

**PENINSULA REGIONAL MEDICAL CENTER**

**Post-Graduate Year One (PGY1)  
Residency Program Manual**

**2019-2020**



**Updated: June 25, 2019**

# Peninsula Regional Medical Center Pharmacy Residency Program

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**Peninsula Regional Medical Center  
Department of Pharmacy**

**Post-Graduate Year One (PGY1) Residency Program**

**History**

Peninsula Regional Medical Center is a community hospital located on the beautiful Delmarva Peninsula. PRMC is one of the nation's top heart institutes, a leader in minimally invasive and robotic surgery, and the only designated trauma center on the Eastern Shore. PRMC has been awarded numerous recognitions for both outstanding services and advanced technology. Clinical pharmacy services are an integral part of the patient care team at PRMC. Opportunities for teaching and precepting students are available through an affiliation with the University of Maryland Eastern Shore School of Pharmacy and Health Professions. [www.umes.edu/pharmacy](http://www.umes.edu/pharmacy).

**Background**

Peninsula Regional Medical Center, a non-profit, 281 bed hospital (*Maryland's 5th largest*) at the hub of the Peninsula Regional Health System, is a 117-year-old, fully Joint Commission accredited tertiary care facility featuring Delmarva's widest array of specialty and sub-specialty services. Over 330 physicians and 3,300 health care professionals and volunteers provide the care and compassion that nearly 500,000 patients rely on each year for inpatient, outpatient, diagnostic, subacute and emergency/trauma services. It has been the recipient of over 125 national awards and recognitions over the past six years for the safety and quality of care it provides patients and for the outcomes they experience. PRMC is one of the nation's top heart institutes, a leader in minimally invasive and robotic surgery, and the only designated trauma center on the Eastern Shore.



[www.peninsula.org](http://www.peninsula.org)

The department of pharmacy services provides care to patients on a 24 hour basis to fulfill PRMC's mission, to improve the health of the communities we serve. Clinical pharmacy services are an integral part of the patient care team at PRMC and are also available 24 hours a day.

## Purpose Statement

The experience gained during the PGY1 residency at PRMC will prepare the resident to function as a general clinical pharmacist in a hospital setting, continue advanced training through a PGY-2 residency or fellowship, or apply for a faculty appointment at a school of pharmacy.

## Program Description

The PGY1 residency position is designed to provide the resident with an opportunity to further expand their knowledge, leadership skills and competency as it relates to general clinical pharmacy services. One of the main focuses of the residency program is to provide the resident with the tools necessary to expand their ability to critically evaluate situations, this occurs through a strengthening of their clinical judgment, and refinement of their problem solving skills. The resident will work with several teams throughout the program, each offering a unique experience and the chance to grow as a clinical practitioner. Opportunities for teaching and precepting students during the residency are available through an affiliation between PRMC and the University of Maryland Eastern Shore School of Pharmacy and Health Professions.

## Residency Learning System

The Program's Purpose Statement is supported by selected outcomes and their respective educational goals and objectives to provide consistent, yet individualized, development of the residents' competency in six core areas of pharmacy practice (**Appendices I-III**).

### Program Educational Outcomes (Curricular Outcomes)

R1	<i>Patient Care</i>		
	<b>R1.1</b>	<b>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</b>	
	R1.1.1	Interact effectively with health care teams to manage patients' medication therapy	Applying
	R1.1.2	Interact effectively with patients, family members, and caregivers	Applying
	R1.1.3	Collect information on which to base safe and effective medication therapy	Analyzing
	R1.1.4	Analyze and assess information on which to base safe and effective medication therapy	Analyzing
	R1.1.5	Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	Creating
	R1.1.6	Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions	Applying
	R1.1.7	Document direct patient care activities appropriately in the medical record or where appropriate	Applying
	R1.1.8	Demonstrate responsibility to patients	Applying
	<b>R1.2</b>	<b>Ensure continuity of care during patient transitions between care settings</b>	
	R1.2.1	Manage transitions of care effectively	Applying

	<b>R1.3</b>	<b>Prepare, dispense, and manage medications to support safe and effective drug therapy for patients</b>	
	R1.3.1	Prepare and dispense medications following best practices and the organization's policies and procedures	Applying
	R1.3.2	Manage aspects of the medication-use process related to formulary management	Applying
	R1.3.3	Manage aspects of the medication-use process related to oversight of dispensing	Applying
<i>R2</i>	<i>Advancing Practice and Improving Patient Care</i>		
	<b>R2.1</b>	<b>Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization</b>	
	R2.1.1	Prepare a drug class review, monograph, treatment guideline, or protocol	Creating
	R2.1.2	Participate in a medication-use evaluation	Applying
	R2.1.3	Identify opportunities for improvement of the medication-use system	Analyzing
	R2.1.4	Participate in medication event reporting and monitoring	Applying
	<b>R2.2</b>	<b>Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system</b>	
	R2.2.1	Identify changes needed to improve patient care and/or the medication-use system	Analyzing
	R2.2.2	Develop a plan to improve the patient care and/or the medication-use system	Creating
	R2.2.3	Implement changes to improve patient care and/or the medication-use system	Applying
	R2.2.4	Assess changes made to improve patient care or the medication-use system	Evaluating
	R2.2.5	Effectively develop and present, orally and in writing, a final project report	Creating
<i>R3</i>	<i>Leadership and Management</i>		
	<b>R3.1</b>	<b>Demonstrate leadership skills</b>	
	R3.1.1	Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership	Applying
	R3.1.2	Apply a process of on-going self-evaluation and personal performance improvement	Applying
	<b>R3.2</b>	<b>Demonstrate management skills</b>	
	R3.2.1	Explain factors that influence departmental planning	Understanding
	R3.2.2	Explain the elements of the pharmacy enterprise and their relationship to the health care system	Understanding
	R3.2.3	Contribute to departmental management	Applying
	R3.2.4	Manages one's own practice effectively	Applying
<i>R4</i>	<i>Teaching, Education, and Dissemination of Knowledge</i>		
	<b>R4.1</b>	<b>Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)</b>	
	R4.1.1	Design effective educational activities	Applying
	R4.1.2	Use effective presentation and teaching skills to deliver education	Applying
	R4.1.3	Use effective written communication to disseminate knowledge	Applying
	R4.1.4	Appropriately assess effectiveness of education	Applying
	<b>R4.2</b>	<b>Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals</b>	
	R4.2.1	When engaged in teaching, select a preceptor role that meets learners' educational needs	Analyzing
	R4.2.2	Effectively employ preceptor roles, as appropriate	Applying

The structured learning experiences for the residency year consist of core and elective learning experiences and longitudinal experiential training which support achievement of Program outcomes and goals. All goals and associated objectives required by the Accreditation Standard will be taught and formally evaluated at least once during the year. (**Appendix III**).

In addition, each resident will complete a self-assessment of goals which is used by the Program Director to design a customized training plan for development and experience schedule (**Appendix V**). This process will further facilitate resident growth and development, regardless of prior practice experience. Routine and ongoing evaluation will be provided with each learning experience. Various tools will be used to facilitate the evaluation process (**Section B**).

## Program Structure

### Learning Experiences

The program is a 12-month, post-graduate training experience composed of a variety of required and elective experiences tailored for each resident. The residency is divided into learning blocks, four to six weeks in duration.

#### **Resident Schedule**

The first experience is Pharmacy Orientation. The purpose of this experience is to orient the resident to the pharmacy services offered at Peninsula Regional Medical Center and allow the resident to become proficient in the operational aspects of the Department of Pharmacy Services.

