



CAMC Pharmacy Residency Manual

CURRENT VERSION CAN BE FOUND:
[HTTPS://WWW.CAMCMEDICINE.EDU/ACADEMIC-
DEPARTMENTS/DEPARTMENT-PHARMACY](https://www.camcmedicine.edu/academic-departments/departments-pharmacy)

Table of Contents

CAMC Pharmacy Resident Manual Receipt	3
CAMC Pharmacy Organization	4
ASHP PGY1 and PGY2 Standards with Competencies, Goals, and Objectives	8
GME House Staff Handbook	9
Pharmacy Residency Applicant Evaluation Policy	10
PGY1 Structure of the Residency Program	12
PGY2 Critical Care Structure of the Residency Program	17
Licensure Policy	18
Longitudinal Requirements	19
PGY1 and PGY2 Critical Care Portfolio Requirements	22
PGY1 Graduation Checklist	23
PGY2 Critical Care Graduation Checklist	25
Timeline	27
Discipline, Grievance, Remediation Policy	30
PTO, Moonlighting, Extended Leave Policy	31
Professional Practice Contract	34
Duty Hour Requirements for Pharmacy Residencies	35
Residency Advisory Committee Purpose Statement	36
Resident Development Plan	38
Mentor Policy	41
Evaluation and Assessment Policy	42
Supervision Policy	45
Personal Pager Policy	47
Code Pager Policy	48
Transitions of Care and Hand-off Policy	49
Electronic Health Record Note Policy	50
Early Commitment Policy	51
Chief Resident Policy	52
Scrub Policy	53
Office Space and Computer Access	54
Leadership Activities	55
First Day of Rotation Checklist	57

Orientation.....	58
GME Orientation	58
Residency Program and Staffing Orientation	60
Clinical Pharmacist Shadowing Check List	62
CITI Log On Instructions	63
Critical Point Sign On Instructions.....	64
Parenteral Nutrition Competency.....	65
Direct Supervision Parenteral Nutrition Competency Tool	68
Indirect Supervision Parenteral Nutrition Competency Tool.....	70
Vancomycin Competency Policy	72
Vancomycin Consult Competency Checklist	75
Longitudinal Experiences	76
Quarterly Evaluations	76
Research Project	77
Staffing	79
Drug Information	82
Health Right	86
Teaching Certificate	87
Formal Presentations	91
Case Conference and Journal Club.....	91
Cardiac Rehab	97
Research Presentations	99
Noon Conference	100
CAMC CE Conference	101

CAMC Pharmacy Resident Manual Receipt

Charleston Area Medical Center Pharmacy Resident Manual Receipt

By signing below, I acknowledge that I have received the CAMC Pharmacy Resident Manual. I also acknowledge that I understand that I am responsible for reviewing this manual to determine current policy.

Included in this manual are the requirements for successful completion of the residency program, policies for vacation, professional, family, and sick leave, supervision policy, early commitment policy, staffing policy, duty hour policy, and program dismissal policy. Periodic updates may be made throughout the year and will be placed in the manual upon their receipt.

If you have any questions regarding any policies contained in this manual, please contact Meredith Todd 304-388-8863 (office) or 304-330-0360 (pager).

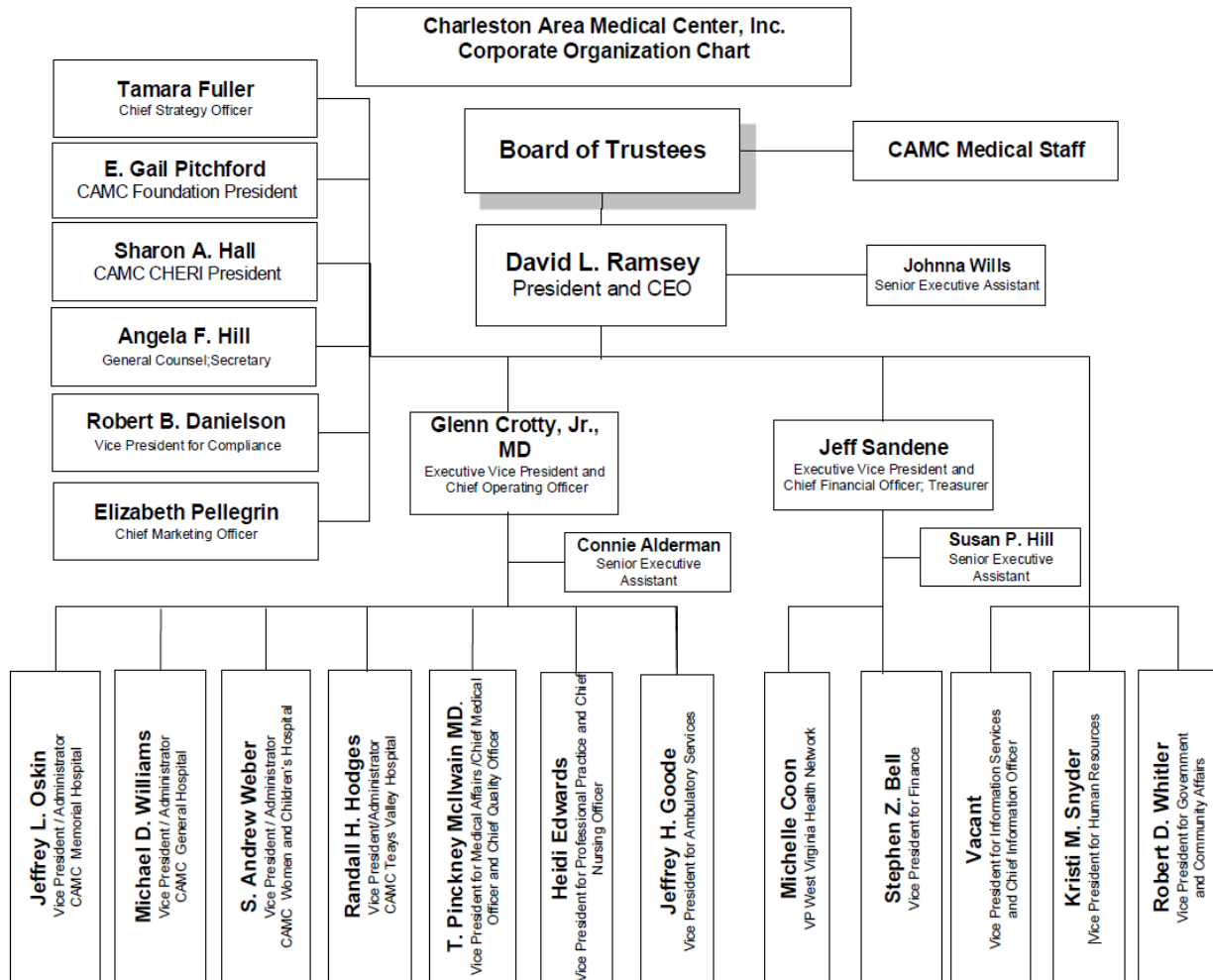
Print Name

Signature

Date

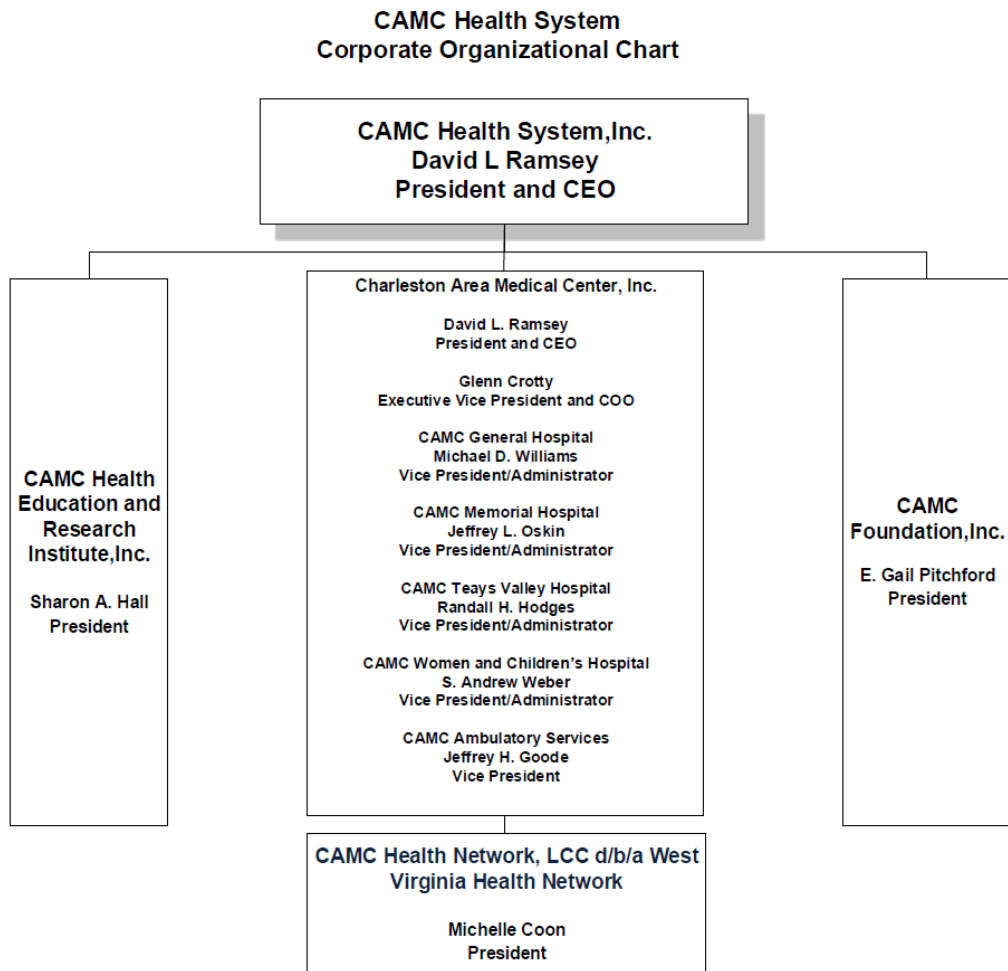
CAMC Pharmacy Organization

Charleston Area Medical Center, Inc. Corporate Organization Chart



Jan 2020

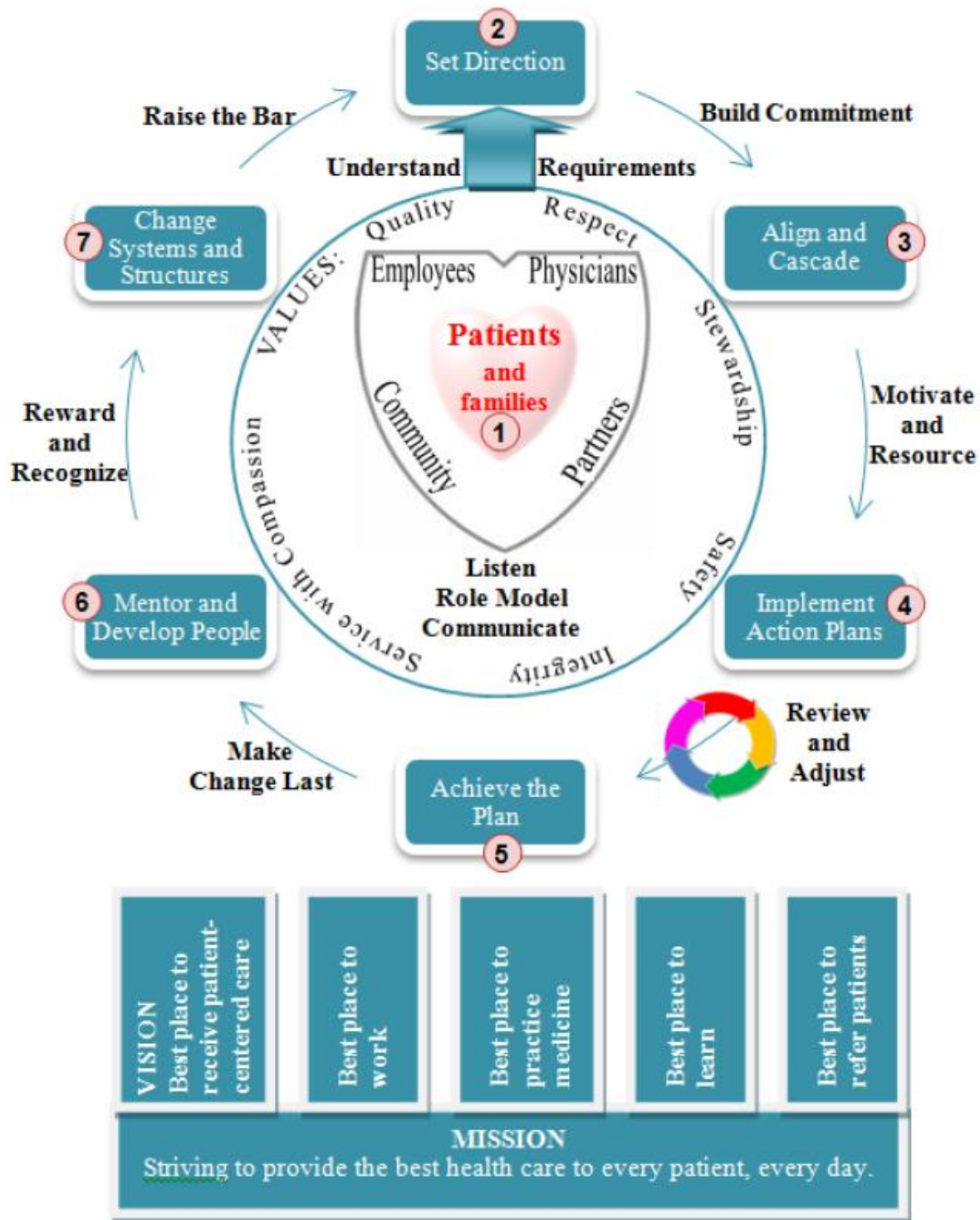
CAMC Health System Corporate Organizational Chart



