INFORMATION FOR PGY1

PHARMACY PRACTICE RESIDENTS

The Pharmacy Department

at

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

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.
Discoveries and Inventions

- The link between smoking and emphysema
- ReoPro®, the most commonly used treatment for angioplasty patients
- CaviStat®, a fluoride-free, cavity-fighting complex in candy form
- XIAFLEX®, 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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About Stony Brook University
And
Stony Brook University Medical Center

In a little more than five decades since its founding, Stony Brook University has established itself as one of America’s most dynamic public universities, a center of academic excellence and an essential part of the region’s economy. Now, transformed by a historic $150 million gift in from Jim and Marilyn Simons and the Simons Foundation — among the top 10 gifts to public higher education in America — Stony Brook is poised to accelerate its trajectory of excellence.

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 public universities in the nation, and the Times Higher Education World University Rankings places us among the top 1 percent of universities in the world. A member of the invitation-only Association of American Universities, Stony Brook is one of the 61 top research institutions in North America. Our faculty is leaders in significant national and worldwide projects, including the reconstruction of Iraq’s public health systems and museums, the management of the national parks of Madagascar and uncovering the causes of lobster mortality in Long Island Sound.

Stony Brook is home to an exceptionally diverse student body of 24,100 high-achieving students—including almost 16,000 undergraduates—from nearly all 50 states and more than 110 countries. Stony Brook offers more than 150 undergraduate programs, more than 100 master’s programs and more than 40 doctoral programs. 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, the School of Dental Medicine, the School of Health Technology and Management, the School of Medicine, the School of Nursing and the School of Social Welfare.

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.

Stony Brook Southampton, on Long Island’s East End, hosts a famed MFA writers program and is the site of the Marine Station of the School of Marine and Atmospheric Sciences. Stony Brook Manhattan, which connects the University to New York City, offers learning experiences with an urban flair, including summer and winter undergraduate classes, fall and spring graduate programs, lectures and conferences.
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 first Center for Communicating Science.

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) provides part-time graduate education for working adults. Its diverse offerings include teacher training, human resource management, and the MA in liberal studies. SPD is also the largest provider of professional education certification for school administrators in New York State.

**STONY BROOK MEDICINE**

Stony Brook Medicine encompasses the five health sciences schools — Dental
Medicine, Health Technology and Management, Medicine, Nursing and Social Welfare — the Hospital; our major centers and institutes, programs, clinics and community-based healthcare settings; and the Long Island State Veterans Home. It is Long Island’s premier academic medical center and serves as Suffolk County’s only Level I Trauma Center. It provides the county’s only Stem Cell Transplantation and Hematologic Malignancy Program, Burn Unit, and Kidney Transplantation Program. Stony Brook has the only Level IV Regional Perinatal Center in Suffolk County and is home to the Cancer Center, Heart Institute, Stony Brook Children’s Hospital, Neurosciences Institute and Digestive Disorders Institute.

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, periodontology 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; orthopedics; 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, and the School is awaiting review for its newly developed Doctor of Nursing Practice program. 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 run 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 two state-designated Centers for Advanced Technology — in diagnostic tools and sensor systems and in biotechnology — 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 more than 40 companies. The University is the largest single-site employer on Long Island, with approximately 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 fans 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, the Stony Brook Indoor Sports Complex, and the Seawolves Baseball and Softball Complex.
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.
The Pharmacy Department at Stony Brook University Medical Center

The pharmacy at Stony Brook University Hospital services all of the 590 in-patients as well as over 30 out-patient on and off site clinics.

The Pharmacy is made up of 8 different and distinct units or areas namely:

- The Main Hospital Pharmacy
- Sterile Compounding Pharmacy
- Investigational Drug Pharmacy
- Pharmacy Information Technology Division
- The OR Pharmacy Satellite
- The Out-Patient Cancer/Pain Center
- The Out-Patient Ambulatory Care Satellite
- Materials Management Division

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

Since we began providing care in 1980, the Stony Brook University Medical Center staff has been committed to delivering excellence in patient care, research, education, and community service.

Excellence in Patient Care

Last year, our highly skilled teams of physicians, nurses, nutritionists, physical therapists, laboratory technicians, social workers, and chaplains provided medical and support services to more than a half million Long Islanders. Our skilled, compassionate staff and our unique specialty services make us Long Island's first-choice hospital.

Excellence in Research

We are Long Island's only university-based medical center. Not only do we offer the latest advances in medicine, we are actively enhancing medical knowledge through basic science and clinical research.

Excellence in Education

We serve as an educational resource for students of the University's five health science schools: the Schools of Medicine, Nursing, Dentistry, Social Work, and the Health Technology and Management. We also serve as a healthcare educational resource for the community, our patients and their families.
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 15th to PhORCAS

- Letter of Intent
- CV
- Three Letters of Recommendation (actual signed letters sent via PhORCAS)
- College Transcript(s)

Questions about the application process should be addressed to:

Edmund M. Hayes, R.Ph., M.S., Pharm.D., FACP
Assistant Director of Pharmacy
Director - Residency Program
Stony Brook University Medical Center
State University of New York at Stony Brook
Stony Brook, New York 11794-7007
Telephone: 631 444-6967
Email: edmund.hayes@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 September 1st of the residency year.
Welcome Letter

July 1, 20XX

Dear Residents:

Welcome to the Stony Brook University Medical Center 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 Medical Center 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 1st and continue through June 30th of the following year.

