THE HOSPITAL

Opened in 1855 as the nation’s first children’s hospital, The Children’s Hospital of Philadelphia is dedicated to improving the health of children in our region and around the globe through excellence in patient care, innovative research and high-quality education. The US News and World Report annual guide to “America’s Best Hospitals” and Parents magazine have consistently ranked the hospital the No. 1 pediatric hospital in the US. The Children’s Hospital of Philadelphia is a tertiary care facility and Level I trauma center serving the Delaware Valley, a tri-state area consisting of southeastern Pennsylvania, southern New Jersey and Delaware. The Children’s Hospital of Philadelphia also regularly accepts international referrals from Europe, Africa and the Far East. Today, the Hospital has 530 beds and had more than 1 million outpatient and inpatient visits last year.

The Children’s Hospital of Philadelphia is also a teaching hospital, training pediatricians, pediatric subspecialists, pharmacists, nurses, other health care professionals and basic scientists for positions in academic medicine, community practice, and medical research around the world.

HOSPITAL MISSION STATEMENT

“The Children’s Hospital of Philadelphia, the oldest hospital in the United States dedicated exclusively to pediatrics, strives to be the world leader in the advancement of health care for children by integrating excellent patient care, innovative research and quality professional education into all of its programs.”
HOSPITAL VALUES

Commitment
We demonstrate by our action and ongoing spirit and enthusiasm for our purpose and mission.

Communication
We listen carefully to patients, families and each other and respond in a helpful manner. We are open in the sharing of information.

Compassion
We demonstrate sensitivity and caring toward patients, families and each other.

Family-Centered Care
We promote the role of family as the constant in the child's life. We link families with one another in common support. We implement systems that are responsive to families' needs.

Innovation
We develop and apply new knowledge and creativity in patient care, research and education.

Respect
We treat each other, patients, families and visitors with the highest level of courtesy, professionalism and kindness. We appreciate and value individual differences, diversities and functions.

Service Excellence
We deliver extraordinary services to patients, families, visitors and each other.

Teamwork
We collaborate with each other in providing quality patient care in a cost-effective manner and in advancing knowledge.

PHARMACY DEPARTMENT
The Department of Pharmacy Services provides pharmaceutical care through decentralized teams of staff pharmacists and technicians to meet the needs of patients and health care professionals. The Department maintains state-of-the-art inpatient satellites, off-site surgi-center pharmacy, oncology care clinic pharmacy, and an ambulatory care pharmacy. Pharmacy personnel consist of 14 clinical pharmacists, 61 staff pharmacists, 55 pharmacy technicians, 12 administrative staff, 3 residents, 12 support staff and 10 pharmacy interns (students).

Our clinical pharmacists are highly trained in pediatric pharmacotherapy and specialize in the following areas:

- General Pediatrics (4)
- Cardiac Intensive Care (1)
- Neonatal Intensive Care (2)
- Pediatric Intensive Care (2)
- Oncology/Bone Marrow Transplantation (2)
- Transplantation (1)
- Drug Information (2)

The Department of Pharmacy Services, through our pediatric specialists, provides a full complement of clinical services including:

- Drug information
- Pharmacokinetic and pharmacotherapy monitoring
- 24 hours a day, 7 days a week clinical on-call service
- Medication policy development
- Professional staff development

In addition, our specialists are integral members of multidisciplinary committees, such as Therapeutic Standard Committee (P&T Committee), Adverse Drug Reactions Subcommittee, Drug Use Evaluation Subcommittee, Formulary Subcommittee, Medication Safety Committee, Institutional Review Board and various Continuous Quality Improvement Committees (CQI).

**PHARMACY DEPARTMENT MISSION AND PRIMARY FUNCTION**
The Department of Pharmacy Services of The Children's Hospital of Philadelphia is dedicated to providing the highest quality of pharmaceutical services, integrating dispensing and clinical activities directed toward providing excellence in patient care and the advancement of education and research. In collaboration with physicians and other allied health-care providers, the Department:

Promotes health throughout the patient care continuum by ensuring the optimal and cost-effective use of medications;

Exercises leadership in all institutional matters related to the use of drugs;

Actively promotes programs that enhance knowledge of the optimal use of medications and supports the concept of patient-focused, outcome oriented, pharmaceutical care;

Commits to basic and clinical research activities dedicated to the advancement of pediatric treatment modalities or delivery systems through the support or initiation of institutional research activities.