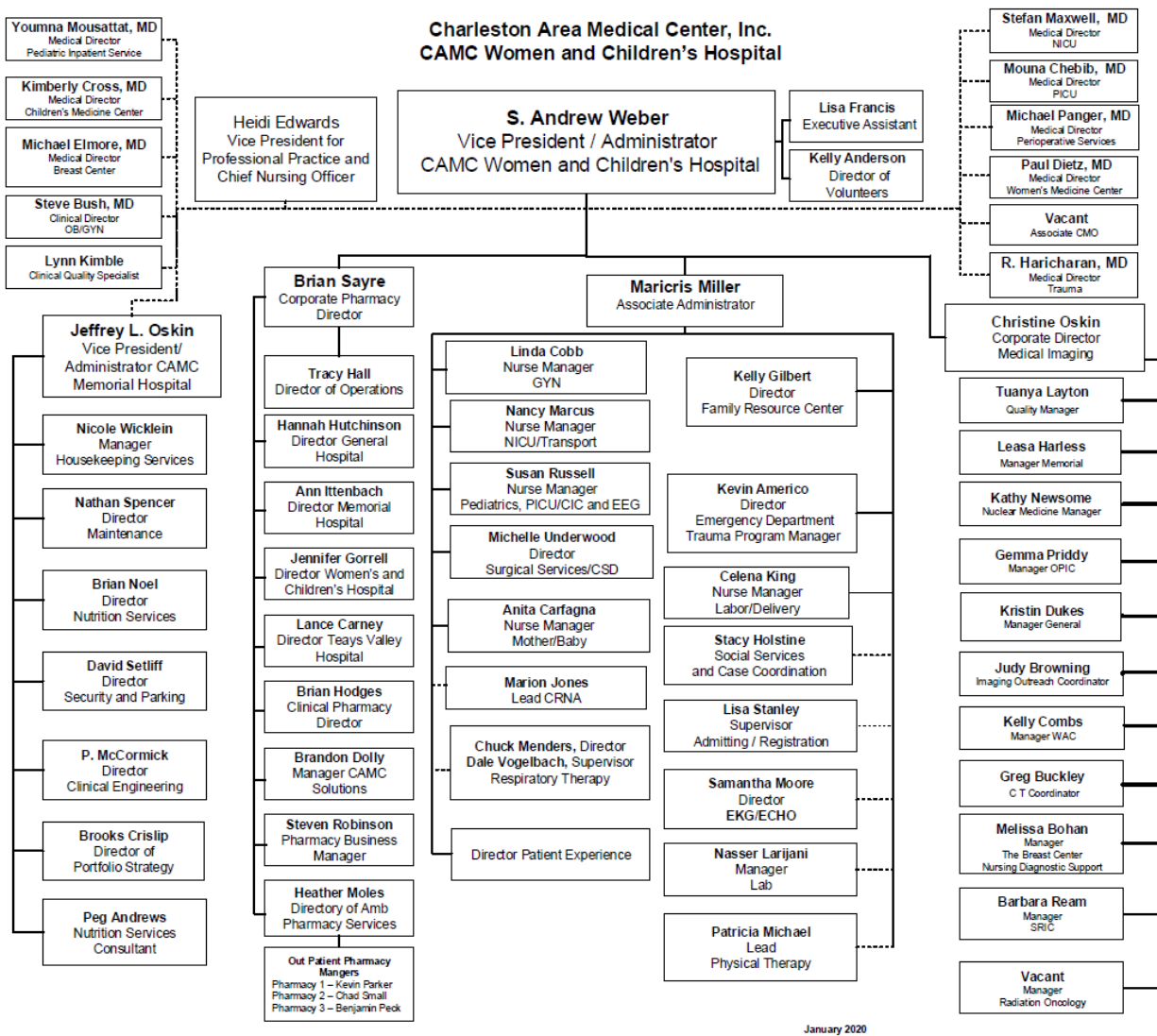
December 2019



Leadership System



CAMC Women and Children's Hospital



ASHP PGY1 and PGY2 Standards with Competencies, Goals, and Objectives

ASHP Residency Program Resources: <https://www.ashp.org/professional-development/residency-information/residency-program-resources>

Accreditation Standards for PGY1 Pharmacy Residencies: <https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/accreditation-standards-for-pgy1-pharmacy-residencies>

Accreditation Standards for PGY2 Pharmacy Residencies: <https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/accreditation-standards-for-pgy2-pharmacy-residencies>

Required Competency Areas, Goals, and Objectives for PGY2 Critical Care: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-newly-approved-critical-care-pharmacy-2016.pdf>

Required Competency Areas, Goals, and Objectives for PGY2 Geriatrics: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-geriatrics-pharmacy-residency-competency-areas-goals-objectives.pdf>

GME House Staff Handbook

CAMC GME House Staff Handbook

The most up to date version of the GME House Staff Handbook can be found at the following web address:

<https://www.camcmmedicine.edu/>

Pharmacy Residency Applicant Evaluation Policy

CAMC Pharmacy Residency Program

Pharmacy Residency Applicant Evaluation Policy

Resident Qualifications

At minimum, the resident candidates must meet the following criteria to be considered for selection:

1. Graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program or one in process of pursuing accreditation or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).
2. Ability to be fully licensed as a pharmacist in West Virginia within 90 days of the beginning of the residency.
3. Ability to travel to our hospital for onsite interview, if chosen
4. Application submission via PhORCAS™ must include:
 - a. At minimum, 3 Letters of Recommendation
 - b. Transcripts from College of Pharmacy
 - c. Personal Statement/Letter of Intent
 - d. Updated Curriculum Vitae (CV)
 - e. Passport type or headshot photo
 - f. Registered for the ASHP “Match” program

General Timeline of Selection Process

1. September: RPD to register site for upcoming Match:
<https://natmatch.com/ashprmp/programs/index.html>
2. October: RPD will update ASHP’s Residency Site to include changes and deadlines to upcoming selection: <https://accreditation.ashp.org/>
3. November: RPD to login to PhORCAS™ to transfer and update any changes to the grading criteria, and update the list of approved members of the Review/Selection Committee
4. January:
 - a. Jan 7th: RDP will assign candidate applications to the committee for review
 - b. Jan 21st: RDP will invite selected candidates for on-site interviews
5. January - February: Onsite interviews
6. March: Ranking submitted to Match program

Resident Selection Process

Candidate Evaluation

Upon receiving applications within the PhORCAS™ system, the Residency Selection Committee must evaluate each candidate based on two overarching properties: paper application scores and interview scores (if accepted for interview).

Application Review

1. CAMC Pharmacy Residency Programs will participate in the Phorcas/Match process
2. Applications are due on the first Monday in January each year
3. Core preceptors and RPD will evenly divide applications to review using the Application Rubric
4. Applicants are ranked via number score of the Application Rubric
5. 4-5 applicants per resident position will be invited to interview for the program
6. Interviews are offered in order of application score
7. If a candidate turns down an interview offer, the RPD may offer that slot to the next highest-ranking candidate

8. The residency policies and requirements for successful completion of the residency will be emailed to each candidate invited to interview

Non-GPA Pharmacy Schools

1. For schools of pharmacy that do not use a GPA system, their application score will be assessed without that measurement included (total of 29 possible points)
2. For comparison with other applicants their application score will be scaled to a total out of 32 by direct proportion
 - a. Example: 25/38 for non-GPA school of pharmacy candidate
 - b. Scaled score for comparison with other applicants would be 28/42

Interview Process

1. Interviews are conducted with panels of preceptors, RPDs, and current residents
2. Each interviewer is invited to complete the Interview Rubric for each candidate interviewed
3. Candidate interviews are scored using the Interview Rubric
4. Candidates are ranked by combining both application scores and interview scores for a total final score

Rank Process

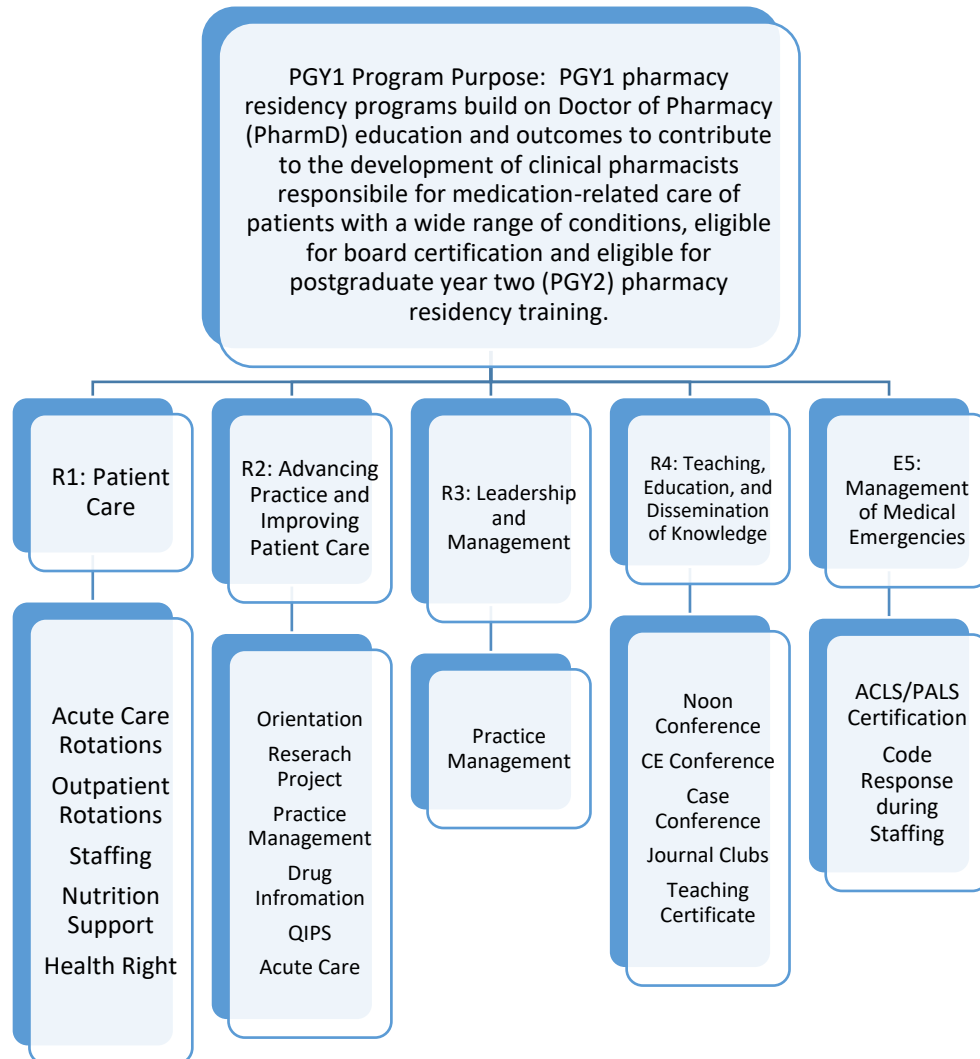
Upon successful completion of both application and interview rubrics, the individual scores will be summed, and an initial rank list based on the average scores of each candidate will be developed. The core preceptors and current residents (for PGY1 applicants only) will be unblinded to all scores and comments for each candidate. The rank meeting members may re-order the initial rank list before finalizing based on resident's fit with program. This group also reserves the right to decline ranking an individual if a candidate is deemed unfit for the residency program. If a consensus is not able to be reached by the rank meeting members, the RPD will finalize the final Rank Order List. The RPD will enter the Rank Order List into the National Match Service system prior to the due date.