Please read the enclosed SBUMC 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,

Edmund M. Hayes, R.Ph., M.S., Pharm.D., FACP
Residency Program Director
STATEMENT OF PHILOSOPHY

The primary goal of the Stony Brook University Medical Center 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 Medical Center 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 4 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

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 can be obtained on the web at http://www.op.nysed.gov/pharm5.pdf

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

If a resident fails to obtain licensure by the month of September 1st 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 October 31st the date of actually 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.
Assessment and Evaluation of Qualifications of Residency Candidates

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 1st of the residency year.

Failure to attain licensure by September 1st may result in termination of the pharmacy resident by the RPD.

Eligible applicants must submit the following materials by January 15th:
- Letter of Intent
- CV
- Three Letters of Recommendation (actual signed letters sent via PhORCAS)
- 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 of the Clinical Preceptors
- Current Pharmacy Practice Residents

Application packet scoring grid

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 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 Assessment Process and Evaluation of Residents Qualifications rankings 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 4 hours in length and include a tour the facility and an opportunity to spend time with the current residents.

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

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

- The Residency Program Director
- Director of Pharmacy
- Associate Director of Pharmacy
- Clinical Preceptors
- Current Pharmacy Practice Residents

Ranking system used by the Potential Resident Advisory Committee:

At interview each resident applicant will be accessed by the Residency Advisory Committee and scored.

The Potential Resident Advisory Committee will use the “Interview and Comment Sheet for PGY1 Pharmacy Residency Program” form to evaluate each resident.

If the majority of the members of the Potential Resident Advisory Committee, after the interview, feel that the applicant will not be able to successfully complete the PGY1 program the resident applicant will be removed from consideration and his / her name will not be added to the ASHP match listing.

If the majority of the members of the Potential Resident Advisory Committee feel that the candidate can successfully complete the PGY1 program the scores recorded on the “Interview and Comment Sheet for PGY1 Pharmacy Residency Program” form will be tabulated by the Residency Program Director.

After the scores of all applicants are scored the Residency Program Director will send these scores to the Residency Advisory Committee for review.
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 Medical Center

Purpose
The purpose of the PGY-1 residency is to prepare pharmacist clinicians for patient care positions, adjunct faculty positions, or for PGY2 training in area of choice. It is expected that upon completion of the residency program at SBUMC 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 1st and finish June 30th of the following year. (If July 1st 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
- General Medicine
- Infectious Disease (Adult)
- Longitudinal staffing
- Medical ICU
- Pediatrics
- Pharmacy Practice
- Research

**Elective rotations include:**

- Anesthesiology/OR
- Emergency Medicine
- HIV Out-Patient Ambulatory Care Clinic
- In-Patient Hematology/Oncology
- Out-Patient Hematology/Oncology
- Medication Safety / Continuous Quality Improvement
- Neonatology
- Nutritional Support/Parenteral Nutrition
- Pediatric Infectious Disease
- Pharmacy Administration
- Psychiatry
- Rapid Response Team
- Renal Medicine
- Surgery ICU

All residents must successfully complete the “Orientation to Pharmacy Practice at Stony Brook” rotation 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.

Besides the above, all residents will be assigned a longitudinal 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 will assist the resident with the preparation of the poster.

If the department has opted to have a recruitment booth at either 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 PGY1 Residency Program

Residency Binders/Portfolios

All residents will be given 2 large binders which will contain information or a narrative summary of the residents’ activities. The 2 binders will be duplicates of each other. One binder will be kept by the RPD after the resident leaves and one binder will serve as a portfolio of the residents activities over the period of the residency.

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

- Each rotation completed
- All P&T committee work
- 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

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 and attend local Long Island Society of Health-system Pharmacists meeting.

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
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.

Conference Participation:

Participation in the medical education conferences that are regularly scheduled
throughout the week at SBUMC is strongly recommended.

National/Regional Pharmacy Conferences:

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

1. ASHP Midyear Clinical Meeting
2. Eastern States Conference
3. New York City Regional Pharmacy Residency Conference

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 SBUMC formulary.

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

Journal Club:

At least once a month a Journal Club will be held. Pharmacy residents will be
rotated through this assignment. Attendance is mandatory at these sessions. A
general outline is provided in this manual.

Clinical Pharmacy Didactic Teaching Sessions:

All residents are expected to provide monthly didactic teaching sessions which will
be ACPE accredited. Please contact Dr. Edmund Hayes 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 which may consist of a wide variety of areas in clinical pharmacy and pharmacology must be scheduled with the residency and ACPE coordinator at least 4 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 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 within the first 4 weeks of the residency.

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

- **September 1st** - Topic selected and minimum one-page abstract. Abstract must include methodology and timetable.
- **October 1st** - Submit completed protocol or proposal submitted to ASHP or NYSCHP
- **December 1st** - Preliminary data, results, and conclusions must be available for presentation at the ASHP midyear meeting. Data collection and evaluation
- First draft and completed project paper
- Final paper presented
- Completed research/project will be presented at the Eastern States Resident/Preceptor’s Conference in mid-April/May.

**Longitudinal Experiences:**

- Residency project
- Staffing, dispensing, sterile compounding, medication ordering procedure
- Medication safety
- Drug information
- Community Service: All residents are expected to participate in a minimum of 2
Bi-Weekly Residency Meetings:

A bi-weekly meeting with all residents will be conducted. The purpose of this meeting is to assess learning activities, address any problems and/or concerns, and to evaluate the progress of the resident.

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.

Sick Time:

Sick time is allowed and is governed by the rules and regulations of SBUMC.

When ill, residents must contact the Program Director and or the Director of the Pharmacy to report the illness.