RESIDENCY STATEMENT OF PURPOSE

The purpose of the PGY1 Residency at The Children’s Hospital of Philadelphia is to effectively enable the new practitioner to develop a solid foundation in problem solving and decision making skills in multiple aspects of pharmaceutical care, allowing them to proceed on to practice pharmacy with substantial clinical acumen, and the ability to continue on to specialty training if desired.

DESCRIPTION OF THE PGY1 PHARMACY RESIDENCY

The PGY1 Pharmacy Residency Program is a one-year training program beginning at the end of June/beginning of July through June 30th of the following year. The residency program is accredited by the American Society of Health-System Pharmacists (ASHP). A Certificate for completion of the PGY1 Pharmacy Residency Program will be conferred to the resident at the completion of the program requirements.

The Clinical Manager serves as the Director of the Residency Program. Fourteen other Clinical Pharmacists serve as mentors and preceptors to the resident in their respective practice areas.

The residency is designed to foster clinical competency in pharmacotherapeutics, an understanding of the practical and administrative considerations of providing
pharmaceutical care and an introduction to clinical research. The resident will function as an active member of various multidisciplinary medical teams. He or she will be able to tailor the learning experiences to best meet his or her professional goals. The residency program consists of approximately eight months of required rotations and four months of elective rotations.

Required rotations include:

- Pharmacy Operations
- Drug Information
- Pharmacokinetics
- Pharmacy Management
- General Pediatrics (2 required)
- Intensive Care (PICU, CICU or NICU)
- Oncology

Longitudinal Experiences include:

- Research/Investigational Drug Service
- And one or two of the following:
  - Anticoagulation Clinic
  - Transplant Clinic
  - Bone Health Clinic
  - Oncology/BMT Clinic
  - Pulmonary Hypertension Clinic

Elective rotations may include secondary rotations in any required area, plus:

- Nutrition Support
- Cardiology
- Neonatology
- Poison Control
- Endocrinology
- Gastroenterology
- Neurology
- CF/Pulmonary
- Hematology
- Psychiatry
- Renal
- HomeCare
- Research
- Medication Safety
- Solid Organ Transplantation
- Bone Marrow Transplantation
- Residents are welcome to develop a unique rotation with adequate goals and objectives, a pharmacist preceptor and RPD approval
Additional experiences include participation in the pharmacokinetics/pharmacotherapeutics monitoring, drug utilization evaluations, formulary management, multidisciplinary committees, staff development, journal clubs, case presentations, seminars, didactic teaching and student preceptorship.

RESIDENCY FACULTY
RESIDENCY DIRECTOR

Sarah C. Erush, Pharm.D., BCPS, Clinical Manager and Residency Director, Sarah Erush received her Bachelor’s degree from the Massachusetts College of Pharmacy and her Doctor of Pharmacy degree from Philadelphia College of Pharmacy and Science (now USIP). She completed a Drug Information Specialty Residency at Thomas Jefferson University Hospital. She is a Board Certified Pharmacotherapy Specialist (BCPS) and was previously Director of Drug Information Services and Clinical and Residency Coordinator at the University of Pennsylvania. Dr. Erush holds appointments at USIP, Jefferson School of Pharmacy and Wilkes University. She is a member of ACCP, ASHP and PPAG. Her other areas of interest include dietary supplement quality, pharmacoeconomics, anticoagulation and medical writing.