The second experience is in Pharmacotherapy. The resident will spend time working with the clinical pharmacy specialists at PRMC, learning the formal consultation service which will be incorporated throughout the residency.

The other core experience that occurs at a pre-defined time is the Research Project learning block. This is scheduled around the ASHP Mid-Year Clinical Meeting each December. Scheduling will allow the resident flexibility to attend the Meeting and have time to concentrate on their research project.

The remaining time throughout the residency is utilized for the other core and elective experiences. Flexibility with the schedule exists depending on interest and availability.

#### **Learning Experience Overview:**

1. Core (required) Learning Experiences:  
Critical Care, Emergency Medicine, Research Project, Pharmacotherapy, Pharmacy Management, Pharmacy Orientation, Infectious Disease and Internal Medicine

A variety of elective experiences are available to suit flexibility in pursuing individual goals. **The resident may choose to complete an elective experience in one or more of the core practice areas, or choose another practice area. Each experience may only be completed a maximum of 2 times.**

2. Elective opportunities:  
Ambulatory Care, Cardiology, Hematology-Oncology, Pharmacy Informatics, Pain Management/Palliative Care, Psychiatric Medicine, and Community Pharmacy

In addition to the core and elective experiences, the resident will have longitudinal responsibilities. The resident will provide staff/clinical, clinical, and on-call coverage as outlined in resident calendar (staff/clinical coverage = 8 hours weekly, clinical coverage = every 3<sup>rd</sup> weekend, on-call = 4-8 nights per month).

3. Longitudinal experiences:

Practice Management, Research Project, Pharmacotherapy, Academia, Pharmacy Operations (staffing)

Prior to beginning each experience, the resident should review the description of responsibilities and activities and plan to meet with the preceptor to discuss individual goals for the learning block (**Section B**). In addition, the resident should fill out the Learning Experience Goals Form (**Appendix VI**) and submit to the preceptor prior to the start of the Experience.

### **Orientation**

The resident will begin by attending a general medical center orientation. The resident will then complete a standard orientation during the first month of the Program. The Program Director will orient the resident to the Program purpose, designated learning experiences, and the evaluation strategy. In addition, the resident will be introduced to the various operational areas of the pharmacy department and gain experience under the guidance of the pharmacists and preceptors. A standard checklist is used to ensure the quality of the orientation.

### **Additional Experiences**

The Program also provides experiences aimed at producing a well-rounded pharmacist, including: development and completion of a residency research project, development of oral and written communication skills through formal and informal presentations, and patient education. The resident will also gain experience through participation in various departmental administrative committees and practice in various patient care areas throughout the institution. Upon successful completion of the program, the resident is awarded a residency certificate.

## Evaluations

After completion of each learning experience and quarter, the resident and preceptor will complete electronic evaluations through PharmAcademic™. The resident will complete the following (Section B):

### Core/Elective Experiences

- Preceptor and Learning Experience Evaluation
- Midpoint and Final Self-Evaluation

### Longitudinal Experiences (performed quarterly)

- Preceptor and Learning Experience Evaluation
- Self-Evaluation
- Resident Project Tracking Form

Preceptors will evaluate resident performance based on the established resident responsibilities and activities for the learning experience. Preceptors will also complete at least one criteria-based checklist (“snapshot” evaluation) and/or a mid-point evaluation for core and elective experiences to further enhance preceptor feedback and encourage resident self-evaluation. The specific snapshot used will be determined by the preceptor and evaluated prior to the end of the experience. Generally, the snapshots are used to improve performance in one of three areas: medication therapy management, communication, and/or professionalism.

The preceptor will evaluate residents on a scale consisting of: Not Applicable, Needs Improvement, Satisfactory Progress, and Achieved. Definitions of each are as follows:

**Not Applicable:** This specific objective does not apply to this learning experience or the resident has not had an opportunity to achieve this objective.

**Needs Improvement:** The resident’s skills as they pertain to this objective are lacking and the resident has not made any improvements to the area.

**Satisfactory Progress:** The resident has not yet mastered the objective, however shows adequate progress toward achievement of the objective.

**Achieved:** The resident has demonstrated mastery of the objective consistently during the learning experience.

**Achieved for the Residency:** The resident has consistently demonstrated mastery of the goal throughout the learning experience and the residency program. Preceptors may mark residents as “Achieved for the Residency” for specific goals covered during the learning experience, however the RPD will have the final determination of the resident’s achievement of this goal.

The preceptor and resident will meet to review the evaluation on the last day of the learning experience, unless circumstances require an alternative date. Prior to review with the resident the preceptor may discuss the evaluation with the RPD. PharmAcademic™ will be used for completion of all monthly and quarterly evaluations. All evaluation forms will be archived in PharmAcademic™ and will be available for printing as needed.

The resident and Advisor will meet at the end of each quarter to review overall resident progress with respect to the Program’s goals. After meeting with the advisor the advisor is to complete the quarterly interaction form and the resident will update their self-assessment and goals.

### **Residency “Notebook”**

As part of the ongoing self-evaluation process and in an effort to adequately document residency activities, the resident is required to maintain a residency “notebook”. The notebook will serve as a complete record of ongoing activities and accomplishments that starts with the commencement of the program. The original “notebook” will be submitted to the Program Director at the conclusion of the residency year. The resident will keep a copy for their records and the original will be kept on file in a secure location in the Department of Pharmacy. The “notebook” may be electronic or paper format but will contain the following items:

- Residency goals and training plan
- Resident calendar
- All resident and preceptor evaluation forms
- Projects (Journal Club, presentations, in-services, etc.) – handouts and evaluations
- Research Project (Project Proposal, Eastern States, final manuscript)
- All SOP encounters, including lectures with evaluations
- Administrative projects
- Newsletter articles and other publications
- Other items as identified

### **Residency Projects**

Various residency-related projects are required throughout the year. The resident will be provided numerous opportunities to enhance their verbal and written communication skills in a variety of settings. The resident will provide both formal and informal presentations. The required formal presentations include:

- Resident Seminar
- Student Experiential Teaching
- Patient Case/Administrative Project Presentations
- Journal Clubs
- Pharmacist Continuing Education Program
- Eastern States practice sessions and final presentation
- One didactic lecture at UMES SOP

A more detailed description of each project, including expectations, evaluation, and schedule is provided (**Appendix VIII**).

To more fully engage in quality improvement learning activities and to facilitate writing and literature evaluation skills, the resident will complete both a formulary (or class) review and a medication-use evaluation. The resident will also prepare and present a poster at the ASHP Midyear Clinical Meeting. In addition, the resident will prepare a manuscript of their research project suitable for contribution to a peer-reviewed journal. The resident will also engage in several less formal case presentations and in-services throughout the year as determined by the learning experience preceptors.

## **Administration of the Program**

A number of individuals serve key roles in the administration of the Residency Program. The individuals and their respective roles are described:

### **Residency Program Director**

The Residency Program Director has ultimate responsibility for the residency program. This includes responsibility for ensuring that the overall Program outcomes, goals, and learning objectives are met, training schedules are maintained, appropriate resident mentoring is provided, and evaluations are conducted in an appropriate and timely manner.

### **Residency Coordinator**

The Residency Coordinator will work directly with the Residency Program Director to assure all aspects of the program are carried out as designed in the residency manual. The coordinator will also be the accreditation resource to assure the program is performing all aspects required to achieve and maintain ASHP accreditation.