Phase II Process/Scramble

The program will participate in the Phase II Match Process and/or Scramble if necessary. The process as described above will remain largely intact, other than the timeline will be condensed, and on-site interviews may not be necessary. A phone or video interview may replace the on-site interview process. Although not absolutely necessary, the program seeks to fill all open residency positions each year.

PGY1 Structure of the Residency Program

Purpose Statement and Program Aims



PGY1 Learning Experience Structure

PGY1 Program 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.

Learning Experience	Type	Duration	Core/Elective	Sequencing
Orientation	Institutional	2-3 weeks	Core	First
Staffing Orientation	Hospital	3-4 weeks	Core	Second
Internal medicine	Acute Care	5-6 weeks	Core-IM	Open
Family Medicine	Acute Care	5-6 weeks	Core-IM	Open
Infectious disease	Acute/Primary Care	5-6 weeks	Core-ID	Open
Medical ICU-Academic	Acute Care	5-6 weeks	Core-CC	Open
Medical/Neuro ICU	Acute Care	5-6 weeks	Core-CC	Open
Trauma/Surgery ICU	Acute Care	5-6 weeks	Core-CC	Open
Cardio-Pulmonary ICU	Acute Care	5-6 weeks	Core CC	Open
Practice management	Institutional	5-6 weeks	Core	Open
Drug Information	Institutional	Longitudinal	Core	Longitudinal
Staffing	Hospital	Longitudinal	Core	Longitudinal
Nutrition	Acute Care	Longitudinal	Core	Longitudinal
Cardiac Rehab	Primary Care	Longitudinal	Core	Longitudinal
Health Right	Primary Care	Longitudinal	Core	Longitudinal
Teaching Certificate	Institutional	Longitudinal	Core	Longitudinal
Transplant	Acute Care	5-6 weeks	Elective	Open
Geriatrics	Primary Care	5-6 weeks	Elective	Open
Neurology	Acute Care	5-6 weeks	Elective	Open
Pharmacy Informatics	Institutional	5-6 weeks	Elective	Open
Oncology	Primary Care	5-6 weeks	Elective	Open
Pediatrics	Acute Care	5-6 weeks	Elective	Open
Family Medicine	Primary Care	5-6 weeks	Elective	Open
Emergency Medicine	Acute Care	5-6 weeks	Elective	Open
SICU	Acute Care	5-6 weeks	Elective	Structured

Antimicrobial Stewardship	Acute Care	5-6 weeks	Elective	Open
Behavioral Medicine	Acute Care	5-6 weeks	Elective	Open
Heart Failure Clinic	Primary Care	5-6 weeks	Elective	Open

Sequencing key:

- Open – rotation may be scheduled at any point during the residency year.
- Structured – reserved for rotations whose primary preceptor is a non-pharmacist or the pharmacist preceptor is not available to routinely round with the resident; these rotations are scheduled towards the end of the year; residents will enter these rotations only after demonstrating clinical and professional skills necessary to allow them to perform in this type of rotation setting
- Longitudinal - learning experience is scheduled longitudinally

June/July Orientation	August-December Rotations	January-June Rotations
<ul style="list-style-type: none"> Hospital Orientation Residency Orientation Pharmacy Orientation Staffing Orientation BLS/ACLS/PALS Training 	<p>Required Rotations</p> <ul style="list-style-type: none"> Practice management Infectious Diseases Critical Care (1 required): Trauma, Medical ICU, Medical/Neuro ICU, CPICU, SICU Internal Medicine Electives <p>*All of the above are required rotations; Some electives will begin in the fall to accommodate schedules. Therefore, some required rotations will be conducted during the winter months.</p> <p>Meetings</p> <ul style="list-style-type: none"> ASHP Midyear 	<p>Elective Rotations</p> <ul style="list-style-type: none"> Pediatrics Neurology Oncology Family Medicine Geriatrics Pharmacy Informatics Surgical ICU Renal Transplant Emergency Medicine Antimicrobial Stewardship Behavioral Health Heart Failure Clinic <p>*Additional rotations will be chosen by the resident. The above are possible elective rotations or required rotations may be repeated.</p> <p>Meetings-Activities</p> <ul style="list-style-type: none"> CAMC Research Day Eastern States Residency Conference WV CE Conference
<p><u>Longitudinal Experiences</u></p> <ul style="list-style-type: none"> Staffing Nutrition Support Drug Class Review Safety Report/ADR Report Health Right Research Project Journal Clubs/Case Conferences CE Conference Cardiac Rehab Noon Conference Teaching Certificate 	<p><u>Longitudinal Experiences</u></p> <ul style="list-style-type: none"> Staffing Nutrition Support Drug Class Review Safety Report/ADR Report Health Right Research Project Journal Clubs/Case Conferences CE Conference Cardiac Rehab Noon Conference Teaching Certificate 	<p><u>Longitudinal Experiences</u></p> <ul style="list-style-type: none"> Staffing Nutrition Support Drug Class Review Safety Report/ADR Report Health Right Research Project Journal Clubs/Case Conferences CE Conference Cardiac Rehab Noon Conference Teaching Certificate

PGY1 Structure of Schedule

July-August Orientation	August – September Required Learning Experience (5-6 weeks)	October – June Required or Elective Learning Experience (5-6 Weeks)	April	May- June
<ul style="list-style-type: none"> • CAMC Orientation • GME Orientation • Residency Orientation • Nutrition Consult • Vancomycin Consult • BLS/ACLS/PALS • Staffing Orientation • Shadowing 	<u>Required Learning Experience</u> <ul style="list-style-type: none"> • Internal Medicine • Infectious Diseases • Critical Care (NSICU/MICU, STICU, CPICU, MICU) • Practice Management 	<u>Electives</u> <ul style="list-style-type: none"> • Pediatrics • Neurology • Oncology • Family Medicine • Geriatrics • Pharmacy Informatics • Surgical ICU • Renal Transplant • Emergency Medicine • Antimicrobial Stewardship • Behavioral Health • Heart Failure Clinic 	<ul style="list-style-type: none"> • Research Day 	<ul style="list-style-type: none"> • Eastern States • CE Conference
<u>Longitudinal Experiences</u> <ul style="list-style-type: none"> • Staffing • Nutrition Support • Drug Class Review • Medication Use Evaluation • Safety Report/ADR Report • Health Right • Research Project • Journal Clubs • Case Conferences • CE Conference • Noon Conference • Teaching Certificate • Cardiac Rehab 	<u>Longitudinal Experiences</u> <ul style="list-style-type: none"> • Staffing • Nutrition Support • Drug Class Review • Medication Use Evaluation • Safety Report/ADR Report • Health Right • Research Project • Journal Clubs/Case Conferences • CE Conference • Noon Conference • Teaching Certificate • Cardiac Rehab 	<u>Longitudinal Experiences</u> <ul style="list-style-type: none"> • Staffing • Nutrition Support • Drug Class Review • Medication Use Evaluation • Safety Report/ADR Report • Health Right • Research Project • Journal Clubs/Case Conferences • CE Conference • Noon Conference • Teaching Certificate • Cardiac Rehab 	<u>Longitudinal Experiences</u> <ul style="list-style-type: none"> • Staffing • Nutrition Support • Drug Class Review • Medication Use Evaluation • Safety Report/ADR Report • Health Right • Research Project • Journal Clubs/Case Conferences • CE Conference • Noon Conference • Teaching Certificate • Cardiac Rehab 	<u>Longitudinal Experiences</u> <ul style="list-style-type: none"> • Staffing • Nutrition Support • Drug Class Review • Medication Use Evaluation • Safety Report/ADR Report • Health Right • Research Project • Journal Clubs/Case Conferences • CE Conference • Noon Conference • Teaching Certificate • Cardiac Rehab

PGY2 Critical Care Structure of the Residency Program

PGY2 Critical Care Residency Learning Structure

Learning Experience	Type	Duration	Required/Elective	Sequencing
Orientation	Institutional	2 days*/ 4 weeks	Required	Structured
CPICU	Acute Care	5 weeks	Required	Open
Trauma Surgery	Acute Care	5 weeks	Required	Open
MICU	Acute Care	5 weeks	Required	Open
MICU/Neuro	Acute Care	5 weeks	Required	Open
Emergency Medicine	Acute Care	5 weeks	Required	Open
Infectious Diseases	Acute Care	5 weeks	Elective	Open
Internal Medicine	Acute Care	5 weeks	Elective	Open
Pediatric ICU	Acute Care	5 weeks	Elective	Open
Surgical ICU	Acute Care	5 weeks	Elective	Open
Transplant Surgery	Acute/Ambulatory Care	5 weeks	Elective	Open
Antimicrobial Stewardship	Acute Care	5 weeks	Elective	Open
Teaching/Academia	Academic	5 weeks	Elective	Structured
TPN/Staffing	Acute Care	Longitudinal	Required	Structured
Cardiac Rehab	Ambulatory Care	Longitudinal	Required	Structured

*returning PGY2 residents

Sequencing Key:

Open-rotation may be scheduled at any point during the residency year.

Structured-reserved for rotations whose primary preceptor has limited availability; or the experience is longitudinal

June-July Experiences	August-December Experiences	January-June Experiences
Hospital Orientation Residency Orientation BLS/ACLS/PALS training	Trauma Surgery SICU CPICU MICU or MICU/Neuro Emergency Medicine Electives ASHP Midyear CAMC Critical Care Conference	Trauma Surgery SICU CPICU MICU or MICU/Neuro Emergency Medicine Electives SCCM Clinical Congress Eastern States Res Conference
Longitudinal Experiences: Introduction to critical care training Projects/Drug class review Journal club/case conference TPN/Staffing Formulary P&T	Longitudinal Experiences: Critical care practice Projects/Drug class review Journal club/case conference In-services TPN/Staffing P&T/committee work	Longitudinal Experiences: Critical care practice Projects/Drug class review Journal club/case conference In-services WV Pharmacist Ed Conference TPN/Staffing P&T/committee work

Licensure Policy

Licensure Policy Charleston Area Medical Center

All residents in a Charleston Area Medical Center pharmacy residency program must be licensed by the West Virginia Board of Pharmacy.

- If a pharmacist license cannot be obtained by the **July 7th**, then the resident will be required to obtain a West Virginia Pharmacy Intern License <https://www.wvbop.com/practitioners/interns/application/index.asp>
- The resident should take both the NAPLEX and MPJE test prior to the start of residency.
- The resident should obtain a pharmacist license from the West Virginia Board of Pharmacy by September 30th
- Failure to obtain a West Virginia pharmacist license by **September 30th** will result in dismissal from the program

A resident may request that the licensure deadline be extended by submitting a request in writing to the program director outlining their extenuating circumstances. The program director will review each case and determine if an extension will be granted. If the program director grants a deadline extension beyond October 31st, the program director and the Graduate Medical Education office must also approve an extension of the residency year to ensure that the resident is licensed in the state of West Virginia for greater than 2/3 of their residency. If an extension is not granted by the program director, the resident may file a grievance per the policy outlined in the GME House Staff Handbook. <https://www.camcmedicine.edu/>

Questions regarding licensure should be addressed to:

West Virginia Board of Pharmacy
2310 Kanawha Boulevard East
Charleston, WV 25311
Tel (304) 558-0558
Fax (304) 558-0572
Website <https://www.wvbop.com/>
Email boardofpharmacy@wv.gov

Longitudinal Requirements

CAMC Pharmacy Residency Program

Longitudinal Requirements, Activities and Meetings

PGY1 Program 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.

1. The resident must be licensed by September 30th unless an extension is granted per the licensure policy. The resident must be licensed in the state of West Virginia for at least 2/3 of the residency year.
2. The resident must be achieved on at least 75% of objectives with no objectives evaluated as needs improvement on the final quarterly.
3. Portfolio
 - a. All residents must maintain an up-to-date portfolio in Pharmacademic.
 - i. Please see Portfolio Requirements in the residency manual for instructions.
4. Parenteral Nutrition - All residents will participate in the parenteral nutrition program as scheduled in the master schedule. See the Parenteral Nutrition learning experience for details.
 - a. A Parenteral Nutrition evaluation will be completed quarterly with your mentor.
5. Staffing – All residents will staff from 1600-2000 on his/her weekday (Monday-Thursday). All residents will staff during their designated weekend shift. The staffing schedule will be given to the resident during orientation. See the staffing learning experience for details.
 - a. A staffing evaluation will be completed quarterly with your staffing mentor.
6. Research – Each resident will conduct a resident research project.
 - a. Each resident will select an approved IRB project during orientation.
 - i. Each resident will begin collecting data during orientation.
 - ii. Analysis should be completed by November
 - iii. Research will be presented at the following meetings:
 1. Annual CAMC Research Day
 - a. Oral Presentation – Final Research
 2. Eastern States Residency Conference
 - a. PGY1: Oral Presentation – Final Research
 - b. PGY2 : Poster – Final Research
 - iv. Each resident will write a manuscript that could be published in December
 - b. Each resident will select a mentor and research idea in December.
 - i. IRB protocol will be written and submitted by April.
 - c. Evaluations of progress will be completed quarterly by your research mentor.
7. Journal Clubs and Case Conferences
 - a. PGY1 and PGY2 CC requirements: 2 Case Conferences, 1 Journal Club
 - b. PGY2 Geriatric requirements: 1 Case Conference, 1 Journal Club
 - c. Journal Clubs and case conferences will be presented on Wednesday from 230-430 pm via Zoom.