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 work space which will include a computer that has the ability to access all of the University and Medical Centers 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 residents' rotation schedule for any reason will be immediately communicated to the resident and preceptor via email and hard copy memorandum. ResiTrak will also immediately be appropriately modified to reflect this change in schedule.
The Residency Advisory Committee

The residency advisory committee that assists in the development and guidance of the residency program.

The residency advisory committee meets on a monthly basis and reviews and provides regular feedback on residency program projects.

The committee is comprised of the following:
- The Director of the Pharmacy
- The Residency Program Director
- The in-patient pharmacy supervisor
- Clinical Preceptors
Requirements for the Completion of the Residency Program

- Residents are expected to satisfactorily complete all requirements of the SBUMC Residency Program that are listed in this manual. Residents who adequately complete the residency requirements will receive a Residency Certificate as evidence of program completion.
- Evaluation of the resident's progress in completing the requirements is performed as part of the rotation and quarterly evaluation/review process. The resident preceptors, in combination with the Residency Program Director and the Director of Pharmacy Services, shall assess the ability of the resident to meet the requirements of each rotation and will work with the resident to assure their satisfactory completion.
- Completion of the
- Research Project and subsequent manuscript.

Successful Completion of the PGY1 Residency

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

Timeline

<table>
<thead>
<tr>
<th>June</th>
<th>Make arrangements for NAPLEX and MPJE</th>
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<tr>
<td></td>
<td>Baseline self assessment – Resitrak</td>
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<td>July</td>
<td>Orientation to pharmacy</td>
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<tr>
<td></td>
<td>Project topic/preceptor selected</td>
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<td></td>
<td>Dates CE presentations (10 required; 1 per month), journal clubs</td>
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<tr>
<td></td>
<td>Overview of P&amp;T Committee and Medication Safety Committee participation</td>
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<tr>
<td></td>
<td>Institutional Review Board (IRB) training</td>
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<td></td>
<td>Participation in Kids Safety Expo (exposure to Community Service)</td>
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<tr>
<td>August</td>
<td>Residents make final decision on residency projects</td>
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<td></td>
<td>Register for ASHP Midyear Meeting (if applicable)</td>
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<tr>
<td></td>
<td>First CE topic selected and objectives submitted (6 weeks prior)</td>
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<tr>
<td></td>
<td>New York State Licensure must be obtained by end of month</td>
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<tr>
<td>September</td>
<td>Project designs and methods write-up complete</td>
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<td></td>
<td>Follow-up with IRB submissions (if applicable)</td>
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<td></td>
<td>Evaluation of continuous longitudinal assignments (i.e. ISMP, Med safety)</td>
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<tr>
<td>October</td>
<td>ASHP abstract deadline (see <a href="http://www.ashp.org">www.ashp.org</a> for details)</td>
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| November       | • Prepare poster for ASHP Clinical Midyear Meeting  
                  • Resume/CV preparation and interview skills |
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<tr>
<td>December</td>
<td>• Present posters at ASHP Midyear Clinical Meeting</td>
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<tr>
<td>January</td>
<td>• Review new resident applications</td>
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| February      | • Participate in interviews of prospective resident candidates  
                  • Abstracts due for Eastern States                           |
| May           | • Completion of manuscript for publication  
                  • Attend Eastern States Conference                            |
| June          | • New York City Regional Pharmacy Residency Conference  
                  • Participate in exit evaluation of the residency  
                  • Submission of all required materials (including Resitrak) |

**Evaluation and Assessment of the Resident**

ResiTraq 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 Evaluation 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.

**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.

**Midpoint Evaluation**

A midpoint evaluation will be completed by the preceptor at the midpoint (after two weeks of a one-month rotation and at the end of the first month of a two-month rotation).

**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.

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<tr>
<th>Quarter</th>
<th>Dates</th>
<th>Quarterly Report Submission Date</th>
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<tbody>
<tr>
<td>1st Quarter</td>
<td>July 1 – September 30</td>
<td>October 10</td>
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<tr>
<td>2nd Quarter</td>
<td>October 1 – December 31</td>
<td>January 10</td>
</tr>
<tr>
<td>3rd Quarter</td>
<td>January 1 – March 30</td>
<td>April 10</td>
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<tr>
<td>4th Quarter</td>
<td>April 1 – June 30</td>
<td>June 10</td>
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Resident Self-Evaluation (required):

The resident completes the following self evaluations:

- **Self –assessment and annual plan**
  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 and personally to determine career direction and purpose. This self-assessment identifies areas of strength and weakness for the resident and helps the resident and Preceptor develop action plans for learning experiences throughout the Residency year. The Self Assessment provides the resident with a tool for continual self-assessment and benchmarks to measure personal and 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 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.
Evaluations to be submitted on a monthly basis:
- Resident Evaluation: This section is completed by the Preceptor for evaluation of the resident assigned during that month
- Resident Self-Assessment
- Preceptor Evaluation

These monthly reports are due on the Thursday or Friday prior to the completion of the rotation. Midpoint evaluations are due by the end of the second week of the 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 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 Resitrak)
- Rotation RLS-based self-assessment –midpoint and summative.
- Rotation evaluation of the preceptor/rotation.
- Quarterly progress report and Quarterly Longitudinal Evaluation on the Residency projects.

Preceptors (Submit all electronically via Resitrak):
- RLS-based resident rotation evaluations –Midpoint and Summative.

Residency Program Director
- Quarterly evaluation of resident
Program Diagram Design

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: o 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 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 healthcare team. o 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 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 which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).

