Residents and preceptors can both benefit from feedback on their performance. Likewise, a critical evaluation of the structure and content of each rotation on a regular basis by residents and preceptors provides an opportunity to continuously improve the rotation.

#### Types of Evaluations:

There are two types of performance evaluations that will be completed on a regular basis:

1. Evaluation of the resident by the preceptor.
2. Evaluation of the rotation, preceptor, and self by the resident.

#### Documentation:

The performance evaluations are documented on evaluation forms for that purpose.

Performance evaluation should relate back to the predetermined learning objectives. Learning objectives and level of achievement may vary somewhat with each resident depending on previous experience and personal interest in the area.

#### Frequency:

The resident's baseline knowledge in a particular area should be assessed at the beginning of each rotation. This is also an appropriate time to discuss any particular objectives the resident may want to achieve during the rotation.

The resident and preceptor should discuss the resident's progress toward achieving the rotation objectives sometime near the midpoint of the rotation. This allows both the resident and preceptor to make adjustments before the end of the rotation.

Performance evaluations should be conducted at the end of each rotation, but not later than 20 days after end of the rotation. Delay in completing performance evaluations decreases the impact of the evaluation (good or bad) and communicates that providing such feedback is not important. Since most rotations are one month in duration, performance appraisals are normally completed on a monthly basis.

Completed evaluations are submitted to the Pharmacy Department Secretary no later than fourteen days after completion of the rotation, or after receiving the evaluation forms.

#### Guidelines:

Individuals should not learn something concerning their performance for the first time when an end-of-rotation evaluation is conducted. Whether an individual's performance was outstanding or not up to par should have been communicated

during the rotation. Bringing an individual's attention to his or her failure to meet expectations after the rotation is completed does not allow corrective action to be taken.

Feedback on performance, given by the preceptor or the resident, should be constructive, honest, collegial, and tactful. The goal is to improve performance. It is more constructive to suggest how something should be done rather than just pointing out a problem and not offering a solution. Feedback should be honest and without fear of reprisal. Stating that an unsatisfactory situation is good does not improve the situation and only provides positive feedback for it to continue. Evaluations should be done with tact and sensitivity.

## Strategic Planning

### 5 Year Plan and Goals

Within the next 5 years we would expect to accomplish the following:

1. Develop and institute a PGY2 Residency in an area of specialty, such as oncology or infectious diseases
2. Organize an enduring Stony Brook Pharmacy run symposium which would be an all day ACPE accredited learning programs offering 5 – 6 CE credits. This program will be theme oriented and all talks will be devoted to a particular area such as the pharmacologic advances in oncology, cardiology, anticoagulation etc.
3. Organize a yearly retreat that will be open to all hospital pharmacies in Suffolk and Nassau counties of Long Island that have residency programs. The purpose of this symposium would be to network all residency programs on Long Island and the event would focus on the operational requirements involved in supporting ASHP residency programs. Invited speakers could be enlisted from either well established existing programs and/or ASHP personnel that are responsible for residency programs.
4. Develop a process in which the pharmacy residents are integrated into the discharge planning of patients and will be responsible for the education of patients regarding their discharge medications.

# PharmAcademic

## Guide for Residents

PharmAcademic is a web-based software tool that is used us to manage the evaluations and record-keeping associated with residency programs accredited by ASHP (American Society of Health-System Pharmacists). Your residency is based on goals and objectives as set forth by the Residency Learning System (RLS). PharmAcademic is a tool that is based on the RLS and helps your residency program meet the standards for accreditation.

As a resident, you will use PharmAcademic to complete self-evaluation and co-sign evaluations completed by preceptors. PharmAcademic will notify you by e-mail when you need to complete a task. You can follow the link in the e-mail or the link in your task list within PharmAcademic to complete each task.

### LOGGING IN

When you have been enrolled in your residency program PharmAcademic will send you an e-mail message containing your password. Please copy and paste this password into the login screen because the initial passwords are complex.

The initial passwords are 14 characters long. Occasionally certain e-mail programs change the characters in the passwords. If your password has a different number of characters or if you try several times and the password won't work, click "forgot password" on the login screen, and a new one will be sent to you. If you get locked out because you've tried too many times, contact [support@mccreadiegroupp.com](mailto:support@mccreadiegroupp.com) and ask to have your account unlocked. If you forget your password, click "forgot password" on the login screen and a new one will be sent to you.

### CHANGING YOUR PASSWORD

We recommend that you change your password the first time you log in. Go to "Change Password" in the "My Account" menu. You will be prompted to enter your current

password, and then type your new password two times. You may change your password as often as you wish.

## PERSONAL INFORMATION

You can edit/change your e-mail address, name, address, phone number, etc. under “Edit My User Info” in the “My Account” menu. If the e-mail address in PharmAcademic is your personal e-mail please switch it to your Stony Brook e-mail once you get on site. To do this simply switch it in the Edit My User Info screen. Once you change your e-mail, you will use that one to log into PharmAcademic.