### **Preceptors**

Each learning experience has a pharmacist preceptor or co-preceptor who develops and guides the learning experiences to meet the Program outcomes, goals and objectives. The resident's goals, interests, and skills are integrated into the design and conduct of the experience to facilitate learning. The preceptor periodically reviews the resident's performance and completes applicable "snapshot" evaluation(s) and a final written evaluation at the conclusion of the learning experience.

### **Residency Advisor**

Each resident will select a preceptor to help facilitate their training and progress throughout the year. Advisors review the resident's customized plan and assist them in developing a program of development for the year. They also will complete any appropriate quarterly evaluation forms based on a review of overall resident performance and preceptor comments. The Advisor and resident will meet at least quarterly to review progress (including quarterly evaluations) and make necessary modifications to the customized plan. The Advisor also guides the resident with development of various projects and presentations and serves as a mentor for career decisions. The Advisor will serve as the preceptor for the resident's longitudinal Practice Management experience. *The resident must notify the Program Director of their Advisor selection by August 1<sup>st</sup>.*

### **Research Project Mentor**

Each resident is also assigned a preceptor to facilitate development of the residency research project. Depending on the project selected, the resident's Research Project Mentor and Residency Advisor may or may not be the same preceptor. The Research Project Mentor assists the resident in selecting a project, identifying key stakeholders, defining a time schedule for completion, and providing input regarding protocol and manuscript development. The Research Project Mentor will serve as the preceptor for the resident's longitudinal and core Research experiences.

### **Residency Advisory Committee**

The Residency Advisory Committee (RAC) is a standing committee of the Department of Pharmacy. It is comprised of the residents, the Director of Pharmacy, the Residency Coordinator and select preceptors. The Committee serves in an advisory capacity to the Residency Program Director and Residency Coordinator to maintain the quality and consistency of the Program.

The Committee provides a forum for discussion of areas of common concerns, development of additional learning experiences, and promotion of new and innovative areas of practice. The PGY1 Residency Program Director serves as the Chair and Secretary of the Committee. The Committee meets on a quarterly basis, or more often if determined to be necessary. The specific functions of the Committee include:

- Continuous evaluation of the Program outcomes, goals and objectives
- Quarterly evaluation of residents' progress
- Evaluation and support of residency projects
- Resident recruitment and selection

## **General Information**

### **Department of Pharmacy**

#### **Pharmacy and Therapeutics Committee**

The Pharmacy, Nutrition and Therapeutics (PNT) Committee is a multidisciplinary committee comprised of medical staff, executive staff, nursing staff, pharmacy staff, and other designated individuals. The Committee is responsible for the formulation of hospital policies and procedures for the evaluation, selection, distribution, and administration of drugs in the hospital. In addition, it is responsible for reviewing reports of medication errors and adverse drug reactions, developing and conducting drug use reviews, antibiotic surveillance programs, developing drug monitors, and maintaining the drug formulary.

#### **Consultation Services**

Healthcare providers at Peninsula Regional Medical Center may request consultation with clinical pharmacists to assist with medication therapy or therapy related concerns for the care of their patients admitted to Peninsula Regional Medical Center.

#### **PROCEDURE:**

1. The clinical pharmacist may be consulted by health-care providers for patients with the following regimens/ “constraints”: aminoglycosides; vancomycin; antibiotic therapy management; parenteral nutrition; anticoagulation; renal and hepatic dosing; potential adverse drug reactions; potential medication errors; polypharmacy; drug interactions; dofetilide (Tikosyn®) dosing, or other miscellaneous consultations related to a patients medication regimen.
2. The clinical pharmacist will utilize PNT approved protocols when available to guide therapy decisions. When consultation occurs for a medication that does not have an approved PNT protocol, the clinical pharmacist will use standards documented in medical references and/or medical literature to guide therapy decisions (ex – LexiComp™, MicroMedex™, primary literature sources, etc.)
3. The medical record is used when a clinical pharmacy consult is initiated.
  - a. The patient’s medical record will be reviewed and appropriate information collected to adequately complete the requested consult.
  - b. If necessary laboratory information for completion of the consultation is not available it may be ordered.
4. After data collection and assessment is complete, the clinical pharmacist may need to place orders in the patient’s medical record to carry out the requested consultation.
  - a. Orders will be placed in the computerized/electronic health record system (EPIC) using the clinical pharmacist provider number.
  - b. When EPIC is not available orders will be written in the medical record under the requesting healthcare provider for the first 48 hours at which time they will be written under the attending physician. (ex. Clinical pharmacist/Dr. Requested Consultation)
  - c. These orders will be cosigned according to medical staff policy.

5. When necessary the clinical pharmacist will contact the healthcare provider requesting the consult to discuss findings and/or recommendations.
6. A progress note outlining the consultation will be entered in the patient's medical record and follow-up progress notes, as necessary, will be placed during the patient's length of stay.

### **Clinical and Administrative On-Call**

The pharmacy resident actively participates in an On-Call service which provides first-hand experience in developing problem-solving skills through exposure to various clinical and administrative situations. The Clinical On-Call program includes, but is not limited to, coverage of the consult service in which the resident prospectively evaluates and monitors patients for the requested medication. The resident will participate in a rotating on-call schedule for coverage of these services. The resident will be assigned a preceptor as their "back-up" for any questions or issues. A comprehensive overview of these services will occur during orientation.

### **Staffing Obligations**

In order to provide a complete educational experience, the resident will be assigned clinical and staffing duties on a rotating basis and selected holidays. It is the resident's responsibility to adhere to the schedule and Department policies and procedures and to provide coverage in the event of a conflict. It is the intent of this requirement to provide the resident with model pharmacy practice experience.

### **Licensure**

It is an expectation that the resident initiates the process to obtain their Maryland (MD) pharmacy license as soon as possible following the results of the Match. Obtaining pharmacy licensure in an expedited manner is imperative, since residents will be trained throughout the month of July in preparation for clinical learning experiences and staffing obligations in August. It is also paramount that residents have sufficient time to practice independently as a pharmacist to fully satisfy the expectations of the residency program. ***Therefore, residents must receive their MD pharmacy license within 90 days of their residency start date otherwise disciplinary action may be taken including extension of or dismissal from the program.***

### **Professional Liability**

Residents are expected to carry their own personal professional liability coverage during their employment as a PGY-1 Resident at PRMC. The coverage granted through the hospital only applies to practice-related activities on-site; however certain experiences will have an off-site component. ***The residents must submit proof of coverage within 2 weeks (14 days) of obtaining their Maryland pharmacist license; otherwise disciplinary actions may be taken including extension of orientation or dismissal from the program.***

### **Holidays**

The resident is required to work one major holiday per year (Thanksgiving Day, Christmas Day, New Year's Day) and one minor holiday (Labor Day, Easter Sunday, Memorial Day). The holiday schedule will be distributed during orientation.

### **Paid Days Off (PPT - Vacation/Personal/Sick Days)**

Each resident is provided paid days off during the residency (includes vacation/personal/sick days). Time away from the hospital related to the residency (i.e., ASHP Midyear Meeting and Eastern States Conference), as approved by the Director, do not count toward this time. Days off should be scheduled in

advance. Exceptions to this may include time off for conferences and/or days needed to transition into PGY2 residency programs (depending on start dates). The following procedure for requesting paid days off (other than sick time) is:

1. The PPT request form should be submitted to the Residency Program Director for approval and signature (**Appendix VII**). The preceptor for the requested time-off must be notified in advance for approval prior to sending the form to the Program Director. **It is the responsibility of the resident to arrange a switch, if necessary, should requested time-off conflict with a staffing obligation. The Supervisor of Operations must be informed of any changes in the staffing schedule.** Travel requisitions and reimbursement requests will not be processed if they do not meet hospital policy requirements, therefore, the resident should review **Appendix VIII** prior to making any travel arrangements.
2. **The form must be received by the Program Director at least one week prior to the requested day(s) off.** The Program Director will then respond to the resident as to whether the request has been granted and sign the request. These requests should be submitted well in advance to assure coverage can be arranged.
3. All approved requests shall be forwarded to the Administrative Assistant for the Pharmacy.

