The Children’s Hospital of Philadelphia®
A pediatric healthcare network

Department of Pharmacy Services

PGY1 Pharmacy Residency Program
Residency Handbook

Revised: June 2017
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 15 clinical pharmacists, 73 staff pharmacists, 75 pharmacy technicians, 16 administrative staff, 3 residents, 10 support staff and 21 pharmacy interns (students).

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

- General Pediatrics (3)
- Cardiac Intensive Care (2)
- Neonatal Intensive Care (3)
- Pediatric Intensive Care (3)
- Oncology/Bone Marrow Transplantation (2)
- Transplantation (1)
- Drug Information (3)

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

PGY1 Pharmacy Residency Programs build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (Pgy2) pharmacy residency training.

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. Fifteen 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
  - Solid Organ 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 approved 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.

Anna Bustin, Pharm.D., Clinical Specialist in Neonatal/Infant Intensive Care
Anna Bustin received her Bachelor of Science in Nutrition from The University of Tennessee, at Knoxville and her Doctor of Pharmacy from Lipscomb University College of Pharmacy. 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 diazoxide adverse event profile in neonates and infants, treprostinil and dopamine IV compatibility, and dual acid suppression therapy for GERD. Dr. Bustin holds appointments at Jefferson School of Pharmacy and Wilkes University. She is an active member of ASHP and PPAG.

**Hailey Collier, PharmD, BCPS, BCPPS, Clinical Specialist Cardiac Intensive Care**
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 the Pediatric Pharmacy Advocacy Group (PPAG) and the Society of Critical Care Medicine (SCCM). Her areas of interest include cardiology, critical care, nutrition support, and research/statistics.

**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 Solid Organ Transplant and Nephrology**
Jen Hewlett received her Doctor of Pharmacy degree from the University of Maryland School of Pharmacy. She 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 immunosuppression management and medication adherence.
Marissa L. Hoffman, Pharm.D., Clinical Specialist in Drug Information and Policy Development
Marissa Hoffman received her Doctor of Pharmacy degree from Wilkes University Nesbitt School of Pharmacy and she completed a Pharmacy Practice Residency (PGY1) and Pediatric Pharmacy Practice Specialty Residency (PGY2) at the Children’s Hospital of Philadelphia. Dr. Hoffman’s areas of interest include literature evaluation, medication safety, pharmacogenomics, pharmacy informatics, pharmacoeconomics, and academia. She completed clinical research in neonatal ECMO patients with hypertension and patients with neuroblastoma receiving MIBG. Dr. Hoffman is an active member of PPAG, ASHP, and ACCP.

Rachel Hughes, Pharm.D., Clinical Specialist in Pediatric Intensive Care
After graduating from the University of Missouri-Kansas City with her Doctor of Pharmacy degree, Rachel Hughes completed her Pharmacy Practice (PGY1) and Pediatric Specialty (PGY2) at The Children’s Hospital of Philadelphia. Her areas of interest include critical care, pain management and clinical pathway development. Dr. Hughes has conducted research in heparin dosing in patients on ECMO and pharmacist-driven nursing education. She also serves at the clinical pharmacist for the Pain Management Service.

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.

Joyce P. Lee, PharmD, BCPS, Pharmacy Supervisor
Joyce graduated from Rutgers University Ernest Mario School of Pharmacy with her Doctor of Pharmacy degree. She completed a Pharmacy Practice Residency (PGY1) at the University Medical Center of Southern Nevada in Las Vegas and a Pediatric Specialty Residency (PGY2) at Boston Children’s Hospital. She served as a Clinical Pharmacist in the Medical Intensive Care Unit and the Intermediate Care Program at BCH for a number of years following residency. Her areas of clinical interest include critical care as well as allergy and desensitizations. Her areas of operational interest include clinical pharmacy and decentralized pharmacy services.
Adam Motsney, Pharm.D., Lead Pharmacist/Coordinator, Investigational Drug Service

Adam Motsney received his Doctor of Pharmacy degree from the Wilkes University Nesbitt School of Pharmacy and completed a PGY1 Residency at The Children’s Hospital of Philadelphia. Upon completion of residency training, Dr. Motsney has served in various clinical and operational roles as a night shift pharmacist and a decentralized order verification pharmacist before assuming his current role as Lead Pharmacist and Coordinator of the Investigational Drug Service. Dr. Motsney also serves as the primary pharmacy representative on CHOP’s Institutional Review Board, evaluating the appropriateness and scientific merit of all pediatric and adult research protocols involving investigational and commercial products. He is a member of COG and multiple committees in the Research Institute dedicated to enhancing support of clinical trials.