- 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.
- Written in time to be useful
- Follows the health system’s policies and procedures, including that entries are 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 most 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 interpret 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.
  - Considerings 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 solutions are appropriately concentrated, without incompatibilities, stable, and appropriately stored.
  - Adheres to appropriate safety and quality assurance practices.
  - Prepares labels that conform to the health system's policies and procedures.
  - Medication contains all necessary and/or appropriate ancillary labels.
  - Inspects the final medication before dispensing.

- When dispensing medication products: o 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 (PHI).
- 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 process.
- Effectively prioritizes workload and organizes workflow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, expiration dates, and properly repackaged and relabeled 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 synthesize 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 medicine 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 (e.g., National Quality Measures, ISMP 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.

Ideally, objectives R2.2.1-R2.2.5 will be addressed through residents working on one quality improvement or research project; however, if this is not possible, all objectives must be addressed by the end of the residency year and can be addressed through work on more than one initiative.

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.
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 the patient care and/or 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 includes meeting the concerns of all stakeholders.
- Applies evidence-based principles, if needed.
- Develops a sound research or quality improvement question realistic for 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, and 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 opportunity for improvement.

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 to appropriate audience (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).
- 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 success of implementation of change, if applicable.
- Correctly identifies modifications or if additional changes are needed.
- Accurately assesses the impact, including sustainability if applicable, of the project.
- 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 are reported accurately to appropriate stakeholders(s) and policy making bodies according to department or organizational processes.
- Report includes implications for changes to/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, 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 on-going self-evaluation and personal performance improvement.
Criteria:
• Accurately summarizes one’s own strengths and areas for improvement (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:
  o 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 healthcare 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 healthcare, reimbursement models) related to medication use.
• Explains external quality metrics and how they are developed, abstracted, reported, and used (e.g., Risk Evaluation and Mitigation Strategy).
• Describes the governance of the healthcare 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 workgroups to complete group projects, tasks, or goals.
Participates effectively in implementing changes, using change management and quality improvement best practices/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., staffing projects, teaching) 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 new learning opportunities when performance does not meet expectations.
- Demonstrates effective workload management and time management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, project, management, meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and “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 learning needs (e.g., level, such as healthcare professional vs patient, and their learning gaps) of audience (individuals or groups).
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and that 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 distracting speaker habits (e.g., excessive “ah’s” and “um’s”).
• Body language, movement, and expressions enhance presentations.
• Summarizes important points at appropriate times throughout presentations.
• Transitions smoothly between concepts.
• Effectively uses audio-visuals 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 advancement in knowledge or 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 reader (e.g., physicians, pharmacists, other health care professionals, patients, 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/support/ensure goals were met, if needed.
• Identifies ways to improve education-related skills.
• Obtains and reviews feedback from learners and others to improve their effectiveness.

Goal R4.2: Effectively employ appropriate preceptors’ roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors’ role that meets learners’ educational needs.
Criteria:
• Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
  o Selects direct instruction when learners need background content.
  o Selects modeling when learners have sufficient background knowledge to understand skill being modeled.
  o Selects coaching when learners are prepared to perform a skill under supervision.
  o 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 when ready and using indirect monitoring of performance.
Resident Disciplinary Action

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

Disciplinary action will be taken if a resident:

- Does not follow policies and procedures of SBUMC, Department of Pharmacy Services, 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 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. Residents shall be given a verbal warning by their preceptor and the Residency Program Director (RPD) will be notified. Steps that are taken include suggestions for improvement in meeting the requirement of the rotation / residency program and the consequences of not correcting the problem. Counseling notes must be taken and forwarded to the RPD. This will take place before the Midpoint evaluation.

2. If satisfactory improvement is not seen within one week, the RPD will meet with both the preceptor and resident, and the resident will be given a written warning. The performance deficiency and minimum expectations that must be achieved within a time frame will be documented in their personnel file by the Residency Program Director. This document should also state that continued instances of unsatisfactory behavior or performance will result in further corrective action up to and including termination. Documentation of this discussion must be placed in the employee's Human Resources file.

3. If the resident continues to fail to meet deadlines or objectives, the RPD will meet with resident, and the resident shall be given a Final Written Warning.

4. If the preceptor determines 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 Services reviews the report and recommendations concerning any action. If the Director of Pharmacy Services feels that the action recommended by the Preceptor / RPD is appropriate, the action will be implemented.
   Action may include remedial work or termination.
5. When and if dismissal is recommended by the Residency Program Director, the Director of Pharmacy Services 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. Termination action must be approved through Human Resources prior to meeting with the employee.

6. All disciplinary actions will be documented in ResiTrak.
Quality Improvement for the Residency Program

The Pharmacy Residency Committee meets on a monthly basis 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 monthly committee’s agenda.

During the fourth quarter, the Residency Program Director and the Director of Pharmacy will elicit feedback from the resident for the purpose of making improvements to the program. This is typically completed prior to the more formal exit interview process to allow the Program Director to begin to plan 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, 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 Pharmacy 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. The Residency Program Director will work closely with the Pharmacy Residency Advisory Committee and the SBUMC Director of Pharmacy to plan, implement, and evaluate any changes recommended.