### **Calling off Ill**

In the event the resident must use a day off for illness, **he/she should notify the preceptor for their current learning experience, as well as notify the Administrative Assistant for the pharmacy department.** The administrative assistant for the pharmacy will then notify other individuals as necessary.

### **Leave of Absence**

It is an expectation that the resident complete a full one-year of service, as outlined in the contract, to successfully complete the residency program. In the event that the resident may require emergency time-off from the program for medical or other personal reasons, the duration of the program may be extended accordingly such that the total of 12 months of training is completed as well as the program's established requirements for demonstrated competence and finished work (research project, quality improvement projects, etc.).

### **Pagers**

The resident will have the option to use a hospital-provided pager, or to use their mobile phone as their paging device. Should the resident choose to use a hospital-provided pager, he/she will be responsible for it. Lost pagers may result in a replacement fee. It is an expectation that the resident maintains the paging device with him/her at all times during health-system hours and while on-call. The resident is expected to respond to pages in a timely manner.

### **Email**

The resident is provided an email account which is intended for professional use only.

### **Mailboxes**

Each resident will be assigned an individual mailbox in the Pharmacy department.

**Supplies**

All office-related supplies may be requested and purchased through the administrative assistant for the pharmacy department.

**Photocopying**

Photocopying of work-related materials may be done in either the clinical pharmacy or pharmacy administrative office.

PRMC & Pharmacy Organizational Chart (double-click to enlarge)



PRMC Pharmacy  
Organizational Char

**Peninsula Regional Medical Center**  
**Residency Learning Experiences and Preceptors**

<b>Learning Experiences</b>	<b>Preceptors</b>
Academia (L)	<b>Sarah Benner, PharmD, BCPS, BCPP</b> Clinical Pharmacist – Behavioral Health
Ambulatory Care (E)	<b>Nkem Nonyel, PharmD, MPH, BCPS</b> Assistant Professor UMES SOP  <b>Dana Fasanella, PharmD, CDE</b> Assistant Professor UMES SOP
Cardiology (E)	<b>John Jordan, PharmD, BCPS</b> Clinical Pharmacy Coordinator PGY1 Residency Program Director
Community Pharmacy (E)	<b>William Cooper, PD</b> Ambulatory Pharmacy Manager
Critical Care (C)	<b>John Jordan, PharmD, BCPS</b>
Emergency Medicine (C)	<b>Patrick Dougherty, PharmD, BCPS</b> Clinical Pharmacist – Emergency Medicine PGY-1 Residency Coordinator
Hematology-Oncology (E)	<b>Danielle Austin, PharmD, BCOP</b> Oncology Pharmacy Supervisor, PRMC
Infectious Diseases (C)	<b>Michael Miller, PharmD, BCPS</b> Associate Professor UMES SOP Antimicrobial Stewardship Pharmacist, PRMC
Internal Medicine (C)	<b>Dae Yim, PharmD, BCPS</b> Clinical Pharmacist
Pain Management/Palliative Care (E)	<b>Dae Yim, PharmD, MBA, BCPS</b>
Pharmacotherapy (C,L)	<b>Ralph Bunting, PharmD</b> Clinical Pharmacist

Pharmacy Informatics (E)	<b>Ashley Dennis, PharmD, BCPS</b> Pharmacy Application Analyst
Pharmacy Management (C)	<b>Dennis Killian, PharmD, PhD</b> Director of Pharmacy Associate Professor UMES SOP
Pharmacy Operations (L)	<b>Rachel Cordrey, PharmD</b> Pharmacy Supervisor, PRMC
Pharmacy Orientation (C)	<b>Rachel Cordrey, PharmD</b>
Practice Management (L)	<b>Residency Mentor will serve as Preceptor</b>
Psychiatric Medicine (E)	<b>Sarah Benner, PharmD, BCPS, BCPP</b>
Research Project (C, L)	<b>Research Project Mentor will serve as Preceptor</b>

C = Core  
E = Elective  
L = Longitudinal

**Peninsula Regional Medical Center  
PGY1 Pharmacy Residency Program**

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**SECTION 2  
Learning Experiences and Evaluations**

**Peninsula Regional Medical Center**  
**Pharmacy Residency Program**

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## **ACADEMIA LONGITUDINAL**



Academia Residency  
Syllabus\_070315.doc

## **AMBULATORY CARE**



Ambulatory Care TLC  
1.24.16.docx

## **CARDIOLOGY**



Cardiovascular  
Syllabus\_040116.doc

## **COMMUNITY PHARMACY**



Community  
Pharmacy Syllabus\_4

## **CRITICAL CARE**



Critical Care  
Syllabus\_070315.doc

## **EMERGENCY MEDICINE**



Emergency  
Medicine Syllabus\_0

## **HEMATOLOGY/ONCOLOGY**



Hematology  
Oncology Syllabus\_10

## **INFECTIOUS DISEASE**



Infectious Disease  
Syllabus\_070315.doc

## **INTERNAL MEDICINE**



Internal Medicine  
Syllabus\_070315.doc

## **PAIN MANAGEMENT/PALLIATIVE CARE**



Pain and Palliative  
Syllabus 7.25.19.doc

## **PHARMACOTHERAPY CORE**



Pharmacotherapy  
Core Syllabus\_070111

## **PHARMACOTHERAPY LONGITUDINAL**



Pharmacotherapy  
Longitudinal Syllabus\_

## **PHARMACY INFORMATICS**



Pharmacy  
Informatics\_051617.c

## **PHARMACY MANAGEMENT**



Pharmacy  
Management\_090615

## **PHARMACY OPERATIONS LONGITUDINAL**



Pharmacy  
Operations Longitudir

## **PHARMACY ORIENTATION**



Pharmacy  
Orientation\_062915.c

## **PRACTICE MANAGEMENT**



Practice  
Management\_043016

## **PSYCHIATRIC MEDICINE**



Psychiatric  
Medicine Syllabus 01

## **RESEARCH PROJECT CORE**



Research Project  
Core\_100515.docx

## **RESEARCH PROJECT LONGITUDINAL**



Research Project  
Longitudinal\_070315.