- d. Evaluations by preceptors and residents will be completed after each case conference or journal club.
- 8. Noon Conference
 - a. All residents are required to present at a minimum of one internal medicine noon conference.
 - b. Noon conferences are held as scheduled by the Internal Medicine team via Zoom.
 - c. A preceptor will complete and evaluation in Pharmacademic after each noon conference.
- 9. Cardiac Rehab
 - a. All PGY1 and PGY2 critical care residents are required to lead at least 1 cardiac rehab class. More classes may be assigned by the program director based on need.
- 10. Drug Class Review and Medication Use Evaluation
 - a. All PGY1 residents are required to complete a drug class review to be presented to P&T. Drug class review to be selected by resident from list of classes provided during orientation.
 - b. All PGY1 residents will complete a medication use evaluation with their drug class review.
 - c. Evaluations will be completed by the drug information preceptor in Pharmacademic quarterly.
- 11. Safety Reporting and Adverse Drug Reactions
 - a. All PGY1 residents will submit 6 safety reports and 6 adverse drug reactions as outline in the drug information learning experience.
 - b. All PGY1 residents must maintain a log of all safety reports and adverse drug reactions reported throughout the year.
- 12. WV Health Right:
 - a. All residents will be scheduled for a shift at least once a month at the WV Health Right Clinic.
 - b. The schedule will be made by the PGY1 program director.
- 13. Leadership Activity
 - a. All residents will select a leadership activity to coordinate from the list provided during orientation.
 - b. All residents are required to complete the tasks outlined under the leadership role description they select during orientation.
- 14. Teaching Certificate
 - a. All PGY1 residents must complete the ASHP teaching certificate. Access to the teaching certificate will be provided and paid for by CAMC.
 - b. The teaching certificate will be offered to PGY2 residents as an elective experience
 - c. All residents completing the certificate program must attend all teaching certificate group sessions.
- 15. Quality Improvement Patient Safety Committee (QIPS)
 - a. All residents must participate in monthly QIPS meetings.
 - b. All residents must help maintain the residency program Top 5 Boards

- c. All residents must participate in patient safety presentations as assigned by the program level QIPS leader and program director.
- 16. Required Meetings or Conferences: PGY1 Residents in Pharmacy Practice are required to participate in the following annual meetings/activities. Residents will be reimbursed for travel expenses for mandatory meetings. Residents are responsible for providing itemized receipts as documentation of travel expenses. Residents are responsible for submitting travel reimbursement forms and itemized receipts per the institution's policy following mandatory meetings. ***Requirement for residents subject to change based on availability of funding and IF these conferences are held for the academic year.***
 - a. ASHP Mid-year Clinical Meeting
 - i. The resident will represent Charleston Area Medical Center at the Mid-year Clinical Meeting. This meeting is held the first full week in December. The resident is responsible to help with preparing and recruiting during the Residency Showcase. All residents are also required to submit research for a poster presentation.
 - b. CAMC Research Day
 - i. CAMC research day occurs in April every year. Research day is open to all CAMC residents. Research is submitted to the CAMC research day review board for consideration of participation. All pharmacy residents are required to submit research for an oral presentation.
 - c. Eastern States Residency Conference
 - i. This conference is held each spring in Hershey, PA. The resident is required to attend and present their residency project. The resident should register for the conference in January and be prepared to submit abstracts in February. A designated preceptor(s) will accompany the residents to the conference.
 - d. CAMC Pharmacist Education Conference
 - i. This conference is held each spring in conjunction with other residency programs across the state. Each resident will provide a 1-hour continuing education program presentation as part of the conference.
- 17. Evaluations
 - a. The resident should complete the initial self-assessment in Pharmacademic prior to starting the residency.
 - b. All rotation specific evaluations assigned in Pharmacademic to the preceptor and the resident should be completed by the last day of the rotation.
 - c. The resident and mentor should complete quarterly evaluations in Pharmacademic by the designated deadline.
 - d. The resident and program director should update the resident development plan quarterly.
 - e. The resident should email the program director feedback weekly per the Feedback Friday Policy.
 - f. The resident should complete a first day of rotation checklist on the first day of each rotation.

PGY1 and PGY2 Critical Care Portfolio Requirements

Portfolio Requirements

The following documents must be uploaded in Pharmacademic on the resident's page, under the "Files" tab.

Please name file exactly as it appears below (fill in date or topic when applicable)

File Name	Resident Initial	RPD Initial
Manual Receipt		
Pharmacist License		
TPN Cases Group		
TPN Competency Completion Form – Signed by RPD		
TPN Competency Evaluations Level 1 – date		
TPN Competency Evaluations Level 2 – date		
Vancomycin Cases		
Vancomycin Competency Completion Form – Signed by RPD		
Vancomycin Competency Evaluations - date		
Shadowing Form		
Inpatient Training Staffing Checklist – Orientation		
Research – IRB Proposal		
Research – IRB Approval Form		
Research – Midyear Poster		
Research – Research Day Poster or Presentation		
Research – Eastern States Presentation		
Research – Eastern States Evaluations		
Research – Final Manuscript		
Research – Final Manuscript Sign Off Form		
Journal Club Article 1		
Journal Club Handouts 1		
Journal Club Evaluations 1		
Case conference handout 1		
Case conference evaluations 1		
Case conference handout 2		
Case conference evaluations 2		
Noon Conference Presentation		
Drug Class Review TimeLine		
Drug Class Review – “insert drug class name”		
Medication Use Evaluation – “insert drug class name”		
Adverse drug reaction and safety reporting form		
Teaching Certificate – “insert topic name”		
QIPS – “insert project name”		
CE Conference Presentation		
First Day of Rotation Check List – “insert block number”		
Optional Lectures – “topic and date”		
In-services – “topic and date”		
Updated CV		
Graduation Check List – (Completed Signed)		

PGY1 Graduation Checklist

Graduation Requirement Check List

Charleston Area Medical Center

PGY1 Pharmacy Residency

Resident Name:			
Requirement		Resident Initials	RPD Initials
All clinical practice requirements have been completed as stated in the residency manual			
Resident licensed in the state of West Virginia for at least 2/3 of the residency year			
Resident has achieved at least 75% of evaluated objectives and no objectives need improvement at the time of the final quarterly			
Vancomycin competency achieved per the policy in the residency manual			
Parenteral nutrition competency achieved per the policy in the residency manual			
Resident has uploaded all required portfolio items and activities into Pharm-academic as listed in the residency manual			
All call shifts completed as assigned by the program director			
All staffing shifts completed as assigned by the program director Minimum number of weekend staffing shifts: 24 (12 weekends) Minimum number of evening staffing shifts: 45			
Staffing competency achieved per the policy in the residency manual			
Resident completed all [...clinics] as assigned by the program director			
Research project presented at Midyear			
Research project submitted to CAMC Research Day (presented if accepted)			
Research project presented at Eastern states			
Research manuscript completed and suitable for publication			
Journal Club 1 completed			
Case Conference 1 completed			
Case Conference 2 completed			
Resident presented at WVU Internal Medicine Noon Conference			
Resident completed and presented drug class review to P&T			
Resident completed and presented MUE to P&T			
Resident completed all required safety reports and adverse drug reports per the drug information learning experience			
Resident completed all Health Right shifts as assigned by the program director			
Resident completed all activities outlined in their assigned leadership role as stated in the residency manual Leadership Role:			
Resident completed the ASHP teaching certificate			
Resident actively participated in a QIPS project or presentation			
Resident attended and participated in ASHP midyear showcase			
Resident attended and presented at the WV CE conference			
Resident participated in cardiac rehab as assigned by the program director			

Resident completed the resident self-assessment		
Resident completed evaluation of preceptor for each learning experience		
Resident completed evaluation of each learning experience		
Resident completed all quarterly evaluations		
Customized training plan completed each quarter		
All evaluations by preceptors in Pharmacademic have been completed		
The resident and program director have reviewed the vacation, sick and professional leave and agree it accurately reflects leave taken over the past year		
The resident has completed an exit interview with the Program Director. This interview should include discussion of the past year and may include areas of strength or continued improvement identified for the resident or areas of strength or continued improvement identified for the individual program (specific suggestions on how to improve the program are encouraged)		
All personal items have been removed from the resident desk, filing cabinets and refrigerators		
All supplies and materials furnished by CAMC have been returned (pager, iPad, etc.)		
All required exit paper work has been completed		

Program Director

Date

I support that each of the above requirements has been completed. If any deficiencies exist, I understand that I will not receive my certificate of completion of the residency program until all the requirements are fulfilled.

Resident Signature

Date

Forwarding Address:

Email:

Position Taken:

Type (circle all that apply): Full time faculty Adjunct faculty Clinical Practice

PGY2 Critical Care Graduation Checklist

Charleston Area Medical Center

Checklist for Completion of PGY2 Pharmacy Residency in Critical Care Requirements

Resident Name: _____

Program PGY2 Critical Care

Please Initial: Resident/Program Director

____/____ 1. All clinical practice requirements have been completed. All goals evaluated must be determined to be either SP or achieved. At least 75% of final evaluated goals must be determined to have been achieved by the final quarterly resident evaluation.

____/____ 2. Journal Club/Case Conferences have been completed

Case Study #1 ____/____

Case Study #2 ____/____

Journal Club #1 ____/____

____/____ 3. The major resident project is completed and submitted to CAMC Research Day and presented at Eastern States Residency Conference.

____/____ 4. The resident has written a formal summary of the research project in manuscript form suitable for publication. The research mentor has completed manuscript sign-off form.

____/____ 5. The resident has presented his/her major CE presentation at the annual West Virginia Pharmacist Education Conference

____/____ 6. The resident has completed an MUE/DUE/Drug Class Review and presented at P&T.

____/____ 7. The resident has completed the critical care disease state appendix.

____/____ 8. The resident has completed all required self assessments and preceptor assessments as listed below:

- Entering resident self assessment
- Evaluation of preceptor for each learning experience
- Evaluation of each learning experience
- Baseline and quarterly self assessments

____/____ 9. The preceptors/mentor/program director have completed all resident evaluations and discussed with the resident.

- Evaluation of the resident for each rotation
- Initial and quarterly resident development plans
- Baseline and quarterly evaluation
- Evaluations of teaching, TPN/Staffing, P&T activities

____/____ 10. The resident and program director review documentation of vacation and professional leave summary and agree that it accurately reflects leave taken over the past year.

____/____ 11. The resident has completed an exit interview with the Program Director. This interview should include discussion of the past year and may include:

- areas of strength or continued improvement identified for the resident
- areas of strength or areas requiring improvement identified for the individual program (specific suggestions on how to improve the program are encouraged)

* Documentation of each of these activities should be documented in Pharmacademic or New Innovations, as appropriate, including all materials listed in the program portfolio requirements. Other materials should be included, such as draft copies of lectures, written formative feedback, posters, presentation slide sets, awards, etc.

Timeline

CAMC Pharmacy Residency Timeline

July

- June 24 - July 15
 - Orientation
- July 7
 - Deadline to obtain WV Internship license
 - Pick IRB approved research idea
- July 15
 - Meet with research mentor and start collecting data
 - Pick a noon conference topic approved by Michael Czupryn
 - Choose a mentor for the residency year
 - Notify program director of mentor via email
 - Pick a drug class review topic and deadline approved by Shelley Schliesser
 - Notify program director via email
 - Email signed Drug Class Review Form to mentor, director and preceptor
 - Upload signed Drug Class Review Form into Pharm-academic
- Late July
 - Weekend Staffing begins
- Mid July
 - Staffing Orientation
- July 31
 - Complete initial customized training plan with residency director
 - Meet with mentor to discuss goals and plan for the year

August

- Submit midyear registration/hotel/flight information to GME
- Mid August
 - Rotations begin
 - Health Right begins
 - Evening staffing begins

September

- Prepare research abstract for ASHP Midyear
- September 30
 - WV pharmacist licensure deadline

October

- Submit research abstract for Midyear deadline
- PPS registration opens
- Update customized training plan and complete first quarterly evaluation
- Early October
 - Submit updated CV to mentor for review in preparation for Midyear
- Mid October

- Pick CE Conference Topic
- Data collection due
- Submit data collection to CHERI for analysis

November

- November 1
 - Early commitment application deadline
 - Submit bio form and objectives for CE program
- November 15
 - Review research data analysis with mentor
 - Create research poster for Midyear
- Late November
 - Submit Midyear poster for printing

December

- Complete second quarterly evaluation
- 1st week December
 - ASHP Midyear Clinical Meeting
 - Showcase: time/date pending
 - Research poster session: time/date pending
- Early December
 - Design a research topic and begin to develop a project design with research mentor
 - Notify program director of research topic via email
- December
 - Refresher Weeks
 - Work on presentations, IRB protocol, research manuscript
- December 31
 - Research manuscript due to mentor

January

- Register and submit research abstract for Eastern States
- Register research abstract for CAMC Research Day

February

- Eastern States practice presentations
- Research defense for new IRB protocol

March

- Update customized training plan with program director
- Complete third quarterly evaluation
- Meet with CHERI to finalize new IRB protocol

April

- New IRB protocol due to mentor

- CE Practice Presentations
- CAMC Research Day
- Eastern States Conference
- April 30th
 - Submission deadline for new IRB protocol

May

- WV Pharmacist Education Conference
- Complete all Teaching Certificate modules
 - Teaching philosophy and table of contents due
 - Submit required documents to ASHP for approval

June

- Complete fourth quarterly evaluation
- Graduation
- June 30
 - Last day of residency! Congratulations!