Abhay Patel, PharmD, MS, Pharmacy Supervisor

Abhay Patel received his Doctor of Pharmacy degree from the Ernest Mario School of Pharmacy at Rutgers University. Dr. Patel completed a combined PGY1/PGY2 Health-System Pharmacy Administration Residency at Texas Children’s Hospital in Houston, Texas. Dr. Patel concurrently earned a Master of Science in Pharmacy Leadership and Administration from the University of Houston College of Pharmacy, where he also obtained his teaching certificate. His Masters thesis focused on evaluating patient experience and cost savings from the 340B drug pricing program through expansion of pediatric outpatient pharmacy services. Selected clinical research focused on evaluating the safety of high-dose colistin usage in pediatric patients with cystic fibrosis. He has also conducted impact analysis research of implementation of newer automation technologies in the medication preparation and dispensing process. Dr. Patel’s professional interests include operational and corporate health management, pharmacy informatics and finance, medication/patient safety, leadership development, academia, and professional advocacy and policy. At CHOP, Dr. Patel serves as a pharmacy liaison for the hospital’s critical care continuous quality improvement forum, and the resuscitation committee. Dr. Patel is an active member of the American Society of Health-System Pharmacists (ASHP), as well as a member of Children’s Hospital Association (CHA), American College of Healthcare Executives (ACHE), and Pediatric Pharmacy Advocacy Group (PPAG).

Evan Zachary Ramsey, Pharm.D., Clinical Specialist in Education

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, the use of recombinant factor VII for
non-hemophilia indications and treatment approaches for pulmonary hypertension. He is an active member of PPAG and ASHP. 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.

**Abby Schumacher, Pharm.D. Clinical Specialist in General Pediatrics**
Abby Melesciuc graduated from the University of Rhode Island College of Pharmacy with her Doctor of Pharmacy degree. She completed both a Pharmacy Practice Residency (PGY1) and a Pediatric Specialty Residency (PGY2) at Yale-New Haven Hospital in New Haven, Connecticut. Dr. Melesciuc also completed her teaching certificate through the University of Connecticut School of Pharmacy. Dr. Melesciuc holds appointments at Jefferson School of Pharmacy and Wilkes University. Her areas of focus include neurology, rehabilitation-medicine, and integrative care services. Dr. Melesciuc is a member of ASHP and PPAG. Her areas of interest include epilepsy disorders, ketogenic diet, and pediatric immunizations.

**Joseph Sciasci, PharmD, Clinical Pharmacist in Pediatric Oncology and Blood/Marrow Transplant**
Joe received his Doctor of Pharmacy degree from the Philadelphia College of Pharmacy at the University of the Sciences in Philadelphia. He completed a Pharmacy Practice (PGY1) at the Children’s Hospital of Wisconsin, and an Oncology Specialty residency at St. Jude Children’s Research Hospital. His areas of interest include clinical implementation of pharmacogenetics into clinical practice. He is a member of ASHP, PPAG and COG.

**Karen Shalaby BS, Pharm.D., Medication Safety/Quality Assurance Pharmacist**
Karen Shalaby attended Purdue University where she received her Bachelor of Science and PharmD degrees. Following this, she worked as a Clinical Pharmacist at the Medical University of South Carolina on the Neurology and Orthopedic units. She later completed both a Pharmacy Practice Residency (PGY1) and a Drug Information Specialty Residency (PGY2) at the Hospital of the University of Pennsylvania. She served as a Drug Information Specialist and Medication Safety Officer while employed at the Hospital of the University of Pennsylvania for 15 years. Her areas of interest include medication safety, second victim programs, and quality improvement.

**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.

RESIDENTS SALARY AND BENEFITS

- $50,500 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)
- 7 holidays (the resident will work one holiday; either Christmas, Thanksgiving or New Year)
- 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 and lodging 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 Administrator On Call capacity (on site) for the Department. They will do this in conjunction with the usual Administrator and Clinical On Call as a 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 project 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 to present results 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/Medication Incident Review
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 and review and follow up of medication incident reports.

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 potential 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 have a quarterly meeting with the resident to review their Development Plan. The purpose of the development plan is to assure the resident’s training remains relevant in light of any changing interests they may have. It is also a chance to review the resident’s longitudinal progress with his/her residency goals and objectives and assigned/required projects. The Development Plan will be adjusted at each quarter 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 after the quarterly review.

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 PharmAcademic 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 into PharmAcademic 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 PharmAcademic 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!*