The July meeting of the Pharmacy Residency 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.
ANESTHESIOLOGY / OR PHARMACY ROTATION

Overview:

The PGY1 pharmacy Anesthesiology/OR Pharmacy rotation is a 4-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 ResiTrak.
BOOST ROTATION- (BETTER OUTCOMES FOR OLDER ADULTS THROUGH SAFE TRANSITIONS) – LICENSURE REQUIRED FOR THIS ROTATION

Overview

The PGY1 BOOST rotation is a 4-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 be 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.
CARDIOLOGY ROTATION

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 Medical Center’s PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
CONTINUOUS QUALITY IMPROVEMENT / QUALITY ASSURANCE

Overview:

The PGY1 Continuous Quality Improvement/Quality Assurance (CQI/QA) Pharmacy rotation is a 2-week required 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 Medical Center’s PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
EMERGENCY MEDICINE ROTATION

Overview:

The PGY1 Emergency Medicine rotation is a 4-week elective experience that exposes the resident to the practice of emergency medicine and the impact pharmaceutical care a pharmacist can have in this area. This will be taken after the resident becomes licensed to practice pharmacy. The emergency medicine rotation is an acute care rotation in which the resident will become an integral part of the emergency team as well as the admission team. As part of these teams, the pharmacy resident is primarily expected to complete accurate and up-to-date medication histories for patients in the emergency department (ED). This information will be documented and disseminated as necessary to the medical services.

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, attendings, NPs, PAs, and RNs) to properly transition the patients care from an outpatient setting to an in-patient setting. The pharmacy resident, under the instruction and assistance of the preceptor, will provide pharmaceutical care for ED patients.

1. The pharmacy resident will complete 1 case based presentation per week while on service. The resident will demonstrate their knowledge of a particular disease state, including but not limited to: pathophysiology, epidemiology, differential diagnosis, signs/symptoms, acute treatment, maintenance treatment, and expected outcomes
2. The resident will be expected to complete 8-10 medication histories each day, evaluate proper use of each medication, possible drug interactions, and possible adverse drug reactions. Working criteria for patient selection to follow.
3. The resident will be expected to interact with patients, families, and caregivers, and provide appropriate education when needed.
4. The resident will be expected to answer drug information questions in a timely manner.
5. The resident will be expected to interact with:
   a. The emergency team, in making a proper assessment of the patient and the patient’s current emergency room admission (ie, medication non-compliance, adverse drug reactions, etc.)
   b. The admission teams, making appropriate interventions once a medication history has been documented
6. The resident will be expected to have intellectual conversations regarding
select disease states. Articles may be assigned for reading, the resident will be expected to read and evaluate the article for discussion with the preceptor and/or other staff members.

7. The resident will document all interventions on Quantify, as well as complete other necessary documentation as required by the preceptor.

8. Assist in the precepting of pharmacy students on rotations, if applicable.

**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 ResiTrak.

1. The resident will receive feedback throughout the rotation on a non-scheduled basis.
2. The resident will have a mid-point evaluation to discuss and document the resident’s progress at that point per ResiTrak criteria.
3. The resident will have a final evaluation at the end of the rotation period utilizing the ResiTrak criteria.
   a. 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.
GENERAL MEDICINE ROTATION

Overview:

The PGY1 pharmacy general medicine rotation is a 4-week required experience that exposes residents to the practice of pharmacy in the general medicine setting.

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 to be the minimum for 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 work rounds daily.
- Attendance at Attending rounds with the respective medical service, Monday-Friday.
- Attended all assigned 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 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 to his or her medical team.
- Interaction and communication with nursing, medical and other patient care staff regarding appropriate drug administration, distribution, and other associated problems which affect patient care.
- Presentation of 2 journal club articles that will be selected by the preceptor.
- Presentation of 2 disease state management lectures to clinical pharmacy staff.
- Required 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 with use of 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 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 Medical Center’s PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
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.
At the completion of the Infectious Disease rotation, the resident will be able to:

- Describe the presentation and pathophysiology of various infectious diseases.
- Outline various anti-infective treatments for these diseases.
  - 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.

**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 ResiTrak.
LONGITUDINAL STAFFING

Overview:
The PGY1 resident will work in the main dispensing pharmacy as assigned. This is a longitudinal rotation and will begin after the pharmacy orientation rotation and will end on June 30th 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 will be on-call on a rotational basis

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 Medical Center’s PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
MEDICAL INTENSIVE CARE UNIT

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 Medical Center's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
NEONATOLOGY ROTATION

Overview:

The PGY1 pharmacy neonatology rotation is a 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 Attending (work) rounds daily (red team vs. green team).
- Attendance at all assigned NICU conferences (NICU IHI and NICU PSN review)
- Attend lectures as deemed appropriate (Grand rounds, morning report, 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 Neonatal Medicine 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 Medical Center’s PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
NUTRITIONAL SUPPORT / PARENTERAL NUTRITION

Overview:

The PGY1 Nutritional Support / Parenteral Nutrition rotation is a 2 week elective experience that exposes residents to the Pharmacists role in nutritional support and the formulation of patient-specific parenteral nutrition orders. This will be a required prerequisite for the neonatology rotation.

Rotation Activities:

The resident will have the opportunity 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. The resident will focus on gaining a better understanding of:

- The normal gastrointestinal function and the pathophysiology involved with digestive diseases.
- Electrolyte management
- Nutritional requirements of hospitalized patients
- Mechanisms used to deliver nutritional support to patients unable to take in sufficient nutrients by mouth.

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

- 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.
- Discuss laboratory markers used in determining the state of nutrition.
- Be able to design parenteral nutrition formulas that will provide proper nutritional intake.
- Understand the complexities of designing a parenteral nutrition formula.

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 ResiTrak.
ONCOLOGY ROTATION (IN-PATIENT)

Overview:

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

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 oncology practice setting.

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 Medical 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 Medical Center's PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
ONCOLOGY ROTATION (OUT-PATIENT)

Overview:

The PGY1 pharmacy out-patient Oncology rotation is a 2-week elective experience that exposes residents to the practice of pharmacy in an out-patient oncology setting.

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 out-patient oncology. This will be accomplished by a rotation in which the resident will provide clinical pharmacy services.