## **Evaluations**

**All evaluations will be done using PharmAcademic™**

## Resident Project Tracking Form

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

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

*The resident should complete this form to track progress of projects and other residency activities. At the end of each quarter, the resident should review the completed form with their Advisor at the time of the (quarterly) evaluation.*

*First Quarter*                7/1-9/30  
*Second Quarter*            10/1-12/31  
*Third Quarter*              1/1-3/31  
*Fourth Quarter*             4/1-6/30

*The report should also contain a status update of all residency activities, including: residency projects and educational opportunities, committees, meetings, and other items as identified. The resident should sign and date the report prior to submission*

RESIDENCY ACTIVITIES	STATUS UPDATE AND NARRATIVE COMMENTARY	DATE COMPLETED (if applicable)
Research Project		
Didactic Lecture at UMES SOP		
Seminar		
Journal Club		

RESIDENCY ACTIVITIES	STATUS UPDATE AND NARRATIVE COMMENTARY	DATE COMPLETED (if applicable)
Pharmacist Continuing Education Program		
Educational In-services Provided		
Professional Meeting Attendance		
Committee Assignment and Related Projects		
Medication Use Evaluation/Formulary Review		
Other Projects/Activities		

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Peninsula Regional Medical Center  
PGY1 Pharmacy Residency Program**

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**SECTION 3  
APPENDICES**

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## **APPENDIX I**

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ASHP\_residencyman  
ual.docx

## **APPENDIX II**

(double-click to open document)



2014 Residency  
Comptency Areas.xls

## **APPENDIX III**

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Residency\_Goals\_4.  
30.16.xlsx

## APPENDIX IV

**Self-Assessment and Goals to be completed in PharmAcademic™ – the following form is for reference only.**

**Peninsula Regional Medical Center  
PGY1 Residency Program**

**SELF-ASSESSMENT AND GOALS**

---

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PROGRAM DIRECTOR (SIGNATURE): \_\_\_\_\_

---

---

*Please answer the following questions:*

1. List your professional goals, both short-term ( $\leq 5$  years) and long-term ( $>5$  years).

SHORT-TERM:

LONG-TERM:

2. What do you consider to be your professional strengths? Personal strengths?

3. In what areas do you need to improve your professional skills? Personal skills?

4. Describe activities/ projects/ experiences that you feel will contribute to developing your skills in the following areas:

WRITTEN COMMUNICATION:

VERBAL COMMUNICATION:

PUBLIC SPEAKING:

TIME MANAGEMENT:

SUPERVISORY/ DECISION-MAKING SKILLS:

CLINICAL PRACTICE SKILLS:

DISTRIBUTIVE PRACTICE SKILLS:

DRUG INFORMATION:

COMMITTEE PARTICIPATION:



## **Customized Plan**

**Customized Plan to be completed in PharmAcademic™ – the following form is for reference only.**

## Customized Plan

Peninsula Regional Medical Center PGY-1 Pharmacy Residency  
 Customized Training Plan for \_\_\_\_\_

Entering Characteristics	Initial Plan: Changes to Program (July)	1 <sup>st</sup> Quarter Update/ Effectiveness of Changes (September)	2 <sup>nd</sup> Quarter Updates (December)	3 <sup>rd</sup> Quarter Updates (March)	4 <sup>th</sup> Quarter Updates (June)
<b>Strengths</b>					
<b>Areas for Improvement</b>					
<b>Career Goals</b>					
<b>Interests</b>					
<b>Resident Progress</b>					

\_\_\_\_\_  
 Residency Program Director

\_\_\_\_\_  
 Resident

\_\_\_\_\_  
 Residency Advisor

# **APPENDIX V**

**Peninsula Regional Medical Center  
PGY1 Residency Learning Experience Schedule  
2019-2020  
(double-click to open)**



Residency Calendar  
2019-2020 7.25.19.docx



3. If you could design your own learning experience in this practice area, what types of activities would you choose and how much time would you devote to each?
  
  
  
  
  
  
  
  
  
  
4. List any barriers that you feel exist to participating in these activities, and possible solutions.
  
  
  
  
  
  
  
  
  
  
5. Identify three key goals that you wish to achieve during this learning experience.
  
  
  
  
  
  
  
  
  
  
6. What would be ideal in terms of direction and contact with your preceptor on this learning experience?

Please refer to this plan when completing evaluations at the end of each learning experience.

## APPENDIX VII

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PTO REQUEST  
FORM.docx

## APPENDIX VIII

### Peninsula Regional Medical Center Department of Pharmacy

Overview of Residency Projects and Educational Opportunities

#### I. Resident Seminar Presentation

##### Purpose

Resident Seminar provides a forum for the resident to evaluate and formally present a therapeutic topic to a pharmacy audience. Upon selection of a clinically relevant topic, residents will learn to evaluate the scientific literature and discuss its applicability to clinical practice. Residents will also enhance their verbal communication skills and ability to organize complex concepts and scientific data in a clear and concise manner.

##### Expectations

The presentation should be approximately 45 minutes in duration, with an additional 10 minutes provided for questions and discussion. The presentation should review the current management of a therapeutic disease state topic or evaluate a pharmacotherapeutic problem in a specific patient population. The resident may elect to include a patient case, if applicable, as part of their presentation to reinforce teaching points. Other topics may be considered, but will be left to the discretion of the Program Director. ***All Seminar topics must be approved by the preceptor or Program Director. Once a topic has been selected, the residents are encouraged to contact pharmacy content experts/mentors for guidance as they develop the presentation.***

***The resident must provide copies of their Seminar handout at the time of the presentation. The Seminar should be presented using Microsoft PowerPoint slide format (if applicable).***

##### Evaluation

All members of the audience will evaluate resident performance in a variety of categories related to communication skills and the overall presentation. Written evaluation will be provided.

##### Questions

Any questions regarding the Seminar should be directed to the Program Director.

**PENINSULA REGIONAL MEDICAL CENTER  
PHARMACY RESIDENCY PRESENTATION/SEMINAR EVALUATION**

Resident's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title of Presentation: \_\_\_\_\_

Rate each section of the presentation using the following scale:  
1 = poor, 2 = below average, 3 = average, 4 = above average, 5 = excellent

<u><b>Presentation Content</b></u>	<u><b>Score</b></u>	<u><b>Comments</b></u>
<b>Background</b> – appropriate for topic	1   2   3   4   5	
<b>Organization</b> – flows appropriately	1   2   3   4   5	
<b>Objectives</b> – measurable & appropriate	1   2   3   4   5	
<b>Content</b> – relevant to current pharmacy practice	1   2   3   4   5	
<b>Slides/Handouts</b> – clear, easy to read; colors, font size, etc.	1   2   3   4   5	
<b>Key Points</b> – clear & concise	1   2   3   4   5	
<b>Tables &amp; Figures</b> – effectively used & appropriate	1   2   3   4   5	
<u><b>Presentation Skills</b></u>	<u><b>Score</b></u>	<u><b>Comments</b></u>
<b>Preparation</b> – well prepared for presentation	1   2   3   4   5	
<b>Confidence</b> – presented confidently & with enthusiasm	1   2   3   4   5	
<b>Expertise</b> – well-informed & knowledgeable on the topic	1   2   3   4   5	
<b>Verbal Communication</b> – rate, tone, volume, etc.	1   2   3   4   5	
<b>Nonverbal Communication</b> – mannerisms, eye contact, etc.	1   2   3   4   5	
<b>Response to Questions</b> – answered appropriately	1   2   3   4   5	
<b>Timing</b> – adequate length of presentation	1   2   3   4   5	
<u><b>Overall Score</b></u>	1   2   3   4   5	
<u><b>Additional Comments</b></u>		

Evaluator:    \_\_\_ Preceptor    \_\_\_ Pharmacist    \_\_\_ Resident    \_\_\_ Student    \_\_\_ Other

## II. Research Program

### A. Background

The Pharmacy Resident Research Program is designed to teach the resident about basic pharmacy practice research and facilitate development of a residency research project. Each resident will be required to complete one major project related to a specific aspect of pharmacy practice and present their results at the Eastern States Conference for Pharmacy the resident and Preceptors. Pharmacy practice research may include: prospective or retrospective clinical studies, pharmacokinetic or pharmacodynamic studies, outcome studies, or evaluation of a new or existing pharmacy service. There is both a didactic and experiential component to the Pharmacy Resident Research Program. The residency program provides a structure to facilitate collaboration among the resident and preceptors on research endeavors over the course of the year. The resident will ultimately be responsible for committing sufficient time and problem solving skills into the project and conducting research in a scholarly manner. The resident will keep their Project Mentor apprised of progress.