RESIDENCY PRECEPTORS

Heather Monk Bodenstab, Pharm.D., Clinical Specialist in Neonatal/Infant Intensive Care
Heather Monk graduated from the West Virginia University School of Pharmacy with her Doctor of Pharmacy degree. She completed both a Pharmacy Practice Residency (PGY1) and a Pediatric Specialty Residency (PGY2) at The Children’s Hospital of Philadelphia. Her research has included gentamicin pharmacokinetics in neonates and the use of levetiracetam in pediatric patients during status epilepticus. Dr. Monk holds appointments at USIP, Jefferson School of Pharmacy, Wilkes University, and University of Charleston. She is also involved in the Bone Health Clinic, Clinical Nutrition Services, and multiple quality improvement committees. Her areas of interest include neonatal pharmacokinetics, anti-convulsant use in pediatric seizure disorders, and endocrinology.

Hailey Collier, PharmD, BCPS, Clinical Specialist in General Pediatrics
Hailey Collier received her bachelor’s degree in Biochemistry from Elmira College and her Doctor of Pharmacy degree from the Massachusetts College of Pharmacy and Health Sciences. Dr. Collier completed both her Pharmacy Practice Residency (PGY1) and Pediatric Specialty Residency (PGY2) at Le Bonheur Children’s Hospital in Memphis, Tennessee. Selected research included
evaluation of acid suppression therapy on the incidence of late-onset sepsis, catheter lock therapy for the treatment of central-line associated bloodstream infections, and a pilot study on the infusion of ethanol lock therapy in infants. During her residency, Dr. Collier obtained her teaching certificate from the University of Tennessee and currently holds appointments at Jefferson School of Pharmacy and Wilkes University. Hailey is an active member of the American College of Clinical Pharmacy (ACCP), American Society of Health-System Pharmacists (ASHP), and Pediatric Pharmacy Advocacy Group (PPAG). Her areas of interest include gastroenterology, nutrition support, and research/statistics.

**Katie Dillinger Ellis, PharmD, Clinical Specialist in Neonatal/Infant Intensive Care**

Upon receiving her Doctor of Pharmacy degree from the South Carolina College of Pharmacy in Columbia, SC, Katie Dillinger Ellis completed a Pharmacy Practice Residency (PGY1) at Carolinas Medical Center in Charlotte, NC and a PGY2 in Pediatrics at Texas Tech School of Pharmacy in Amarillo, TX. Dr. Ellis’ areas of interest include neonatal/infant intensive care, neonatal pharmacokinetics, sedation/analgesia, and pharmacy student/resident education. She is an active member of PPAG and serves on the PPAG education committee.

**Jamie M. Gomes, Pharm.D., BCPS, Clinical Specialist in Drug Information and Policy Development**

Jamie Gomes received her Doctor of Pharmacy degree from Rutgers University (Ernest Mario School of Pharmacy). She completed a Pharmacy Practice Residency (PGY1) at Peninsula Regional Medical Center and a Drug Information Specialty Residency (PGY2) at Thomas Jefferson University Hospital. Dr. Gomes has conducted research in formulary management, pharmacoeconomics, and pharmacy informatics. At CHOP, she is chair of the Formulary Subcommittee and involved with the pain team and integrative medicine. Her other interests include medication safety and health information technology. Dr. Gomes is an active member of ASHP, ACCP, MACCP, and Lambda Kappa Sigma.

**Jennifer Hewlett, Pharm.D., Clinical Specialist in Critical Care**

Jenn Hewlett received her Doctor of Pharmacy degree from the University of Maryland School of Pharmacy and completed a Pharmacy Practice (PGY1) Residency at Palmetto Health Richland and a Pediatric Specialty Residency (PGY2) at Texas Children’s Hospital. Her areas of interest include sedation/analgesic management, nutrition optimization and research in the intensive care unit. She is a member of MACCP.
Jessica Hunt, Pharm.D., Clinical Specialist in Pediatric Oncology and Stem Cell Transplant
Upon receiving her Doctor of Pharmacy degree from the Ernest P. Mario School of Pharmacy at Rutgers University, Dr. Hunt completed a Pharmacy Practice Residency (PGY1) at Penn State Hershey Medical Center and a Pediatric Specialty (PGY2) at Helen DeVos Children's Hospital. Dr. Hunt's areas of interest include pediatric oncology, infectious diseases and pharmacy student/resident education. She is an active member of ASHP, PPAG and the Children's Oncology Group (COG).