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.

- Provide drug information to other health team members.
- Present lectures to other members of the health care team on topics related to clinical pharmacy and drug therapy as appropriate, and/or as requested.
- The resident will learn how daily pharmacy operation and management in outpatient setting
- Review patients’ medical history
- Utilize knowledge to provide patient consultation includes discussion in chemotherapy and management of side effects and drug interaction
- Discuss any possible chemotherapy related adverse reactions with other medical professions
- Communicate with ambulatory patients so that appropriate information may be obtained to positively affect patient care.
- To be able to understand and interpret various symptoms and signs of diseases seen.
- To be able to learn and apply physical assessment to monitoring pharmacotherapy.
- The resident shall be able to describe the mechanism of action, dosage regimens, major and unusual side effects, pharmacokinetic data and major uses of the chemotherapeutic agents.
- The resident shall be able to thoroughly discuss the rationale of combination chemotherapy; including the medications by which chemotherapy affects cell kinetics.
- The resident shall be able to describe the purposes and major complications of radiation therapy.
At the completion of the Medical Oncology out-patient 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.
- Apply the principles of pharmacotherapy as they relate to ambulatory oncology pharmacy practice.
- Adequately obtain medication and medical histories (including past medical history and history of present illness).
- Serve as a drug information resource to patients and health care providers in the clinic.
- Detect, report, and resolve all drug-related problems including adverse drug reactions, interactions, allergies, treatment failures, and other drug related morbidity.
- Effectively communicate (verbal and/or written) with other health care professionals and patients.
- Advise physicians and other clinicians on appropriate drug therapy based on clinical efficacy, safety, and cost effective prescribing.
- Evaluate related medical literature in terms of research design and validity.
- Discuss current issues/trends in ambulatory care, including reference sources, computer applications, professional and support personnel, relationships with other health care departments, patient flow, and documentation of services.
- Effectively communicate with ambulatory patients to extract pertinent information by interviews, drug histories, discussing alleged allergies/drug reactions and counseling patients on the drug reactions and on the proper utilization of medications (compliance).

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 ResiTrak.
ORIENTATION TO PHARMACY PRACTICE AT STONY BROOK

Overview:

The PGY1 Orientation to Pharmacy Practice at Stony Brook 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 appropriately 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:
  o AHFS Drug Information
  o Facts and Comparisons
  o Handbook of Injectable Drugs
  o Martindales - The Extra Pharmacopeia
  o Pediatric Drug Therapy (Harriet Lane)
  o Cancer Chemotherapy Handbook
  o MicroMedex
• The compounding oral medications not commercially available
• An overall understanding of IV admixture, chemotherapy and TPN (understanding of 797 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 Medical Center’s PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
PEDIATRIC ROTATION

Overview:

The PGY1 pharmacy Pediatric rotation is a 4-week required 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 Medical Center’s PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
PEDIATRIC INFECTIOUS DISEASE

Overview:

This is a 4 week elective experience that will expose the resident to pharmacy practice within the pediatrics 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:

1. Briefly discuss the pharmacokinetics, pharmacodynamics, spectrum of activity, common side effects, and dosage of the common antimicrobial agents used in pediatrics.
2. Discuss the most common infectious diseases seen in children.
3. Discuss the drug of choice for the most common diseases states in pediatrics.
4. Outline the general guidelines for common childhood disease.
**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 ResiTrak.
PEDIATRIC NEUROLOGY

Overview:

This is a 2 week elective experience that will expose the resident to the neurological manifestations in the pediatric population. The major goal of this rotation is to introduce the resident to a major disease state in pediatrics.

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. The resident will shadow/round with the pediatric neurology attending and her nurse practitioner and/or resident
2. The resident will have a general overview and interpretation of an electroencephalography (EEG)
3. The resident will have exposure to preferred antiepileptic agents in pediatrics and their major side effects
4. The resident will accompany the neurologist and meet with family members to discuss their diagnoses
5. The resident will provide written or verbal drug information responses to his or her medical team.

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

- Briefly discuss antiepileptic agents in the pediatric population
- Discuss the most common neurological disease seen in pediatrics
- Briefly be able to recognize an EEG reading

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 ResiTrak.
PHARMACY ADMINISTRATION ROTATION

Overview:

The PGY1 pharmacy administration rotation is a 4-week elective experience that exposes residents to the operations of the practice of pharmacy as a department administrator.

The major goal of this rotation is for the resident to develop communication skills, management skills, problem-solving techniques, staffing concerns, and staff scheduling.

Rotation Activities:

The resident will work with the Director, the Assistant Directors, and supervisors during this rotation. The resident will at times function as a supervisor in the various areas of the pharmacy. Other rotation activities include:

- Planned conferences with the Program Director.
- Study of the Hospital's statement of philosophy and objective, Organizational Manual, Hospital organizational and functional charts, and departmental functional statements.
- Study the day-to-day workings of the Pharmacy Department.
- Review organizational charts and prescribed lines of communication within the service.
- Accompany Program Director to meetings concerned with policy making and resource allocation, for example, Pharmacy and Therapeutics Committee.
- Participate in the administrative aspects of the Pharmacy resident recruitment process including interviews, evaluation, selection and planning activities and orientation for new residents.
- Overview of financial records for the department.
- Understand financial reporting process

At the completion of this rotation the resident will be able to:

- Design and discuss a Hospital-wide organization chart for professional and administrative services.
- Discuss the mission of the Hospital and its relationship to the goals and objectives of Stony Brook University Medical Center.
- Describe the cooperative relationship of the Hospital to schools of pharmacy, medicine, and nursing.
- Describe an organizational chart for the Pharmacy Department and defend or critique its organizational structure.
- Interpret departmental financial and benchmarking reports
- Use financial and benchmarking reports to justify a new project.
- List the functions of various Hospital committees and their relationship to the overall Hospital organization.
- Describe the recruitment process for Pharmacy Practice Residents.
- Describe the day-to-day workings of the Pharmacy Department.
- Assist in scheduling of staff
- Manage select areas of the pharmacy.