A timeline for the project follows later in this section.

### B. Didactic

Application of proper research methods requires sufficient knowledge. The Program Director and other designated preceptors will facilitate resident learning of research concepts and methods through presentations and reading. The program will consist of the following discussions

- *IRB Submission*
- *Basic Statistics*
- *How to Make Your Residency Project a Success*
- *Clinical Trial Review/ Pharmacoeconomics*

This curriculum will be further supported by the “Research Fundamentals” series of articles published in the American Journal of Health-System Pharmacy.

### C. Experiential

The application of the knowledge gained in the didactic training will occur through the completion of a research project. The research project will be completed within the residency year. The process for completion of research projects is detailed in the following sections.

#### 1) Project Idea Generation and Selection

Each year preceptors are surveyed to generate a list of potential research project ideas. The resident may select from the list of ideas on a first-come, first-serve basis. The resident should discuss the idea with the associated preceptor to inform them of their interest. Alternatively, the residents have the opportunity to pursue an area of interest that may not be on the list of potential project ideas.

## 2) Research Project Proposal

### Purpose

After selection of a project idea, the resident will present and defend their Research Project Proposal to gain project approval. The purpose of this presentation is to obtain feedback and thoughtful discussion from the residency preceptors regarding research content proposal and presentation skills.

### Expectations

The presentation itself should be 10 to 15 minutes in duration, with additional time provided for questions and discussion. The resident will be responsible for developing a formal project proposal. ***The project proposal should address the following sections which will also help facilitate preparation of the IRB protocol (see also project proposal outline):***

1. ***Research question.*** A well-defined research question will allow the resident to focus on the appropriate research design and plan. What questions are you trying to answer?
2. ***Background.*** Perform a literature review of the research question. Summarize the literature. What has been done? What impact has been shown?
3. ***Research hypotheses.*** What are your research hypotheses? What relationships do you expect to see?
4. ***Objectives.*** Be as specific as possible. The objectives should be quantifiable. You can have a primary objective and multiple secondary objectives for each research question.
5. ***Methods.*** How are you going to answer your research question? What is your study design? Patient population? What measures are you going to need?
6. ***Data analysis.*** How are you going to analyze the results?

***The resident must provide copies of their Project Proposal handout (must include Microsoft PowerPoint slides, Word manuscript, and data collection form) at the time of presentation. The Project Proposal should be presented using Microsoft PowerPoint slide format.***

### Evaluation

Preceptors will evaluate research content proposal and written and verbal communication skills. The evaluation form is the same as that used for the Eastern States Conference platform presentations (see below). Written evaluation will be provided.

### Questions

Any questions regarding the Project Proposal should be directed to the appropriate Project Mentor or the Program Director.

## **Eastern States Conference for Pharmacy Residents and Preceptors Residency Platform Presentation Evaluation**

### 3) Eastern States Presentation

#### Purpose

The Eastern States Conference for Pharmacy Residents and Preceptors provides residents with opportunities to: formally present their research projects and practice experiences, interact and broaden relationships with other resident colleagues, meet with leaders in institutional pharmacy practice, and augment their knowledge base as they begin their careers.

Practice sessions will be scheduled approximately one month in advance of the final presentation. The practice sessions will assist in preparation of the resident for the Eastern States Conference.

#### Expectations

The resident will be responsible for presenting a 10 to 12 minute platform presentation which will summarize the research project, including: background, objectives, methods, results, discussion, and conclusions.

***Residents must provide copies of their platform presentation handout for the practice sessions. A handout is not required at the Eastern States Conference. The platform should be presented using Microsoft PowerPoint slide format.***

#### Evaluation

Preceptors will evaluate resident performance in a variety of categories related to the overall project and communication skills.

#### Questions

Any questions regarding the Eastern States platform presentations should be directed to the appropriate Project Mentor or the Program Director.

### 4) Manuscript

The resident will also prepare a written manuscript, suitable for publication, by the conclusion of the residency year. Guidance in development of the manuscript will be provided by the Project Mentor, Program Director, and other designated preceptors throughout the year. ***A draft of the research manuscript must be received by the Project Mentor prior to completion of the residency program.***

# Residency Research Project Proposal

**Resident:**

**Project Preceptor(s):**

**Project Title:**

**Background:**

**Hypothesis:**

**Specific Aims:**

Primary Objective

1)

Secondary Objectives

1)

2)

3)

**Methods:**

Research Design:

Recruitment Procedures:

Subject Characteristics:

Statistical Analysis Planned:

## Residency Research Project Timeline and Checklist

### July - August (Project Selection and Development)

#### *Date completed*

- \_\_\_\_\_  1. Select project idea by middle of August (refer to Residency Calendar)
- \_\_\_\_\_  2. Meet with Project Mentor by August (refer to Residency Calendar).  
Organize topic, create outline, and evaluate data collection methods.

### September (Research Project Proposal)

- \_\_\_\_\_  1. Review first draft of proposal with project mentor by early September (refer to Residency Calendar).
- \_\_\_\_\_  2. Finalize Project Proposal with Project Mentor.
- \_\_\_\_\_  3. Present Research Project Proposal to preceptor committee (see presentation schedule).  
Obtain feedback and approval to proceed with the project.

### October (IRB Submission)

- \_\_\_\_\_  1. Submit IRB protocol by early October (refer to Residency Calendar).

### November – December (Data Collection)

- \_\_\_\_\_  1. Begin data collection for project once approved by the IRB.

### January – February (Data Management and Analysis)

- \_\_\_\_\_  1. Finalize data collection and organize data for analysis.
- \_\_\_\_\_  2. Data analysis.
- \_\_\_\_\_  3. Submit abstract to the Eastern States Residency Conference with approval from the Project Mentor.

### March (Project Report)

- \_\_\_\_\_  1. Finalize data analysis by early March (refer to Residency Calendar).
- \_\_\_\_\_  2. Organize presentation in PowerPoint for Eastern States practice sessions.

### April (Eastern States Practice Sessions)

- \_\_\_\_\_  1. Eastern States practice sessions.

### May (Eastern States)

- \_\_\_\_\_  1. Present final platform presentation at the Eastern States Conference.
- \_\_\_\_\_  2. Begin preparation of manuscript suitable for publication.

### June (Manuscript)

- \_\_\_\_\_  1. Submit manuscript to journal.