Connie Law, Pharm.D., Clinical Specialist in Drug Information and Policy Development
Connie Law received her Doctor of Pharmacy degree from the University of the Sciences in Philadelphia (USIP) and completed a Pharmacy Practice Residency (PGY1) at The Philadelphia Veterans Affair Medical Center and a Drug Information Specialty Residency (PGY2) at Thomas Jefferson University Hospital. Dr. Law's areas of interest include pharmacoeconomics, pharmacoinformatics, anticoagulation, and the treatment of diabetes. She has completed research in statin therapy in HCV and non-formulary medication management. Dr. Law is also involved in Anticoagulation Monitoring Program and Drug Use Evaluation committee at CHOP. She is a member of ACCP, ASHP, and MACCP.

Laura Jones, Pharm.D., Clinical Specialist in General Pediatrics
Upon receiving her Doctor of Pharmacy degree from the Bouvé College of Health Sciences at Northeastern University, Laura Jones completed a Pharmacy Practice Residency (PGY1) at the University of Rochester Medical Center and a Pediatric Specialty Residency (PGY2) at Nationwide Children's Hospital. Dr. Jones' areas of interest include cystic fibrosis, pulmonary diseases, and pharmacy student/resident education. She is an active member of ASHP, PPAG, and ACCP.

Sean O'Neill, Pharm.D., Medication Safety Officer
Sean O'Neill graduated from Northeastern University Bouve College of Health Sciences with his Doctor of Pharmacy degree. He completed a Pediatric Pharmacy Practice Residency at Children's Hospital Boston. His research has included the stability of liothyronine and levothyroxine for use in organ procurement. He is a member of ACCP, ASHP, PSHP, and the American Society of Medication Safety Officers (ASMSO). He holds faculty appointments at the Wilkes University School of Pharmacy and Jefferson School of Pharmacy. Dr. O'Neill has previous experience as a Clinical Specialist in Infectious Diseases and Pediatric Critical Care at CHOP and as a Clinical Specialist in Pulmonary Medicine at Children's Hospital Boston. His areas of interest include sedation and analgesia management in the intensive care unit, medication safety and quality improvement.
Krisha Le Palma, Pharm.D., Clinical Specialist in Solid Organ Transplant
Krisha Le graduated from Philadelphia College of Pharmacy at the University of Sciences in Philadelphia with her Doctor of Pharmacy degree. She completed a Pharmacy Practice Residency (PGY1) at The Children’s Hospital of Orange County (now CHOC Children’s) in Orange, California, and a Pediatric Specialty Residency (PGY2) at The Children's Hospital of Philadelphia. Her research has included a comparison of indomethacin and ibuprofen for the treatment of patent ductus arteriosus and gentamicin pharmacokinetics in neonates. Dr. Palma holds appointments at Jefferson School of Pharmacy and Wilkes University. She is also involved in the Lung Transplant Clinic, Peripheral IV Care Committee, and Transplant Quality Council. She is a member of ACCP and PPAG. Her areas of interest include immunosuppression and infectious diseases in immunocompromised patients.

Neil Patel, Pharm.D., BCOP, Manager, Ambulatory Pharmacy and Investigational Drug Service
Neil Patel received his Doctor of Pharmacy from the Ernest P. Mario School of Pharmacy at Rutgers University in 2008. He started at CHOP as a Pharmacy Student in 2005, after which he completed both a Pharmacy Practice (PGY1) and Pediatric Specialty (PGY2) Residency at The Children's Hospital of Philadelphia. His research has included tacrolimus dose titrations in pediatric liver or renal transplant recipients, vancomycin dosing requirements in pediatric patients with ventricular CSF shunts, and the use of sodium bicarbonate versus acetate for urinary alkalization in those oncology patients receiving high dose methotrexate. He has participated in multi-disciplinary quality improvement and chemotherapy safety committees in the CHOP Cancer Center. He is an active member of ASHP and the Children’s Oncology Group (COG). After specializing in the pharmaceutical care of pediatric oncology patients since 2010, he transitioned to managing the services provided by the oncology clinic pharmacy, ED pharmacy, and the investigational drug service, while acting as a liaison for the ambulatory care network at CHOP.