Discipline, Grievance, Remediation Policy

Charleston Area Medical Center
Pharmacy Residency Programs

Professionalism Contract

- All pharmacy residents are required to read and sign the professionalism contract during their orientation period.

Discipline and Grievance Policy

- All pharmacy residents and pharmacy residency programs will follow the Graduate Medical Education (GME) Department's Discipline and Grievance Policy as outlined in the House Staff Handbook.
- Disciplinary actions including probation, suspension, or dismissal from the program are outlined in the GME House Staff Handbook.
- The appropriate course of action will follow the GME House Staff Handbook and current Human Resource policies and procedures.
- GME House Staff Handbook: <https://www.camcmmedicine.edu/>

Performance Evaluation and Management—Remediation

- In the event there is a serious concern about clinical or educational performance or a concern as to whether the resident should require probation, remediation or continue in the program, there will be formal consideration by the Residency Council to evaluate and to take action.
- When the question is raised in the Residency Council about the adequacy of a resident's performance, the program director will discuss these concerns with the resident. The program director will also discuss these issues with Pharmacy Administration and each relevant faculty member who has had experience with the resident. The resident's faculty mentor can discuss the resident's situation with the program director. The program director will identify and communicate specific problems the resident may be having, as well as to make recommendations and implement corrective plans that deal with each identified problem.
- The program director for each residency program has primary responsibility for monitoring the competence and professionalism of residents, and for initiating counseling, probation, or other remedial or adverse action. Residents will be evaluated on individual requirements as well as program requirements. The Residency Council may assist a program director in these functions. Where circumstances warrant, a peer review group may be formed to avoid a potential conflict of interest, or to protect the privacy of the resident.
- When to form peer review groups to review a resident's status within the program will be left to the discretion of the program director and Residency Council.
- At the end of the second quarter if a resident has Needs Improvement (NI) scores on any of their objectives for the summative quarterly evaluation, the program director will form a peer review group to review the resident's progress to date to determine if completion of the residency program is obtainable or if an alternative plan or dismissal from the program is warranted.
- If the resident is unable to achieve competencies by the deadlines set forth in the competency polices, the program director will form a peer review group to review the resident's progress to date to determine if completion of the residency program is obtainable or if an alternative plan or dismissal from the program is warranted.

PTO, Moonlighting, Extended Leave Policy

Resident Expectations:

1. Residents are expected to help manage all patient care issues that arise while they are in the hospital. If they are unable to help manage a patient care issue secondary to another commitment, they must notify a clinical specialist and discuss appropriate ways to help arrange coverage for the issue.
2. Residents are expected to be **at the hospital or rotation site** for at least 8 hrs/day when they are on rotation or assigned to work (includes refresher week)
 - a. Residents will likely have to work more than 8 hours/day to ensure all patient care issues and all rotation and residency requirements are completed
 - b. The resident must check in with the preceptor prior to leaving for the day
 - c. Residents must be in-house for at least 8 hours/day during refresher week
3. If a resident will be arriving late or leaving early, the resident will send an email notifying the clinical pharmacists and pharmacy residents that they will be out of office (OOO email).

Paid Time Off:

4. Paid Time Off
 - a. Each pharmacy resident has 14 PTO days, 12 sick days and 7 professional/flex days.
 - b. Professional days are allotted for interviews and non-mandatory meeting attendance.
 - c. Flex Days may be used to work on projects and presentations. When flex days are taken the resident must remain on site from 8:00-16:00 (unless another time frame is pre-approved by the residency director) but is excused from all patient care activities. All flex days must be approved by the preceptor and program director as stated below.
 - d. All PTO, professional and flex days must be approved by the preceptor and residency director(s) prior to use.
 - i. All requests must be made to the preceptor and program director via email 1 week prior to the start of the rotation.
 - ii. PTO/professional/flex days have not been approved until the preceptor and the residency director approves the request via email.
 - e. The resident should only miss a total of 4 days (PTO, sick, professional, or flex days) per direct patient care rotation to ensure the preceptor can evaluate the resident's progress fairly and accurately. If the resident feels there are extenuating circumstances, the resident must submit a formal request in writing to the residency program director. Each request will be reviewed individually.
 - i. Please refer to the short term disability and FMLA policies if applicable that can be found in the CAMC House Staff Handbook: <https://www.camcmedicine.edu/>

- f. The preceptor and residency director must be notified of absence due to illness prior to the start of business on the day of illness (8am or earlier if required by rotation preceptor).
 - g. If a resident is absent secondary to illness or an emergency on a day they are scheduled for a staffing or parenteral nutrition shift, the resident should ask a co-resident to cover the shift. The residency director should be notified immediately of the change in coverage. The residency director must approve all changes in coverage. If the resident is unable to find coverage, the resident should immediately notify the residency director and the residency director will assign another resident to cover the shift. The resident who was absent will be assigned another shift by the residency director.
 - h. PTO days may NOT be saved in order to end the residency early. PTO may not be taken the last week of the residency. If the resident feels there are extenuating circumstances, the resident must submit a formal request in writing to the residency program director. Each request will be reviewed individually.
5. If a resident takes a PTO day, sick day, or professional day the resident will send an email notifying the clinical pharmacists and pharmacy residents of their absence (OOO email).
 6. Residents taking leave greater than the PTO and sick leave days listed above (14 days PTO, 12 days sick leave) cannot be awarded a certificate of completion unless that additional leave is made up.

Moonlighting:

7. Moonlighting
 - a. PGY1 pharmacy residents are not allowed to moonlight.
 - b. PGY2 residents choosing to moonlight are required, per ASHP policy, to count all moonlighting activities towards residency duty hours regardless of location in which moonlighting occurs. Residents are required to have moonlighting hours approved by their program director and must record the hours worked in New Innovations.

Extended Leave and Medical Leave:

8. Extension of Residency due to Leave Time:

In general, extended absences from the training program will require extension of the training program subject to the program requirements in each department and specialty board requirements. Residents are entitled to timely notification from the program regarding the effect that time away from the training program will have on meeting training requirements necessary for program completion, graduation and board eligibility.
9. Family Medical Leave

Residents who use in excess of their allotted vacation and sick leave time may be eligible for FMLA. If the resident is FMLA eligible, the pharmacy residency program will follow policies

established by GME and CAMC Human Resources. FMLA maintains the position but does not guarantee income for lost days. Extended leaves will extend the anticipated residency completion date accordingly. If this occurs, the resident will be required to sign a new contract for the anticipated length of continuation. (Please see House Staff Handbook for further details <https://www.camcmmedicine.edu/>).

Professional Practice Contract

CAMC Professional Practice Contract

The most up to date version of the CAMC Professional Practice Contract can be found within the GME House Staff Handbook at the following web address:

<https://www.camcmmedicine.edu/>

Duty Hour Requirements for Pharmacy Residencies

ASHP Duty Hour Requirements for Pharmacy Residencies: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

Residency Advisory Committee Purpose Statement

Charleston Area Medical Center PGY1 and PGY2 Critical Care Pharmacy Residency Program Residency Advisory Committee

The Residency Advisory Committee is composed of residency program directors, preceptors, and pharmacy administrators. The committee meets on the fourth Monday of each month.

The council is responsible for the following:

- Approving residency program/rotation goals and objectives and assessment strategies.
- Assuring that the residency program meets stated goals and objectives.
- Reviewing and maintaining the quality of the residency program.
- Reviewing individual resident plans, goals, rotation objectives and performance.
- Recruiting new residents.
- Developing new learning opportunities for residents and preceptors.
- Recruiting new residents.
- Developing new learning opportunities for residents and preceptors.
- Provide preceptor development opportunities.
- Other duties deemed necessary by the committee.

Core Members

Meredith Todd, PharmD, BCPS, BCIDP (PGY1 Program Director)
Brian Hodges, PharmD, BCPS, BCNSP (PGY2 Critical Care Program Director)
David Elliot, PharmD, CGP, FCCP, FASCP, AGSF (PGY2 Geriatrics Program Director)
Jennifer Chaffin, PharmD, BCPS, BCCCP
Michael Czupryn, PharmD, BCPS
Rachel Savilla, PharmD
Mathew Johnson, PharmD
Wesley Kafka, PharmD, BCCCP
Heather Carico, PharmD, BCPS
Shelley Schliesser, PharmD
Franklin Chip Huggins, PharmD, BCPS
Kelci Hall, PharmD
Katie McPherson, PharmD

Adjunct Members

Stephen Cook, PharmD, BCPS
Jessica Robinson, PharmD, BCPS
Christopher Terpening PhD, PharmD, BCACP, CGP
Cassandra Simpkins, PharmD
Michaela Leffler, PharmD, BCPS

Administrators

Brian Sayre, PharmD (Health System Director of Pharmacy)
Jennifer Gorrell, PharmD
Hannah Hutchinson, PharmD, BCPS

Core Member Responsibilities

- Attend minimum of 50% of meetings per year
 - If mentor, attend minimum of 80% of meetings per year
 - If unable to attend a meeting, assign a substitute

Adjunct Member Responsibilities

- Attend meetings when a resident is on rotation as schedule allows
 - Provide feedback to the mentor and RPD 1 week prior to the residency council meeting
 - If mentor, attend a minimum of 50% of meetings per year
 - If unable to attend meeting, assign a substitute
- Pharmacy directors
 - At least one pharmacy director will attend meeting as schedule allows

Residency Director Responsibilities for PGY1 Residents

- Update the customized training plan 1 week prior to the meeting
- Present resident progress using the customized training plan
- Update the customized training plan monthly utilizing feedback from the meeting and email the updated form to the mentor and resident
- Review the updated customized training plan with the resident within 1 week of the meeting
- Facilitate the meeting

Resident Development Plan

Resident Development Plan

PGY1 PROGRAM PURPOSE: PGY1 PHARMACY RESIDENCY PROGRAMS BUILD ON DOCTOR OF PHARMACY (PHARM.D) 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.

Entering Characteristics Mentor:	Initial Plan: Changes to Program or Residency Structure	1 st Quarter Update	2 nd Quarter Update	3 rd Quarter Update
Color Test				
PILS Test				
Rotations Completed:				
Rotations to be Completed:				
Strengths and Things Done Well:				
Areas for Improvement with Plan to Improve:				
Job/Experience Goals:				
Career Goals:				
Areas of Interests:				
Resident Progress (Summarize):				
Licensure: MPJE and NAPLEX: July 31 Goal: September 30				
% Objectives Achieved:				

Goal: 75% achieved, no needs improvements by graduation (RPD to send table each quarter)				
List objectives with Needs Improvement and Plan: Goal: No Needs Improvement by 2 nd Quarter				
On Track for Graduation: (If "No", Include Plan)				
Time Line Up to Date and Reviewed				
Portfolio Up to Date				
Evaluations Up to Date				
Vancomycin Competency: Goal: December 1 st				
TPN Competency: Goal: Level 2: December 1 st Level 3: Third Quarterly				
Staffing: Training Staffing Check List Competency Goal: End of Orientation				
Research: Midyear Poster Sept Deadline Data Collected October 19 Manuscript Dec 28 Research Day Practice Eastern States First IRB Draft April 1 IRB Submitted April 30 IRB Approved May 31				
Journal Club 1: Due Date:				
Case Conference 1: Due Date:				

Case Conference 2: Due Date:				
Noon Conference: Due Date:				
Drug Class Review: Due Date:				
Medication Use Evaluation: Due Date:				
Safety Reporting:				
ADR Reporting:				
Teaching Certificate				
QIPS: Project				
CE Conference: Due Date:				
Leadership Activity:				
Institutional Committee:				

Mentor Policy

Resident should select a mentor by the second Friday in July during orientation. Resident will ask the selected mentor if they are available. After the faculty member has agreed to be a mentor, the resident will email the RPD with their mentor's name by the second Friday in July. It is the resident's responsibility to schedule appointments with the mentor to meet all required Pharmacademic evaluation and customized training plan deadlines. The resident and mentor are responsible for completing the following evaluations:

- Quarterly evaluation – (4/year)
- Quarterly parenteral nutrition evaluation – (4/year)
- Quarterly staffing evaluation – (4/year)
- Attend Resident Development Plan meeting with resident and RPD – (4/year)

Mentors

- Jenifer Chaffin (Critical Care)
- Michael Czupryn (Internal Medicine)
- Heather Carico (Ambulatory Care)
- Kelci Hall (Critical Care)
- Brian Hodges (Critical Care)
- Chip Huggins (Pediatrics)
- Mathew Johnson (Critical Care)
- Wesley Kafka (Critical Care)
- Katie McPherson (Emergency Medicine)
- Brian Sayre (Administration)
- Rachel Savilla (Transplant)
- Shelley Schliesser (Drug Information)

Evaluation and Assessment Policy

Charleston Area Medical Center PGY1 Evaluation and Assessment Policy

Initial Incoming Assessment

- Initial assessment of residents' entering skills and knowledge will be completed in Pharm-academic prior to the start of residency. The candidate will receive an e-mail notification when the assessment is available. The program director will be responsible for reviewing the initial assessment when developing each individual resident's schedules and resident development plan. A copy of the assessment will be provided to the resident's mentor to facilitate quarterly evaluations.