### **III. Medication Use Evaluation**

#### **Introduction**

##### **I. Definition**

- a. A performance improvement method that focuses on evaluating and improving medication-use outcomes with the goal of optimal patient outcomes
- b. Proactive, criteria-based, multidisciplinary, systematically carried out
- c. Multifaceted approach to improving medication use (MUE vs. DUE)
- d. Can be prospective, concurrent, or retrospective

##### **II. Objectives**

- a. Promote optimal medication therapy
- b. Prevent medication-related problems
- c. Evaluate effectiveness
- d. Improve patient safety
- e. Establish interdisciplinary consensus on medication-use processes
- f. Identify opportunities for improvements of medication-use processes and need for further education of health-care professionals
- g. Minimize costs

##### **III. Essential Elements of the MUE Process**

- a. Identify medications most significant to patient care within the organization
- b. Develop indicators to monitor selected medications
- c. Establish criteria, guidelines, treatment protocols, and standards of care for specific medications and medication-use processes
- d. Collect data and evaluate care
- e. Develop and implement plans for improvement of the medication-use process based on MUE findings
- f. Incorporate improvements into criteria, guidelines, treatment protocols, and standards of care
- g. Educate health care professionals

#### **MUE Process**

##### **I. Assign responsibility**

- a. Medical staff
- b. Consider physician champion for clinical expertise

##### **II. Medication selection**

- a. High frequency of use/ large volume of patients
- b. Potential or reported adverse reactions or drug interactions
- c. High-risk medications/narrow therapeutic window
- d. Complex prescribing requirements
- e. High cost to the institution

- f. Guideline/protocol adherence
- g. Off-label or non-formulary use
- h. Appropriateness of treatment for particular disease state or patient population

### **III. Identify indicators (criteria)**

- a. Focus on the appropriateness, safety, and effectiveness of the medication
- b. Objective criteria (limit subjective interpretation)
- c. Literature search
  - i. Primary literature
  - ii. Guidelines from professional societies
  - iii. Product information
  - iv. Guidance and expertise of the institutional professional staff

### **IV. Data collection**

- a. Based on criteria developed
- b. Organized documentation

### **V. Data analysis**

- a. Compare results to established standard or threshold
- b. Need for corrective action evaluated

### **VI. Take actions to correct identified problems**

- a. Restrictive (develop guidelines/protocols/order-sets)
- b. Communication (present to institutional quality assurance committee)
- c. Educational (e.g., newsletter, monograph, in-service)
- d. Administrative (e.g., information systems, pharmacy procedures/workflow)

### **VII. Assess action and document improvement**

- a. Effectiveness of corrective action
- b. Continuous or periodic monitoring to determine/maintain success

### **Resident Expectations:**

The resident will select a project by **August 1<sup>st</sup>** and will work with a pharmacy content expert for their topic to develop an exact timetable for completion. It may also be appropriate to work with a physician and/or nursing champion for guidance as needed. **However, it is expected that residents have their MUE project completed and results presented as a poster at the ASHP Midyear Clinical Meeting in December. Please note that the deadline for resident poster submissions is October 1<sup>st</sup>. Residents are also expected to present their results to the Pharmacy, Nutrition, and Therapeutics (PNT) Committee.** Finally, all accompanying documentation of the MUE project must be maintained in the residency notebook.

**References:**

American Society of Health-System Pharmacists. ASHP guidelines on medication-use evaluation. Am J Health-Syst Pharm 1996;53:1953-5.

Greer ND, Sanborn M. Strategies for effective medication use evaluations. Hosp Pharm 2007;42(12):1163-69.

**Questions**

Any questions regarding the MUE should be directed to the Program Director.

## IV. Resident Journal Club Presentation

### Purpose

The purpose of Journal Club is to provide a forum for the pharmacy resident, pharmacists, and other health care professionals to augment their literature evaluation skills and knowledge base of pharmacotherapy. The resident will have the opportunity to explore the various types of journals available to them, including those that will be most useful to their respective practice. Presentation of a research article will allow the resident to discuss research design, biostatistics, content, and implications of a study.

### Expectations

- Every other month, the resident will provide a ~ 15-30 minute summary of one to two key or relevant articles published in approved by a preceptor.
- The study should be recently published (i.e., within the past 6-12 months) with a research design or scientific method to critique (no review articles or case reports) that focuses on drug therapy. Studies may be selected from any medical or pharmacy journal. The resident is expected to summarize and review key issues of the chosen study. It should be assumed that the Journal Club participants have read the study and it is not necessary to re-read the study at the time of presentation. ***The article should be emailed to all preceptors one week in advance of the scheduled date and additional copies made available in the pharmacy.***

The following considerations may help guide the resident in evaluating and interpreting research articles and should serve as the outline for discussion:

### *General Considerations*

1. Who are the authors and what are their education/ training?
2. How was the study funded?
3. Where was the study performed?

### *Abstract*

1. Does the article contain an abstract?
2. Does the abstract contain information not found within the study itself?
3. Is the abstract informative? Does the abstract contain the information necessary to provide a general overview of the study?

### *Introduction*

1. What is the study rationale?
2. What is the study objective?

### *Methods*

1. Study design
  - a. Was the study prospective or retrospective?
  - b. Was the study randomized? What method of randomization was used?
  - c. Was the study blinded? Were the patients and/or researchers blinded?

- d. Was a control group used? Did the patients serve as their own control? Was the control a placebo, active treatment, or a historical control?
2. What were the patient inclusion and exclusion criteria?
3. What statistical tests were used and were they appropriate?

### *Results*

1. Was there a description of the patients studied? If a control group was used, was it similar to the treatment group?
2. Was the number of patients studied clearly stated? Were the number and reasons for patients dropped/ lost to follow-up provided?
3. Were adverse drug reactions reported and described?
4. Was there a clear correlation between the study objective and the results?
5. Were the results valid based on the methods described?

### *Discussion*

1. Does the discussion flow logically?
2. Are the limitations of the study described?
3. Is other related published clinical data described?
4. Did the authors explain unexpected results?

### *Conclusions*

1. Are the conclusions consistent with the study objectives?
2. Did the authors extrapolate their results to other patients populations not studied?
3. Do you agree with the authors' final conclusions and/ or recommendations?
4. Apply the "so what" test. What are the implications of the study to practice?

### Evaluation

All members of the audience will evaluate resident performance in a variety of categories related to literature evaluation and communication skills. Written evaluation will be provided.

### Questions

Any questions regarding Journal Club should be directed to the Program Director.

**Peninsula Regional Medical Center  
Department of Pharmacy**

**RESIDENCY JOURNAL CLUB EVALUATION**

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

Journal Article/Citation \_\_\_\_\_

Please indicate whether you are a:  Preceptor  Pharmacist  Student  Other: \_\_\_\_\_

**Please rate the following components of the resident's presentation:**

<b>Evaluation</b>	<b>Score</b> 1 = Poor; 2 = Fair; 3 = Average; 4 = Very good; 5 = Excellent	<b>Comments</b>
Overall Organization (i.e., conciseness, logic, flow)		
Verbal Communication (i.e., loudness, rate, tone, pronunciation, enunciation, or use of terms)		
Non-verbal Communication (i.e., eye contact, use of notes, mannerisms, or gestures)		
Completeness and Detail of Analysis		
Insight and Depth of Critique		
Response to Questions (i.e., thoroughness, level of confidence, or expansion of information presented)		
<b>Overall Rating</b>		
Additional Comments		

## V. Pharmacist Continuing Education Program

### Purpose

The Pharmacist Continuing Education (CE) Program provides an opportunity for the resident to organize and present a CE-accredited lecture on a therapeutic topic, selected by the resident, to a pharmacy audience: clinical pharmacists, technicians, pharmacy supervisors, pharmacy practice coordinators, clinical specialists, and residents. The resident will also learn to write learning objectives and self-assessment questions for CE credit. The continuing education program will be offered in conjunction with PRMC's monthly Pharmacy Grand Rounds seminars.

### Expectations

The presentation should be at least 45 minutes in duration, with an additional 10 to 15 minutes provided for questions and discussion. The presentation should comprehensively review the current management of a therapeutic disease state topic. **All CE topics must be approved by the RC or RPD.** Once a topic has been selected, the resident is encouraged to contact pharmacy content experts/mentors for guidance as they develop the presentation.