## TASKS

When your preceptor or RPD schedules something for you to complete (e.g. complete an evaluation), PharmAcademic will generate a task. In addition, PharmAcademic will generate tasks when your preceptor or RPD completes something that you need to co-sign (e.g. evaluation, customized training plan). Tasks are listed in the task list on PharmAcademic’s home page (the main screen in PharmAcademic). You can control how many upcoming tasks you see by changing the setting in the drop-down box on the main screen. PharmAcademic will also send out e-mail notifications of tasks in advance of the due date. The e-mail notifications contain the same tasks that are in your task list. To complete a task, you may click on the link on your home page or click on the link in the e-mail notification. After you have completed a task, it will be removed from your task list.

Preceptors and RPDs can delete evaluation tasks. If there is something on your task list that you do not think should be there, please contact your preceptor or RPD first.

## EVALUATIONS

**Please note** that evaluations have a 30-minute time limit per page. Be sure to save what you are doing if it will take you longer than 30 minutes, or if you are called away. Explanations for some of the evaluation scales are provided in “tool tips.” Place your cursor over the button in the scale for a few seconds, and an explanation will be provided. For numerical scales without information in the tool tips, please contact your RPD for explanation.

There are multiple types of evaluations in PharmAcademic.

- Summative evaluations are used to evaluate the goals and objectives for learning experiences (which are often referred to as rotations). The resident will receive a summative self-evaluation and the preceptor(s) will receive a summative evaluation to complete.
- Snapshot evaluations are used to evaluate criteria associated with one of the objectives. Like summative evaluations, there is a snapshot self-evaluation completed by the resident and a snapshot completed by the preceptor(s). Snapshots are only available for PGY1 Pharmacy programs.

- Learning experience evaluations are completed by the resident to evaluate the learning experience. Preceptor evaluations are completed by the resident to evaluate the preceptors. One preceptor evaluation is created for each preceptor associated with the learning experience.
- Custom evaluations are created by PharmAcademic users. They may be completed by residents and/or preceptors/RPDs.

After an evaluation is complete, it is routed for co-signatures. Evaluations completed by the resident are co-signed by the preceptor, and then co-signed by the RPD. Evaluations completed by the preceptor are co-signed by the resident, and then co-signed by the RPD.

If you submit an evaluation, and then decide you want to make changes, please ask your preceptor or RPD to send it back for edit. They can do it using “manage tasks and evaluations” in the preceptor menu.

## **CUSTOMIZED TRAINING PLAN**

Customized training plans are used by your program director to customize the residency to you based on your interests and career goals. Within a customized training plan note, there may be comments about the resident’s performance, changes to the resident’s schedule, changes to the objectives that are part of the resident’s plan, etc. When the RPD completes an entry in the customized training plan, it will be forwarded to the resident for co-signature. If comments are made by the resident, it will be sent to the RPD for co-signature. The training plan will be routed between the resident and RPD until no further changes are made to the training plan or resident’s comments.

## **REPORTS**

Reports are the way that PharmAcademic compiles information for you to view. All reports are generated as PDF documents. If you have trouble opening a file, save it to your computer, and then open the saved file.

- There are three different types of reports, in separate sub-menus.
- “Resident-specific reports” are those reports that contain the resident’s personal data, such as evaluations and customized training plan entries. You only have access to reports containing your data, not data for other residents. “
- Site reports” contain information about your site, your program, and learning experiences.
- “Preceptor/learning experience reports” are evaluations completed by residents evaluating the preceptors or learning experiences and only available to preceptors and program directors. One report that may be particularly helpful to view is the report for each learning experience (in site reports). Using the report with the objectives, you will be able to see each objective that will be included in the summative evaluations for the learning experience. If you view the report that includes criteria, you will be able to see the criteria that make up snapshots that may be used during your learning experience.

## **LOGOUT**

To logout of PharmAcademic, click the “Logout” link in the top right corner. Be sure to save anything you want to keep before clicking “logout”.

## **SUPPORT**

If you have any questions or problems when using PharmAcademic, please refer to our help and support page.

# Evaluation Scales

## ASHP Summative Scale

ASHP default summative evaluation scale (NI/SP/ACH)

- NI= Needs Improvement
- SP= Satisfactory Progress
- ACH = Achieved
- NA = Not Applicable

## ASHP Snapshot Scale

ASHP default snapshot evaluation scale (adequate/not adequate/not applicable)

- A NA NA/NO
- A = Adequate
- NA = Not Adequate
- NA/NO = Not Applicable or Not Observed

## ASHP Preceptor Scale

ASHP default preceptor evaluation scale (always/frequently/sometimes/never)

- Always
- Frequently
- Sometimes
- Never

## ASHP Learning Experience Scale

ASHP default learning experience evaluation scale (consistently true/partially true/false)

- Consistence True
- Partially True
- False