Evan Zachary Ramsey, Pharm.D., Clinical Specialist in Pediatric Cardiology
Zach Ramsey graduated from Hampden-Sydney College in Virginia with a BS in Chemistry and Virginia Commonwealth University School of Pharmacy with a Doctor of Pharmacy degree. He completed both a Pharmacy Practice Residency (PGY1) and a Pediatric Specialty Residency (PGY2) at the University of Kentucky Chandler Medical Center in Lexington, Kentucky. His research has included examining the stability of an extemporaneously prepared hypertonic saline nebulization solution for use in cystic fibrosis patients, antifibrinolytic prophylaxis during on-pump cardiac surgery and the use of recombinant factor VII for non-hemophilia indications. He is an active member of PPAG and ASHP and serves on numerous multi-disciplinary quality improvement committees within The Cardiac Center of The Children's Hospital of Philadelphia. Dr. Ramsey holds a faculty appointment at Wilkes University School of Pharmacy and Jefferson School of Pharmacy and coordinates the Pediatric
Pharmacotherapy elective courses there. He is actively involved in ASHP, ACCP, and PPAG

Winson Soo-hoo, R.Ph., MBA, Director of Pharmacy Services
Winson Soo-hoo graduated from Philadelphia College of Pharmacy and Science and received his MBA from Drexel University. He has worked at CHOP in the Department of Pharmacy and, for a brief time, in Health Information Services for more than 30 years. He served as the President of the CHCA Pharmacy Directors Forum and is actively involved with both CHCA and ASHP.

Jeanette Trella, Pharm.D., Managing Director, the Poison Control Center
Jeanette Trella graduated from the University of Cincinnati College of Pharmacy with her Doctor of Pharmacy degree. She completed a four year pharmacy internship at Cincinnati Children's Hospital Medical Center and a PGY1 Residency at The Children's Hospital of Philadelphia. Upon completion of residency training Dr. Trella was a Clinical Specialist in Integrated Care, Pulmonary, and General Pediatrics at CHOP before stepping into her new role as Managing Director of the Poison Control Center in 2012. Her research has included emergency care for victims of sexual offenses and extended-interval aminoglycosides in pediatric cystic fibrosis patients. Dr. Trella currently holds a faculty appointment at Wilkes University School of Pharmacy and is an active member of the American Association of Poison Control Centers (AAPCC), American Academy of Clinical Toxicology (AACT), ASHP, ACCP, and PPAG.

Susan Warrington, Pharm.D., Clinical Specialist in Pediatric Critical Care
Susan Warrington graduated from Ohio Northern University with a Doctor of Pharmacy degree. She completed her Pharmacy Practice Residency (PGY1) at Cincinnati Children's Hospital Medical Center in Cincinnati, Ohio and her Pediatric Specialty Residency (PGY2) at the University of Kentucky Chandler Medical Center in Lexington, Kentucky. Dr. Warrington also completed her teaching certificate through the University of Cincinnati College of Pharmacy. Her research has included assessing the safety and effectiveness of intravenous colistimethate as well as long-term linezolid use in patients with cystic fibrosis. She is a member of PPAG, ASHP, and ACCP.

RESIDENTS SALARY AND BENEFITS

- $45,000 per year stipend
- 25 days per year Paid Personal Leave (PPL) which include vacation and sick days
- 5 days per year Extended Disability Leave (EDL)
- 6 holidays (the resident will work either Christmas, Thanksgiving or New Years)
- As a full time employee, the resident will receive the hospital benefits program
which includes medical, dental, vision, prescription, short term disability, long term disability, life insurance, medical and dependent care reimbursement accounts and 403b plans.

RESIDENCY TRAVEL

The Department of Pharmacy will provide reimbursement for travel for the resident during the year for required meetings, which include:

**ASHP Midyear Clinical Meeting**
The resident is expected to attend the ASHP Midyear Clinical Meeting in December of each year. The resident will have responsibilities at the Midyear including, but not limited to recruiting and interviewing future residency candidates, as well as staffing at the residency showcase.