**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 ResiTrak.
PHARMACY PRACTICE ROTATION

Overview:

The PGY1 resident will perform the duties and responsibilities of a staff pharmacist in the main dispensing pharmacy and all other areas of the pharmacy. This is a 4-week required rotation and will be scheduled after licensure has been obtained.

Rotation Activities:

Assignments that will allow the resident to accumulate the knowledge, skills and experience necessary to:
- Development of good communication and interpersonal skills
- Efficient prioritization strategies will be developed for accomplishing the required activities in the limited time frame provided.

At the completion of this longitudinal rotation, the resident will be able to:
- Work as a staff pharmacist in all areas of the pharmacy

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 ResiTrak.
PSYCHIATRY ROTATION

Overview:

The PGY1 pharmacy psychiatry rotation is a 4-week elective experience that exposes residents to the practice of pharmacy in the in-patient psychiatric unit.

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 psychiatric team.
- Attendance at teaching sessions held by the psychiatry team.

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 Medical Center’s PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
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 Medical Center’s PGY1 Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives outlined in this document and in ResiTrak.
RENAL MEDICINE

Overview:

The PGY1 pharmacy general medicine rotation is a 4-week elective experience that exposes residents to the practice of pharmacy in the general medicine setting with a focus on renal patients.

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 to be the minimum for 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 work rounds daily.
- Attendance at Attending rounds with the respective medical service, Monday-Friday.
- Attended all assigned Department of Medicine 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 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 to his or her medical team.
- Interaction and communication with nursing, medical and other patient care staff regarding appropriate drug administration, distribution, and other associated problems which affect patient care.

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.
- Identify potential medication-related problems and with use of 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 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 Medical Center’s PGY1
Pharmacy Practice Residency Evaluation Standards and the Goals and Objectives
outlined in this document and in ResiTrak.
RESEARCH ROTATION

Overview:
This is a 4-week required experience in which the resident will utilize this time to work on his/her ASHP midyear posters. This is to be taken in combination with the pharmacy administration experience.

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

- Meet with the residency program director and finalize your research project
- Meet with the medical media department and design the poster
- The resident must work in conjunction with the residency director and the project coordinator, keeping an open line of communication
- Posters must be proof-read and printed during this month

After completion of this rotation, the resident should:
- Have finalized his/her research project
- Created an abstract
- Printed the finalized poster
- Done a final review with the residency program director
SURGICAL ROTATION

Overview:

The PGY1 pharmacy surgical rotation is a 4-week elective experience that exposes residents to the practice of pharmacy in the surgical ICU setting.

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

Successful completion of the general medicine rotation is a prerequisite.

Rotation Activities:

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

- Attendance during the Surgical Staff work rounds.
- Attendance at Department of Surgery conferences when the topic is appropriate.
- Providing drug therapy monitoring and appropriate dosing or therapy adjustment to the surgical staff.
- Providing drug information.
- Interaction and communication with nursing staff regarding appropriate drug administration, distribution, and other associated problems which affect patient care.
- Interaction with other healthcare professionals and patient’s family members.

After completion of the surgical rotation, the resident should be able to:

- Demonstrate an understanding and comprehension of pathophysiology, diagnosis, prognosis, and management of any disease state with the use of a systematic learning approach.
- Demonstrate the ability to design and individualize non-drug and drug therapies in the management of any disease state, given the patient's diagnosis and general therapeutic goals. In addition, special emphasis on the individualization of the dosing for the following agents is expected: aminoglycosides, vancomycin, heparin, anticonvulsants, and warfarin.
- Monitor any patient, accurately and efficiently, using the appropriate monitoring approach. This includes designing a plan to evaluate the patient response to therapy with the use of subjective and objective parameters of therapeutic efficacy and toxicity.
- Identify potential medication related problems and utilize 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 principles and drug literature resources to effectively justify all drug therapy recommendations.
- Demonstrate the ability to effectively communicate with physicians and nurses by presenting information in a practical, logical, and well-organized manner.
- Demonstrate an ability to identify, evaluate, and solve problems which relate to the provision of clinical pharmacy services.

**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 ResiTrak.
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 oncology

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.
Journal Club Outline
Stony Brook Medicine PGY-1 Residency Program

1. Provide title and citation of your article
   a. Journal, investigators, volume, page numbers
   b. Disclose any funding information
2. Background information
   a. Discuss some background information on the topic
   b. Be sure to include a rationale/purpose/objective for the study
      i. Why was the study conducted and why is it important?
3. Methods
   a. State how the study was conducted, study design, if it was IRB approved, what was studied
   b. State who was studied
      i. Inclusion criteria
      ii. Exclusion criteria
      iii. How they were selected
      iv. If they signed an informed consent
   c. Endpoints
      i. What are the endpoints
      ii. What was used to evaluate the endpoints
      iii. Who performed the evaluations and how often did they do it
      iv. Provide a description of scales if any were used (i.e. Ham D scores)
      v. How did they check compliance
      vi. Did they monitor and document adverse effects
   d. Statistics
      i. List what tests were used
      ii. State the p-values that determined statistical significance
      iii. How was the power defined? What sample size was needed to achieve the power?
      iv. State how analyzed the data and how often they did it
4. Results
   a. Present ALL the results
   b. Refer to tables and figures
   c. Quantify the results by informing us of the clinical significance
   d. List how many patients withdrew from the study
   e. List any adverse events that occurred
5. Conclusions
   a. Present the author’s conclusions
**YOUR ANALYSIS/CRTIQUE**

- **Investigators**
  - Do the investigators appear to be qualified to conduct the study?
  - Are the investigators affiliated with major institutions?
  - Is a biostatistician involved in the analysis of the data?
  - Do the authors have any conflicts of interest? (funding sources?)
  - Is it a multi-centered trial?