Quarterly Evaluations and Resident Development Plans

- Each resident will select mentors who will be responsible for completion of the resident's quarterly evaluations. The evaluations will be completed electronically in PharmAcademic. The evaluations and frequency are listed below
 - Residents' Resident Development Plan – to be completed within first month of residency and quarterly thereafter (4/year) (program director)
 - Quarterly evaluation – completed quarterly (3/year) (annual mentor)
 - Quarterly parenteral nutrition evaluation – completed quarterly (3/year) (annual mentor)
 - Quarterly staffing evaluation – completed quarterly (3/year) (staffing mentor)
 - Quarterly research evaluation – completed quarterly (3/year) (research mentor – principal investigator)
- The residency program director will meet with each resident and mentor on a quarterly basis and keep a running log of the resident's performance and evaluations. The frequency of this meeting can be changed as needed, but will occur at least quarterly.

Quarterly Self Evaluations

- Each resident will complete a self-assessment quarterly. The self-assessments will be discussed and reviewed with the resident's mentor. After submission, the mentor will be required to electronically co-sign the document.
- Resident Development Plans will be completed with the residency director and uploaded into PharmAcademic.

Longitudinal Evaluations

- Journal Clubs/Case Conferences – paper evaluation forms will be completed after the completion of the assignment. After reviewing the paper evaluations with the resident, the residency program director or designee will complete an electronic evaluation in Pharmacademic. The paper evaluation forms will be uploaded into PharmAcademic in the portfolio section.
- Noon Conference – An electronic evaluation will be completed in Pharm-academic after each required Noon Conference.

Rotation Evaluations

- Preceptor evaluation of resident's attainment of goals and objectives
 - Only those goals outlined in the program's assessment assignment chart will be taught and evaluated
 - Preceptors will provide an orientation to the rotation that includes the following:
 - Review of the goals and objectives
 - Learning activities
 - Expectations – see Day 1 Rotation Check list in Residency Manual
 - Evaluation schedule
 - Supervision policy
 - Preceptors will provide feedback concerning the resident's performance continually throughout the rotation.

- Residents are responsible for requesting verbal feedback every Friday. The feedback should include the following:
 - One thing the resident should **continue** to do (did well)
 - One thing the resident should **start** doing over the next week (work on)
 - One thing the resident should **stop** doing (if applicable)
- Formative assessments using the “On-Demand” feature may be completed in Pharmacademic at any time during the rotation, verbal formative assessments should be completed continually throughout the learning experience
- Midpoint summative evaluations should take place verbally with the resident
- Final summative evaluations will be completed in Pharmacademic at the end of the rotation
- Preceptors will check the appropriate rating to indicate resident progress and provide narrative commentary regarding the resident’s performance, ability to self-assess performance.
- Performance level guidance is as follows:
 - NI: Needs Improvement- Resident’s level of skill on the goal does not meet the program’s standards of achieved or satisfactory progress
 - Resident was unable to complete assignments on time and/or required significant preceptor oversight
 - Resident’s aptitude or clinical abilities were deficient
 - Unprofessional behavior was noted
 - SP: Satisfactory progress
 - Resident’s skill level has progressed at a rate that will result in full competence by the end of the residency program
 - Resident is able to perform with some assistance from the preceptor
 - Improvement is evident throughout the experience
 - ACH: Achieved
 - Resident has demonstrated full competence in the goal/skill during a learning experience
 - Resident has performed the skill consistently with little or no assistance from the preceptor
 - Achieved for Residency: ACHR
 - The resident’s mentor and RPD will determine if the resident has demonstrated progression toward competence in the goal area, such that it has been achieved for their program. This typically requires documentation of progression or achievement over multiple learning experiences with consistency, independence, and professionalism.
 - Mentor will mark these as achieved on the resident’s quarterly evaluation
- Preceptor will review and electronically sign all evaluations in Pharmacademic
- Resident’s self evaluation of their attainment of goals and objectives
 - Residents will complete the summative self-assessment evaluation assigned to their specific learning experience at the end of each rotation
 - Resident will review and electronically sign all evaluations in Pharmacademic
- Resident’s evaluation of the preceptor and learning experience
 - Residents will complete the learning experience evaluation form and evaluation of the preceptor’s performance at the end of the rotation

CAMC Pharmacy Residency Evaluation Scale

- **NI: Needs Improvement-** Resident's level of skill on the goal does not meet the program's standards of achieved or satisfactory progress
 - Resident was unable to complete assignments on time and/or required significant preceptor oversight
 - Resident's aptitude or clinical abilities were deficient
 - Unprofessional behavior was noted
- **SP: Satisfactory progress**
 - Resident's skill level has progressed at a rate that will result in full competence by the end of the residency program
 - Resident is able to perform with some assistance from the preceptor
 - Improvement is evident throughout the experience
- **ACH: Achieved**
 - Resident has demonstrated full competence in the goal/skill during a learning experience
 - Resident has performed the skill consistently with little or no assistance from the preceptor
- **Achieved for Residency: ACHR**
 - The resident's mentor and RPD will determine if the resident has demonstrated progression toward competence in the goal area, such that it has been achieved for their program. This typically requires documentation of progression or achievement over multiple learning experiences with consistency, independence, and professionalism.
 - Mentor will mark these as achieved on the resident's quarterly evaluation

Supervision Policy

Supervision Policy Charleston Area Medical Center Pharmacy Residency Program

Applies to all PGY1 and PGY2 pharmacy residents at Charleston Area Medical Center and all supervising pharmacists.

Definitions

Supervision: Refers to the dual responsibility that a preceptor has to enhance the knowledge of the resident and to ensure the quality of care delivered to each patient by any resident in the preceptor's service line. Such responsibility is exercised through direct observation, consultation and guidance.

Supervising Pharmacist: A supervising pharmacist is a pharmacist who has been appointed by the program director as a preceptor.

Direct Supervision: The supervising pharmacist is physically present with the resident. The supervising pharmacist must be **on-site** with the resident during all aspects of the evaluation and order entry process. The resident must discuss all plans with the supervising pharmacist in person prior to placing orders and writing notes in CERNER.

Indirect supervision with direct supervision available: The supervising pharmacist is not physically present within the hospital or patient care site but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision if needed. The resident must **verbally** discuss plans with a supervising pharmacist via telephone or another approved mode of communication prior to placing any orders or notes in CERNER.

Oversight: The supervising pharmacist will be available if needed by means of telephonic and/or electronic modalities. The supervising pharmacist will provide feedback after care is delivered. The resident may assess the patient, develop plans, enter orders and write notes. The resident's plans will be reviewed by a supervising pharmacist **within 48 hours**.

Policy

1. A resident shall receive preceptor supervision in a style and amount appropriate to the type of rotation and the resident's abilities to practice independently.
 - a. The preceptor and resident are to discuss expectations regarding the required supervision on Day 1 of each rotation.
 - b. As the rotation progresses and the resident's ability to care for patients in the given practice area improves, the preceptor and resident will reevaluate the previously agreed upon level of direct preceptor supervision and adjust accordingly.

2. Direct supervision shall be lessened gradually over the course of the residency to allow the resident to develop independent decision-making skills while maintaining a level of overall supervision that will facilitate a learning environment that ensures patient safety.
3. Telephone/verbal orders received during assigned clinical rotations for parenteral nutrition: All orders entered by pharmacy residents must be reviewed verbally with the supervising pharmacist before they are enacted unless instructed otherwise by the supervising pharmacist or program director based on the resident's experience, skill level and competency status.
 - a. Until the resident receives their pharmacist license in the state of West Virginia, all CPOE orders will be entered by a supervising pharmacist.
4. Clinical documentation in the patient's chart: While on rotation or on parenteral nutrition service, all documentation that will become part of the patient's permanent medical record must be reviewed by a supervising pharmacist.
5. Parenteral Nutrition and Vancomycin Supervision:
 - a. Supervision for vancomycin and parenteral nutrition will progress from direct supervision to oversight per the competency policies.
 - b. Residents are expected to contact a supervising pharmacist for guidance if the resident is unsure of an answer or appropriate course of action.
6. Residents should experience no less than 10 hours of preceptor contact time including supervision during each week of a clinical rotation.
7. If a supervising pharmacist is absent, the resident will be assigned another supervising pharmacist in the given practice area to act as the supervising preceptor during their absence. The same policies regarding patient care decision making and supervision will be in place for the supervising preceptor. If another preceptor specialized in the given practice area is not available, other non-direct patient care arrangements will be made for the resident during the preceptor's absence. If questions exist regarding the covering supervising preceptor please contact the residency program director.

Personal Pager Policy

Personal Pager Policy Pharmacy Residency Program

10. Contacting supervising pharmacists: The residents will use the following method for contacting a supervising pharmacist unless the supervising pharmacist has indicated they would prefer to use an alternative method of communication.
 - a. The resident will page the supervising pharmacist (5 min apart) x 2, if the supervising pharmacist does not call back within 10 minutes, the resident will call the supervising pharmacist's cell phone (5 min apart) x 2. If the supervising pharmacist does not call back within a total of 20 minutes using the methods described above, the resident will page the pharmacy administrator on call to locate the supervising pharmacist.
11. Contacting residents: The supervising pharmacist will use the following method for contacting a resident.
 - a. The supervising pharmacist will page the resident (5 min apart) x 2, if the resident does not call back within 10 minutes, the resident will call the residents cell phone OR hospital they are assigned to for staffing (5 min apart) x 2. If the resident does not call back within a total of 20 minutes using the methods described above, the supervising pharmacist will call the appropriate residency program director to locate the resident.

Code Pager Policy

Code Pager Policy Charleston Area Medical Center Pharmacy Residency Program

In order to ensure all residents have the opportunity to respond to Code Blue emergencies, we will assign code pager responsibilities in accordance with their clinical rotation and preceptor.

Residents will respond to Code Blue emergencies with their preceptor during the time in which they are on the below clinical rotations and working with the specified pharmacy preceptor.

A Code Blue emergency schedule will be published at the beginning of each academic year.