**Eastern States Residency Conference (or a suitable alternative conference)**
The resident is expected to attend and present his/her residency project at the Eastern States Residency Conference (or a suitable alternative conference), usually held at the beginning of May. The Department of Pharmacy will be responsible for the cost of attending this conference.

Attendance at other conferences will be at the discretion of the Director of Pharmacy and the Residency Program Director.

RESIDENTS’ RESPONSIBILITIES

**Service Commitment**
The resident will be oriented to the process of order verification early on in the residency program, and will complete an Operations Rotation where they will staff that position for one month. The resident is then required to work one shift every third week throughout the year and one holiday (Thanksgiving, Christmas or New Year). They also work every third weekend on two evening shifts during which time the resident will serve in an On Call capacity (on site) for the Department for both administrative and clinical issues. They will do this in conjunction with the usual Administrator and Clinical On Call as backups. The resident will also staff one evening shift every third Friday (the Friday immediately prior to their on call weekend) as an order verification pharmacist.

**Clinical On-call Rotation**
The Department of Pharmacy Services responds to drug information inquires from health care professionals within the institution as well as from other institutions. A clinical pharmacist also reviews all drug levels reported by the Clinical Laboratory twice daily and the medical staff is contacted with appropriate recommendations if dosage adjustments are required. A clinical pharmacist is
available via the clinical pharmacist on-call pager 24 hours a day, 7 days a week for consultations on therapeutic issues. The PGY1 resident may choose to undergo training for the clinical on-call experience as an elective after an adequate orientation/experiential time period.

Residency Project
Each resident is required to complete a residency project. The project must be presented at the Eastern States Residency Conference or a suitable alternative and should be of benefit to The Children's Hospital of Philadelphia Department of Pharmacy Services. Each resident must have a residency preceptor to act as a mentor for the project. The Residency Program Director must approve the project prior to commencing.

The residency project must follow a timetable agreed upon by both the resident and the mentor. Sufficient data must be collected and analyzed at the time the project is presented at the Eastern States Residency Conference. In addition, the project must be written up in publishable format upon completion of the residency (June 30th of the residency year). A Residency Certificate will not be awarded if the resident fails to complete the Residency Project by June 30th.

DUEs/Formulary Monographs/Class Reviews/Adverse Drug Reaction Reporting
Each resident must complete a minimum of one drug use evaluation (DUE) with presentation to the DUE Subcommittee, one drug monograph for formulary addition and one formulary category review with presentation to the Formulary Subcommittee, one CE module with presentation to select Pharmacy staff and actively participate in the reporting of adverse drug reactions.

Presentations
- Each resident is required to present a patient case to the preceptors during each of their required rotations.
- Each resident is required to participate in the weekly Rx Update.
- Each resident is required to present four formal journal clubs during the year.
- Each resident must present their DUE (in person) to the DUE Subcommittee
- Each resident must present their drug monograph and class review (in person) to the Formulary Subcommittee
- Each resident must present his/her residency project to the pharmacy staff prior to the Eastern States Residency Conference.
- Each resident must develop and present a CE module for the pharmacy staff prior to completion of the residency
- Residents will also participate in lectures in the Pediatric Elective courses provided by CHOP clinical pharmacists at the pharmacy schools.

Teaching
The Children's Hospital of Philadelphia Department of Pharmacy Services offers various rotations for students from Wilkes University, Jefferson School of
Pharmacy, and various other Pharmacy Schools. The resident will be responsible for preceptorship of IPPE students during the year. The resident may also participate in the preceptorship of APPE students to refine his/her teaching skills in the second half of the residency year. (Note: If the resident plans to go on to specialty training, it is encouraged that they wait until that year to take on APPE precepting responsibilities). There is also opportunity for didactic lecturing in two different Pediatric Elective courses provided by the clinical staff at two different schools of pharmacy, as well as laboratory teaching experiences.