*The resident must provide their title and 3-5 learning objectives with self-assessment questions approximately two months in advance of the presentation to Patrick Dougherty, PharmD, BCPS.*

### Evaluation

All members of the audience will evaluate resident performance in a variety of categories related to communication skills and the overall presentation. Written evaluation will be provided.

### Questions

Any questions regarding the CE should be directed to the Program Director.

## **VI. In-services**

An in-service is defined as a presentation of at least 15 minutes in length, with at least 3 people in attendance. It is expected that the resident will provide in-services on various learning experiences at the discretion of the preceptor.

## **VII. Co-Precepting of Students**

The structure of this educational opportunity will be left to the discretion of the preceptor mentoring the resident and student. To achieve this goal, it is expected that the resident be comfortable in leading a topic discussion of approximately 30 minutes to one hour in length with a student under the preceptor's oversight. In addition, the resident may assist the student with patient follow-up related to rounds, drug information questions, or other daily activities of the learning experience. It is suggested that the resident participate in co-precepting after gaining adequate exposure to the patient population and demonstrating proficiency in application of clinical skills. Co-precepting will generally occur after the first quarter of the residency year.

# APPENDIX IX

(double-click to open documents)

## I. Staffing/Moonlighting



6108.docx

## II. Fatigue/Stress



6109.docx

## III. Dismissal



6110.docx

# APPENDIX X

## Checklist for Successful Completion of Residency



Successful completion of the PGY1 Pharmacy Practice Residency at Peninsula Regional Medical Center requires the following activities/projects to be completed prior to the end of the residency period:

- Pharmacy Licensure in the state of Maryland within 90 days of residency start date
- Completed Residency Research Project with Manuscript and Eastern States presentation
- BLS and ACLS certification
- Completion of medication information and policy development requirement
  - Formulary or Class Review
  - Medication Use Evaluation and poster presentation
- Successful completion of all required and elective learning experiences totaling 12 months, plus full participation in on-call responsibilities
- Full participation in the residency evaluation process
  - Self-evaluations
  - Learning experience evaluations
  - Preceptor evaluations
- Satisfactory completion of all assigned teaching requirements
  - At least one seminar/in-service presentation
  - Present at a Pharmacist Continuing Education (CE) Program
  - Didactic lecture at University of Maryland Eastern Shore School of Pharmacy
  - Lead 30 minute topic discussion with APPE students
  - Completed at least one formal journal club presentation
- “Achieved for Residency” on all required goals and objectives for the residency

Failure to complete the above objectives within the time period of the residency may lead to dismissal from or extension of the residency program.

# APPENDIX XI

## Expectations Regarding Professional Society Involvement and Travel

### Expectations Regarding Professional Society Involvement and Travel

Residents completing the Program at Peninsula Regional Medical Center are expected to develop and maintain an involvement in professional society activities on a local, state and national level. Travel to and attendance at meetings is critical to support residents' goals and enable professional and personal development.

At a minimum:

1. The resident should plan to join and assume an active role in the Maryland Society of Health-System Pharmacists. Activities may include: meeting attendance, committee assignment, residency recruiting, education, and other functions that support Pharmacy.
2. The resident should plan to join and assume an active role in the American Society of Health-System Pharmacists (ASHP). Activities may include: meeting attendance, volunteering for service, residency recruiting, and education. ***Residents will attend the ASHP Midyear Clinical Meeting, where they will present the results of their medication-use-evaluation (MUE) as a poster presentation.***
3. The resident will also attend and actively participate in all functions of the Eastern States Conference for Pharmacy Residents and Preceptors.
4. The resident is encouraged to join other societies and practice groups that support their professional needs.

To request reimbursement for travel-related expenses to the ASHP Midyear Clinical Meeting and Eastern States Conference, residents must follow the Travel Policy and Procedures.

**APPENDIX XII**  
**Residency Program Alumni**

**Peninsula Regional Medical Center**  
**Pharmacy Residency Program Alumni**

<b>Year</b>	<b>Residents</b>	<b>Project</b>	<b>Initial Position After Residency</b>
<b>2012-2013</b>	Jamie Gomes	Computerized Prescriber Order Entry Alert as Clinical Decision Support for Re-Evaluation of Parenteral Antibiotic Orders.	PGY2 Drug Information Residency at Thomas Jefferson University Hospitals
<b>2013-2014</b>	Sandra Girgis	Outcomes in Mechanically Ventilated Patients Who Received Dexmedetomidine Versus Propofol or Midazolam for Sedation.	PGY2 Neuro-Psychopharmacology Residency at Princeton House Behavioral Health, Robert Wood Johnson University Hospital, Monmouth Medical Center and the Rutgers Ernest Mario School of Pharmacy
<b>2013-2014</b>	Ashley Dennis (formerly Lawrance)	Probiotic Use and Antimicrobial Stewardship Initiatives in the Prevention of Hospital Acquired <i>Clostridium difficile</i> infection in a community hospital.	Operational Staff Pharmacist at Peninsula Regional Medical Center; transitioned into EPIC-certified Pharmacist at PRMC
<b>2014-2015</b>	Samantha Bryant	How Antimicrobials administered in the Emergency Department in Comparison to Those Administered Upon Inpatient Admission Impact Patient Outcomes	PGY2 Industry Fellowship at the Rutgers Ernest Mario School of Pharmacy
<b>2014-2015</b>	Valarie Sharma (formerly Hoffman)	Evaluating the Accuracy of Home Medication List Collection Upon Hospital Admission	Peninsula Regional Medical Center - Pharmacy Operation Supervisor
<b>2015-2016</b>	Ross Jones	Epidemiology of Extended Spectrum Beta-Lactamase Producing Enterbacteriaceae at a Community Hospital	Clinical Pharmacist at University of Maryland Shore Health Medical at Easton
<b>2015-2016</b>	Racquel Reese	Evaluation of Etiologies of Carbapenem-Resistant Enterbacteriaceae at a Community Hospital: A Retrospective Review	PGY2 Oncology Residency at Memorial Regional Hospital/Memorial Cancer Institute
<b>2016-2017</b>	Wai Chan	Comparison of Intravenous Nicardipine and Clevidipine in the Management of Hypertensive Emergency: A Retrospective Cohort Study	Clinical Pharmacist at Anne Arundel Medical Center in Annapolis

Year	Residents	Project	Initial Position After Residency
2017-2018	Richard Jiang	Vancomycin De-escalation Following a Negative Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Nasal Swab PCR Assay	Clinical Pharmacist at Anne Arundel Medical Center in Annapolis
2017-2018	Michael Smith	Evaluation of the anticoagulant prescribing patterns for the treatment of venous thromboembolism at a community hospital	Clinical Pharmacist at Harbor Medstar Hospital in Baltimore
2018-2019	Scott Baker	Clinical impact of a pharmacist-driven clinical institute withdrawal assessment for alcohol-revised (CIWA-AR) protocol	Staff/Clinical Pharmacist at PRMC
2018-2019	Jillian Olmstead	From emergency department to the floor: delays in second dose antibiotics for pneumonia and their impact on patient outcomes.	Clinical Pharmacist at Baltimore-Washington Medical Center in Glen Burnie

## APPENDIX XIII

### Peninsula Regional Medical Center (PRMC) PGY1 residency manual:

My signature indicates that I have received and understand the PRMC PGY1 residency manual. I further understand that it is my responsibility to comply with the information contained within this handbook.

\_\_\_\_\_  
PGY1 Resident Signature

\_\_\_\_\_  
Date