General Hospital: paged overhead throughout hospital

STICU – Wes Kafka (STICU rotation)

MICU – Mat Johnson (MICU/NSICU rotation)

NSICU – Mat Johnson (MICU/NSICU rotation)

ED – Katie McPherson (ED rotation)

All floors (non ICU locations) – Wes Kafka and Mat Johnson (STICU and MICU/NSICU rotation)

Memorial Hospital: paged via code blue pager

SICU – Brian Hodges (SICU rotation)

OHRU – Brian Hodges (SICU rotation)

MICU – Kelci Hall (MICU rotation)

CPICU – Jen Chaffin (CPICU rotation)

Floors 2 and 3 (non ICU locations) – Kelci Hall (MICU rotation)

Floors 4 and 5 (non ICU locations) – Jen Chaffin (CPICU rotation)

Transitions of Care and Hand-off Policy

Transitions of Care and Hand-Off Policy Charleston Area Medical Center Pharmacy Residency Program

Clinical Specialist/Dieticians to Resident

- Verbally check out all consults or issues that will require follow-up by 1600 daily using SBAR
 - Parenteral Nutrition Consults on the Weekend
 - If the TPN consult is active and the resident has not been notified, the resident will assume responsibility for the consult and notify the RPD that check-out was not received
 - Other issues that require follow-up
- If unable to provide full check-out by 1600, notify the resident by 1600 to confirm the resident's preferred contact information (cell phone or pager) after 1600

Resident to Clinical Specialist

- Contact the clinical specialist by 1700 on Friday to discuss the plan for the weekend (Sat/Sun)
 - If no issues or consults have been checked out for the weekend, the resident will contact the clinical specialist to inform them that there are no consults
- Hand-off at end of shift
 - Send CAMC email to clinical specialist group (see groups below) with the following information
 - Name
 - FIN
 - Location (hospital, ICU location, floor)
 - Consult Type: parenteral nutrition, vancomycin, other
 - Any pertinent information not documented in the resident's CERNER note
 - Clinical specialist will refer to the CERNER notes for details about the consult
 - If the clinical specialist has any questions, they may page the resident for additional information
 - It is the clinical specialist groups' responsibility to divide consults and ensure all patients with active consults are covered by a pharmacist
- TPN (includes dietician)
 - Use TPN monitoring form
 - Clinical specialist or dietician may page resident for clarification
- Clinical Specialist Groups
 - Memorial Group: Brian Hodges, Meredith Todd, Jennifer Chaffin, Michael Czupryn
 - General Group: Rachel Savilla, Audis Bethea
 - Clinical specialists will check their CAMC email for consults
 - Clinical specialist or dietitian may page the resident for clarification

Electronic Health Record Note Policy

Electronic Health Record Note Policy Charleston Area Medical Center Pharmacy Residency Program

Residents

- Vancomycin
 - Note must be written in CERNER daily for all vancomycin patients being followed
 - Until vancomycin competency is achieved, every note must be forwarded to supervising pharmacist for co-signature
 - The note written will follow the vancomycin note template provided in the residency manual in the CERNER note policy folder
- TPN
 - Note must be written in CERNER daily for all TPN patients being followed
 - When resident is under direct or indirect supervision, the resident must forward the note to the supervising pharmacist for co-signature
 - When the resident has progressed to oversight, the resident must forward the note to the supervising pharmacist for review
 - The note written will follow the TPN note template provided in the residency manual in the CERNER note policy folder
 - A full initial assessment must be written for all new TPN consults using TPN note template
 - Forward the note to the supervising pharmacist for co-signature
 - Update TPN monitoring form daily
- Other Notes
 - If plan was not discussed with a supervising pharmacist prior to implementation, forward the note to the supervising pharmacist for review
 - If plan was discussed with a supervising pharmacist prior to implementation, forward the note to the supervising pharmacist for co-signature

Supervising Pharmacist Review and Co-signature of resident Notes

- Notes for review
 - Supervising pharmacist must review note within 48 hours and provide written or verbal feedback
- Notes for co-signature
 - Supervising pharmacist must co-sign note within 48 hours
 - If the resident's note does not accurately reflect the discussion, the supervising pharmacist should call the resident to discuss all discrepancies

Early Commitment Policy

Policy:

It is the policy of the Charleston Area Medical Center (CAMC) pharmacy residency programs to consider PGY1 residents for early commitment into PGY2 programs. This is a competitive process, with the goals of developing the strongest PGY2 programs possible, and recruiting residents who excel early in the PGY1 program to remain at CAMC. The residency faculty will only enter into an early commitment with PGY1 residents who have had the opportunity to clearly demonstrate the clinical and behavioral aptitude to excel in the PGY2 program. Residents who have had limited exposure to the specialized area of practice or have not demonstrated an advanced aptitude for the PGY2 program in question will be required to apply for the PGY2 program via the match, as outlined below. This is done to allow the resident a greater opportunity to demonstrate his or her potential to excel in a given PGY2 program. A Charleston Area Medical Center PGY1 resident who desires to pursue a PGY2 residency at CAMC has two options:

1. Express his or her interest in the fall of the PGY1 residency and initiate the process for applying to the PGY2 residency program through early commitment.
2. Apply for the PGY2 residency following the application process to participate in the PGY2 match, utilizing the deadlines set forth for all other candidates.

Procedure:

1. Residents interested in pursuing early commitment for a PGY2 residency should submit a signed letter of intent and current curriculum vitae to the respective PGY2 residency program director.
2. The deadline for submission of the application materials is by the end of business day on the first Monday of November annually.
3. After receipt of the letter, the PGY2 program director will facilitate time for early commitment candidates to interview informally with faculty, as requested by either the residency faculty or the early commitment candidate.
4. The early commitment application will then be evaluated by the residency faculty after the completion of requested interviews.
5. An applicant is offered early commitment if 2/3 of voting clinical faculty vote in favor of extending the offer. Once selected, an offer letter will be sent to those applicants by end of business day on the fourth Monday of November.
6. If it is felt that the program is not ready to accept an early commitment applicant by the end of November, the applicant will be notified. The program will recruit for positions via the PGY2 matching process, but will retain the resident's application and consider the resident for the position in the course of the normal resident recruitment process. All applicants not accepted through the early commitment process will go through the match process. Any further interview arrangements, as desired by either the candidate or program, will be arranged by the respective PGY2 director.
7. Interested candidates who do not apply by the early commitment deadline for PGY2 application will be required to participate through the resident matching process. Interview arrangements, as desired by either the candidate or program, will be arranged by the respective PGY2 director. The resident will be required to apply through the online application portal affiliated with the resident matching process.

Chief Resident Policy

Designation of Chief Resident Policy

Charleston Area Medical Center

Pharmacy Residency Programs

Designation of “chief resident” for a given residency class will be determined as follows:

- PGY1 residents remaining in the program for PGY2 residency training should submit of letter of interest in serving as “chief resident” for the ensuing residency year by April 15 of the PGY1 year.
- Members of the residency advisory council will have the opportunity to interview residents applying internally for the chief resident position, and the RAC will select a chief from those applying.
- In the event that no CAMC PGY1 residents remain in the residency program for PGY2 training, PGY2 residents entering the CAMC program from an outside institution should submit a letter of interest in serving as “chief resident” for the ensuing residency year by July 1.
- Members of the residency advisory council will have the opportunity to interview PGY2 residents applying externally for the chief resident position, and the RAC will select a chief from those applying.
- In the event that there are no PGY2 residents in the CAMC residency program, or none who apply for the position, there will be no chief resident designated for the ensuing residency year.

Scrub Policy

Scrub Policy Charleston Area Medical Center Pharmacy Residency Program

Scrubs may be worn if the following criteria are met:

1. The scrubs worn must be a matching set.
 - a. Tops and bottoms must match
2. The scrub color may not be royal blue, maroon, or green.
3. You may not wear scrubs that are dispensed by CAMC machines.
4. You must obtain permission from each preceptor prior to wearing scrubs on their rotation.
 - a. It is your responsibility to make sure you know each preceptor's preference.

Office Space and Computer Access

Office Space and Computer Access

ID Badges

Photo identification cards are issued during orientation and should be displayed prominently above the waste while you are on the hospital premises. These cards provide access to parking facilities and certain areas of the institution. The cards also provide access to the WVU library after hours. Identification cards are not to be loaned or transferred. The Security Department located in the Memorial Hospital parking garage is responsible for issuing replacement cards should your original become lost or inoperative. There is a charge for replacing lost or stolen cards.

Pagers

Residents will be issued a pager through the GME office. The personal pager must be carried at all times. If the resident will be unavailable, it is their responsibility to arrange for clinical coverage for their pager. The resident may also choose to use the AMSConnect application to deliver pages to their smart phones. This application must be set up during orientation with access provided by GME.

Office Space

Residents are allocated shared office space at both Memorial and General Hospital campuses. Work space at the other hospitals and pharmacies will be designated by the preceptors of those rotations.

Computer Access

The computers located in the resident offices are available for use 24 hours a day, 7 days a week. Residents are provided a password to access CAMnet and email. This logon and password are assigned by the Information Services department and will work on any computer that is on the network. Please check email no less than once a day as this will serve as a primary mode of communication for meetings, notifications, etc. Residents will also be given access to the electronic health record and CPOE. Residents will be given remote access in order to access email, the EHR, and other medical databases from off-campus.

Leadership Activities

Leadership Activities

1. Continuing Education Conference Coordinator (PGY2)

- Responsible for working with Wes Kafka and Josh Kent to organize the annual WV CE conference held in May
 - Coordinate with Wes and Josh to set conference date and reserve rooms
 - Email program directors in the state of WV and ask if interested in participating
 - Email residents with deadlines
 1. Topic Selection – second Friday in December
 2. Bio form and objectives – second Friday in January
 3. Final Presentations Due - 1 week prior to conference date
 - Work with Wes to approve topics, bio form and objectives
 - Ensure Josh has updated pharmacist mailing list
 - Work with Josh and Wes to get CE approved for pharmacists, mid-levels and physicians
 - Work with Wes to coordinate room assignments
 - Work with Josh and Wes to create pamphlets and posters for CE conference
 1. Mail to pharmacists
 2. Posters in resident/physician/nurse practitioner/physician assistant areas
 - Work with Josh and Wes to organize coffee and lunch the day of the conference
 - Work with Josh to upload presentations on computers the week prior to the conference
 - Work with Wes to select moderators for each room

2. Wellness (PGY2 + PGY1)

- Responsible for planning resident and faculty wellness activities and updating and maintaining a list of CAMC residency alumni.
 - Coordinate monthly to every other month wellness activities for residents and faculty
 - Contact previous residents to obtain the following information
 - Current Practice Site
 - Current Position Held
 - Current certification (ie BCPS, CGP)
 - Current list of publications
 - Develop a survey to distribute to graduates to gain feedback about the residency

3. Resident Candidate Interview Coordinator (PGY1)

- Responsible for helping coordinate resident candidate interviews.
 - Scheduling residency candidate interviews
 - Keep an updated calendar of scheduled interviews (coordinate with Christy)
 - Work with Christy Shaw to schedule hotels and meals
 - Work with the PGY1 program director and Christy Shaw to prepare candidate itinerary
 - Check with clinicians, director of pharmacies, etc for their availability at least 2 weeks in advance
 - Finalize itinerary should be emailed to participant at least 1 week prior to candidate visit
 - Provide transportation to and from hotel and CAMC (coordinate with Christy)
 - Make arrangements for current resident and candidate lunch (coordinate with Christy)

4. Community Service (PGY1)

- Coordinate and organize at least one community service activity each quarter.
 - This may be in conjunction with another residency or university program.

5. Midyear and Eastern States (PGY1)

- Responsible for all arrangements for the midyear meeting. These responsibilities include:
 - Ensure that all residents/preceptors are registered for the meeting/PPS in advance
 - Flight arrangements (August: Michael Rader)
 - Hotel arrangements (August: Michael Rader)
 - Ensuring that display is up to date and shipped at appropriate time (see Christy for shipping arrangements and updating display)
 - Arrange to borrow display board from media services (Dale Johnson 388-5770, located North Park)
 - Call Christy Shaw and arrange for jump drives for recruiting
 - Ensure that recruiting materials are updated and uploaded to jump drives (coordinate with Christy Shaw)
 - Arrange with Christy for return shipping of display prior to leaving
 - Make a list of cell phone numbers for all residents/preceptors/HR/Administration attendees
 - Arrange for return of display board to media services after meeting
- Eastern States
 - Submit request for research travel fund to GME (see Michael for assistance)
 - Arrange for Eastern States hotel for all residents and preceptor (coordinate with GME – ask Michael)
 - Ensure that all residents are registered and abstracts submitted for Eastern States on time
 - Submit email meeting registration confirmation for all residents to GME

6. Website and End of Year (PGY2 + PGY1)

- Responsible for updating the recruitment website and planning the end of the year graduation dinner.
 - Website
 - Update and maintain accuracy of information on CAMC Pharmacy Residency Website
 - Update current resident and clinician information on website
 - Work with Scott Phillips 388-9992 to accomplish these tasks
- End of Year Party
 - Set date, place and time for party (coordinate with Christy and RPDs)
 - Coordinate meal with restaurant/facility (coordinate with Christy)
 - Develop itemized budgets and coordinate funding with Christy
 - Coordinate with Shelley and Christy to print final resident portrait
 - Coordinate purchase order for poster prior to printing (use graduation funds)
 - Send out invitations to administration, preceptors, current and incoming residents (coordinate with Christy)

First Day of Rotation Checklist

First Day of Rotation Check-List

To be completed on day 1 of the rotation. Must be signed by both the preceptor and the resident. Completed and signed form must be uploaded into Pharmacademic and emailed to the residency director on day 1 of rotation.