**Rotations**
Upon completion of orientation, the resident will complete 8 required clinical rotations and 2-4 elective rotations. The required rotations may vary from 4-8 weeks in duration, and the elective rotations may vary from 2-8 weeks in duration. In addition, each resident will have longitudinal experiences in the Investigational Drug Service and one or two Ambulatory Clinics where they will spend approximately one half day a week throughout the year.

**Evaluations**
During most rotations, the resident will receive a midway and a final summative evaluation by his/her preceptor. The same evaluation form will be used for each. The final summative evaluation will occur at the end of the rotation and will assess the resident’s progress in meeting the residency goals and objectives. Longitudinal experiences will also have midway and final evaluations.

The summative evaluation is considered the “final grade” of the rotation. The rotation will be graded on a pass/fail basis. Should the resident fail the rotation or not complete the rotation, the rotation must be repeated. Failure of a required rotation a second time will prevent awarding of a certificate. Failure of two required rotations (regardless of successful repetition) will prevent awarding of a certificate and may lead to dismissal from the Residency Program.

In determining a pass/fail status, the preceptor will take into account the “designated goals” of the residency program, the resident’s current experience level (for example, first clinical rotation versus third or fourth) and previous scores for these goals. The resident should demonstrate continued progress on the designated goals from rotation to rotation. Continual scores of “Needs Improvement” will be considered a potential grounds for failure of a rotation.

The resident will also complete three evaluations at the end of each rotation; a self-evaluation and an evaluation of the preceptor and the rotation.

The Residency Program Director will also conduct a quarterly evaluation. The purpose of the quarterly evaluation is to keep the resident on track with his/her residency goals and objectives and assigned/required projects. This evaluation will also consist of a review of progress of all the residency goals and objectives to date. The residency training plan may be adjusted at each quarterly evaluation as
needed. Any goal/objective that has been evaluated as “achieved” three times by at least two different preceptors, may be considered for elimination from evaluation in future rotations.

If the resident has 30% of their goals or objectives that remain graded as a “Needs improvement” throughout the year, a decision can be made by the Residency Director in conjunction with the preceptors to not award a residency certificate.

Residents and Preceptors must jointly complete the First Day and Last Day of Rotation Checklist and submit it to the Residency Program Director. Failure to complete the Last Day of Rotation Checklist WILL delay the start of the next rotation! All ResiTrak evaluations MUST be completed on the last day of the rotation!!!

Residency Meetings
Residents are required to attend weekly Rx Update, scheduled case presentations and journal clubs, and any scheduled Pharmacy Department Staff Meetings. Periodic residency meetings will be scheduled with the Residency Director to assure the residents are on track with their required projects and timelines. The residents will be required to attend all established meetings.

Resident’s Notebook
Each resident is expected to maintain a Resident’s Notebook. The notebook may be electronic or hard copy. It should contain copies of all completed projects and presentations, as well as any other information the resident or preceptor deems relevant. This information should also be electronically uploaded in Resi-Trak each month, where all copies of evaluations are also housed.

Residency Certificate

Requirements
The resident will be awarded a Residency Certificate only upon successful completion of the following requirements of the residency (all must be completed by June 30th of the residency year):

Follow the hospital and departmental policies and procedures (see attached Code of Conduct)
• Successful completion of all required and elective rotations
• Completion of all assigned projects/work to the satisfaction of the preceptor (RPD will check in one month prior to end of residency to determine status of projects)
• Completion of all ResiTrak evaluations PRIOR to last day of Residency
• Completion of a minimum of one formulary monograph and one formulary category review with presentation to the Formulary Subcommittee (in person)
• Completion of a minimum of one drug use evaluation with presentation to the DUE Subcommittee (in person)
• Publish a minimum of one edition of “In Small Doses” newsletter
• Completion of a CE module and presentation of it to selected Pharmacy staff
• Completion of a Residency Project and preparation of a manuscript in publishable format
• Presentation of the Residency Project at the Eastern States Residency Conference (or a suitable alternative conference)

**Good Luck in your Residency Year!**