- **Journal**
  - Was the study published in a reputable journal?
  - Was the paper peer reviewed?
  - Was the paper presented at a meeting?

- **Title**
  - Is it unbiased?
  - Is the conclusion of the study stated in the title?

- **Introduction**
  - Is the introduction clear?
  - Is the introduction unbiased?
  - Is the introduction free of results?
  - Does it contain adequate background information to understand the rationale behind conducting the study?
  - Is the rationale for the study important?
  - Is it ethical?

- **Objectives**
  - Are the objectives clearly stated in the introduction?
  - Are the objectives reasonable?
  - Are the objectives attainable?
  - Are the objectives within the scope of the study?

- **Methods and Materials**
  - **Patient selection**
    - Are the subjects patients or healthy volunteers?
    - In your opinion, do the subjects represent the patients one would encounter with the disease with regards to age, sex, weight, race, length of time with disease, risk factors or prognosis?
    - In your opinion, are the criteria of severity by which the disease is diagnosed and the patients chosen clearly state? Appropriate? Biased?
    - In your opinion, are the criteria by which patients are excluded from the study clearly state, appropriate, biased?
  - **Study Design**
    - Is the study double blind, cross-over, single blind, uncontrolled, prospective, retrospective, cohort, meta-analysis?
    - In your opinion, is the study design appropriate for the trial?
    - What is the method of randomization?
    - In your opinion, after assignment to treatment groups, are the treatment groups homogenous with regard to age, sex ratio, weight,
race, length of time with disease, severity of disease, risk factors, prognosis?

- **Treatment**
  - In your opinion, were the treatment groups homogenous with regard to dose, dosage form, frequency, relationship?
  - Was the placebo identical to the active drug in appearance or other distinguishing characteristics?
  - Was compliance checked? If so, how?
  - Was standard treatment used for all patients?
  - Was the dose titrated to effect?
  - In your opinion, was the duration of treatment long enough to see an effect?
  - For a cross-over trial in which patients have been previously treated, was there a wash out period? Was the wash out adequate? Was there a carry over effect and could it have influenced the results?
  - Are any concomitant therapies described?

- **Measurement of Drug effect**
  - Were all measurements standardized?
  - Were all measurements done by the same lab/person?
  - Were all measurements performed at appropriate intervals?
  - Were the measurements sensitive enough to show changes caused by the drug?
  - Were there enough measurements or were more tests needed?
  - Were the measurements objective?
  - Were patient asked about side effects in the same manner?

- **Statistics**
  - Are the tests used described?
  - Are the tests used appropriate for the data and study design?
  - Is enough data given to do calculations?
  - Are p-values significant?
  - Is power defined?
  - Was the sample size calculated? Did the study include enough patients to meet the sample size?

- **Results (in your opinion)**
  - Clearly presented?
  - Clinically significant?
  - Presented in graphs and charts that are easy to follow?
  - Is all the data presented?
  - Are all the patients accounted for?
  - Are the reasons for withdrawal clearly stated?
  - Is the number of withdrawals acceptable?
  - Are the groups still homogenous after withdrawals?

- **Conclusions/Discussion**
  - Are the conclusions justified by data in the study?
  - Do the conclusions only reflect what is measured in the study?
- Are the conclusions factually correct?
- Are the conclusions confined to the data in the study?
- Are the limitations of the study addressed?
- Discuss what your final overall thoughts are about the study
Welcome to ResiTrak!

ResiTrak is a web-based software tool that is used by your residency site to manage the evaluations and record-keeping associated with residency programs accredited by or seeking accreditation 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). ResiTrak 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 ResiTrak to complete self-evaluation and co-sign evaluations completed by preceptors. ResiTrak 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 ResiTrak to complete each task.

LOGGING IN

When you have been enrolled in your residency program in ResiTrak, ResiTrak will send you an e-mail message containing your password. Please copy and paste this password into the login screen http://resitrak.mccreadiegroup.com) 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@mccreadiegroup.com and ask to have your account unlocked. If you forget your password, click “forgot password” on the login screen (http://resitrak.mccreadiegroup.com), 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 ResiTrak is your personal e-mail and you wish to switch it to your professional e-mail once you get on site, simply switch it in the Edit My User Info screen. Once you change your e-mail, you will use that one to log into ResiTrak.

TASKS

When your preceptor or RPD schedules something for you to complete (e.g. complete an evaluation), ResiTrak will generate a task. In addition, ResiTrak 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 ResiTrak’s home page (the main screen in ResiTrak). You can control how many upcoming tasks you see by changing the setting in the drop-down box on the main screen. ResiTrak 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. When tasks are over-due, the due date will be red.

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 ResiTrak.

- 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 ResiTrak 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 ResiTrak compiles information for you to view. All reports are generated as PDF documents. (If your computer cannot read PDF documents, please download Acrobat reader, which is freely distributed by Adobe). 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 ResiTrak, 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 ResiTrak, 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)
- Consistently True
- Partially True
- False