Date:		Rotation:
Resident Initials	Preceptor Initials	Items to be Reviewed on Day 1 of Rotation:
		Review the syllabus with the preceptor on day 1 of the rotation (print or online)
		Review the updated customized training plan with the preceptor on day 1 of the rotation.
		Expected working hours are from _____ to _____ **Working hours will vary depending on the patient load and required duties for the day**
		Resident is expected to arrive early enough to work up all patients by _____ time. Resident is expected to know patients in detail
		Residents must check in with the preceptor prior to leaving for the day
		Describe where a resident should work patients up in the morning
		Describe what a resident should do if they have downtime
		Resident is expected to proactively read about unknown medications, procedures, and disease states they encounter during their residency
		Resident is expected to engage preceptors in higher level discussions after reading about a new topic
		Resident is expected to be prepared for topic discussions
		Describe what a resident should be able to do at the beginning of the rotation
		Describe what a resident should be able to do at the end of the rotation
		Review longitudinal project deadlines that fall within this rotation block. List below:
		List two goals the resident would like to achieve by the end of the rotation a. b.
		List two goals the preceptor would like the resident to achieve by the end of the rotation a. b.
		Circle the primary method the resident should contact the preceptor regarding patient care issues a. Pager b. Cell phone c. Office If a resident cannot reach the preceptor using the primary method (5 min apart) x 2, the resident will attempt using the alternative method (5 min apart) x 2 (i.e. if paged, call OR if called, page). If no answer using all methods above, page the pharmacy administrator on call to locate the clinical pharmacist.
		PGY1 residents only: Ask for formal verbal feedback at least once per week. Preceptor will provide verbal feedback at least one per week. The resident will email the RPD the items listed below by 2300 every Friday. a. 1 thing the preceptor stated the resident did well or should continue doing b. 1 thing the preceptor stated resident should work on for next week or start doing c. 1 thing the preceptor stated the resident should stop doing (if applicable)
Resident Signature		
Preceptor Signature		

Orientation

GME Orientation

Each year all incoming residents begin their orientation process with the Graduate Medical Education department. This usually begins during the last week of June, and covers new hire topics that include:

- Human Resources Benefits Overview
- Program Overview
- Life support training skills (BLS, ACLS, PALS)
- Universal Curriculum required topics

Example GME Orientation Schedule:

Thursday, June 24, 2021

Virtual Sessions – All Groups

1:30PM – 3:30PM Groups **A**, **B**, **C** and **D** – Zoom based Human Resources Benefits Overview– Participate from a location where you can engage with use of microphone and camera device.

<https://zoom.us/j/91540212565?pwd=a1lyVlVCR2ZabFZQTlRYMzdHbMngxQT09>

Meeting ID: 915 4021 2565 Passcode: p0j4YGiVb

One tap mobile

+19292056099,,91540212565# US (New York)

4:00PM – 4:30PM Groups **A**, **B**, **C** and **D** – Zoom based Pharmacy 340-B Program Overview– Participate from a location where you can engage with use of microphone and camera device. Jennifer Weiss is inviting you to a scheduled

<https://zoom.us/j/94891713784?pwd=ODJZRmxGeXdsUEVUdDRhcGdVNGtKUT09>

Meeting ID: 948 9171 3784 Passcode: 6mLqC3D6h

One tap mobile

+19292056099,,94891713784# US (New York)

Friday, June 25, 2021

12:30PM – 1:30PM **Virtual training** - All residents and fellows
Sleep Deprivation and Fatigue Mitigation – Dr. Elise Drake
Conducted Via Zoom – Participation from a location where you can be engaged and use a microphone and camera is strongly recommended.

<https://zoom.us/j/91946372743?pwd=czVrMlJhTXk1aHAvNTJvSnkwNnY4Zz09>

Meeting ID: 919 4637 2743 Passcode: vaZ0kcd1i

One tap mobile

+19292056099,,91946372743# US (New York)

2:00PM – 3:30PM **In-person training** – **Group A: Red Group** and **Group B: Green Group**
Professionalism and Diversity/Inclusion – Ms. Denise Burgess, RN
CAMC Memorial Campus – WVU Building, WVU Auditorium

Monday, June 28, 2021

In-Person Session by Groups - Cerner Training – Northgate Business Park – CAMC Innovation Center
Cerner Training, Device Setup, Fluency Direct

7:00AM – 3:00PM **Group A – Red Group;** and **B – Green Group**

Tuesday and Wednesday, June 29 and June 30, 2021

8:00 AM – 5:00 PM Program level orientation – Specific programs – Consult your program for details.

Wednesday, June 30, 2021

4:00PM – 5:00PM Optional opportunity for all new residents/fellows – Benefit enrollment lab
Human Resources staff available for individual help with benefits selection and enrollment.

Residency Program and Staffing Orientation

Incoming Resident Staffing Orientation

General Description:

Orientation will consist of 3 weeks of mandatory training and education in a variety of areas, followed by 4 weeks of inpatient staffing experience in the main pharmacy departments of Memorial and General Hospitals.

The first few days will consist of new employment orientation led by Human Resources, computer training, and introduction to the Graduate Medical Education department.

During the first two weeks, the program director will meet with the residency class to introduce and familiarize the resident with the goals and objectives of which their rotation and quarterly evaluations will be based upon. The weekend and weekday parenteral nutrition and staffing experience and other longitudinal responsibilities of the resident will also be reviewed and discussed. The resident will also actively participate in ACLS and PALS training, as well as a variety of didactic lectures including nutrition, sepsis pathophysiology and management, pharmacokinetics, antimicrobial stewardship program, and select disease state review. The resident will complete required activities for vancomycin and parenteral nutrition competency.

During the third week, the resident will shadow the clinical specialists and complete a shadowing check list in the morning and complete online training in the afternoon.

During the orientation block, residents will be responsible for choosing a mentor for the year and a research project. The resident will also be responsible for picking a noon conference topic and drug class review topic as outlined in the respective learning descriptions and residency manual.

After the program orientation is completed, the residents will staff full time in the main pharmacy department for four weeks. Each day the resident will be assigned to work with either a technician or pharmacist in order to gain exposure to and learn CAMC's central pharmacy workflow.

Role of the Pharmacist:

The role of the pharmacists during the orientation block are to introduce all new pharmacy residents to the department and to their specific practice areas. The pharmacy faculty will also prepare and present topic discussions and didactic sessions on their particular practice areas of expertise to help prepare the residents for clinical rotations.

All staff pharmacists are expected to introduce each new resident to the daily tasks of the pharmacy department with regard to order verification, preparation, and dispensing of medications.

Expectation of Residents:

Attend all lectures and orientation sessions.

Complete all computer-based training sessions (Critical Point, CITI Training, CAMC new hire modules)

Take NAPLEX and MPJE if not done.

If not licensed by July 7, obtain WV intern license

Vancomycin Competency:

Attend didactic courses during orientation

Achieve at least an 80% on all written tests

Complete vancomycin cases as required per the competency policy

Nutrition Competency Step 1:

Attend all didactic courses during orientation

Achieve at least an 80% on the written test

Complete all cases per the competency policy

Shadow Clinical Pharmacist

Complete shadowing check list

Progression of the Resident:

First Week: Attend and participate in all CAMC new hire and GME orientation sessions

Weeks 2-3: Attend and participate in all Didactic sessions, topic discussions, orientation review sessions, and preceptor shadowing

Weeks 4-7: Complete all staffing shifts as assigned at Memorial and General hospitals, complete staffing checklist

Clinical Pharmacist Shadowing Check List

Clinical Pharmacist Shadowing Check List

**** A clinical preceptor will initial each item the resident can perform independently during the orientation shadowing experience. This list must be completed by last day of the orientation shadowing experience. ****

Preceptor 1	Preceptor 2	Tasks to be reviewed
		Determine how many PRN medications were given within the last 24 hrs
		Identify when the last dose of a schedule medication was given
		Identify which scheduled medications were given and which scheduled medications were not given within the last 24 hrs
		Determine what electrolyte replacements the patient has received since midnight
		Determine how many units of sliding scale insulin a patient received in the past 24 hrs
		Determine which medications were started in the past 24hrs
		Determine which medications were discontinued in the past 24 hrs
		Identify all continuous drips infusing for a given patient
		Identify if a given ICU patient has an arterial line
		Locate where to write a vancomycin consult note
		Locate where to read the previous vancomycin consult notes
		Locate where to write a parenteral nutrition assessment
		Identify all positive culture results for a current admission
		Locate where to read clinical nursing notes
		Describe how to page the physician or resident covering a given patient (how to page and find pager numbers)
		Determine rate and type of tube feed being administered to a given patient
		Determine if a tube feed is at goal based on most recent nutrition assessment
		Determine if a patient has a central line
		Locate the most recent progress note from the attending physician
		Determine if a dialysis patient will receive dialysis that day
		Determine if a dialysis patient has received dialysis that day
		Identify if an ICU patient is on a ventilator
		Identify if an ICU patient has a urinary catheter
		Determine the In's and Out's and fluid balance for an ICU patient
		Determine hourly urine output for an ICU patient
		Locate where the home medication list is updated
		Identify all active ICU vancomycin per protocol orders in Cerner for a given hospital
Resident Signature		
Resident signature above indicates that the resident completed all of the above tasks independently at least twice		
RPD Signature		

CITI Log On Instructions

FOR NEW USERS:

1. Access the mandatory CITI Training at:
www.citiprogram.org
 2. Click Register to create a new account
- Follow the prompts on each page to register
1. Choose CAMC Health Education and Research Institute in the first drop down box
(click Continue to Step 2 at bottom of page)
 2. Complete your Name and Email Address
(click Continue to Step 3 at bottom of page)
 3. Create your username and password
(click Continue to Step 4 at bottom of page)
 4. Enter your information as requested
(click Continue to Step 5 at bottom of page)
 5. Choose if you would like to receive CEUs for your participation (there is a fee)
(click Continue to Step 6 at bottom of page)
 6. Enter your Contact Information
(click Continue to Step 7 at bottom of page)
 7. These are the required courses:
 - Group 1, Biomedical: for nearly all participants
 - Good Clinical Practices: USDA Focus is required for CAMC CHERI. You may choose another to complete that reflects your participation in research
 - HIPS: choose a minimum of one to complete that reflects your participation in research
3. You will receive a verification email for you to complete your registration
 4. You can then begin the modules. They must be taken in order and a score of 80% must be obtained on each.

FOR EXISTING USERS:

1. Access the mandatory CITI Training at:
www.citiprogram.org
2. Log in to your account with your already created username and password
3. Choose to Affiliate with Another Institution
Choose CAMC Health Education and Research Institute
4. You will still need to register to take the Group 1, Biomedical course and GCP USDA Focus
You will receive credit for all modules that were completed with your previous institution
Additional, CAMC specific modules, will exist and must be completed to obtain a completion certificate through CAMC Health Education and Research Institute
5. You can then begin the modules. They must be taken in order and a score of 80% must be obtained on each.

Once you have completed the courses, you may print a copy of the completion certificate to keep for your own records. There is no need to send a copy to the IRB Office of Research and Grants – we will receive email notification from the CITI website upon your completion.

Please direct all CITI related questions to the Office of Research and Grants at 388-9973.

Critical Point Sign On Instructions

Below are the instructions for accessing critical point which is training surrounding USP 797 and 800 guidelines. Completion of these modules are required. If you need any assistance please let me know.

Follow these steps for your registration to the CriticalPoint training programs.

- a) To access the registration for the CriticalPoint training programs click on the following link: <http://www.criticalpoint-lms.com>
- b) Under the Username/Password box on the right side you will click on the link "Register Here" to access the registration form.
- c) Fill in your full contact information.
- d) *****In the Registration Code box you MUST enter the following text CAMCGeneral in order to complete the registration form. If you do not add this code you will need to contact CriticalPoint at pcantor@criticalpoint.info to finish the registration process. *****
- e) Accept the End Users License Agreement and click on Save Changes

You are now registered for the CriticalPoint training. Please note that the courses may take up to 15 minutes to appear in your Learning Activities section of your account. Good luck with your training and please let us know if you have any questions.

Parenteral Nutrition Competency

Parenteral Nutrition Competency Charleston Area Medical Center Pharmacy Residency Program

Supervision and Evaluation Policy

Supervising Pharmacist

A supervising pharmacist is a pharmacist who has been appointed by the program director as a preceptor for the respective consult.

Direct Supervision and Evaluation Policy and Procedure

Direct Supervision - the supervising pharmacist is physically present with the resident.

The supervising pharmacist must be **on-site** with the resident during all aspects of the evaluation and order entry process. The resident must discuss all plans with the supervising pharmacist in person prior to placing orders and writing notes in CERNER.

1. The resident will forward all notes for co-signature to the supervising pharmacist in CERNER.
2. The supervising pharmacist will co-sign notes within 24 hours.
3. The supervising pharmacist will evaluate the resident using the appropriate Competency Evaluation Tool (see residency manual or Pharm-academic) within 48 hours.
4. The supervising pharmacist will email the completed form to the resident and the program director within 48 hours.
5. The resident will upload the completed form into Pharm-academic within 48 hours of receiving the form.

Indirect Supervision and Evaluation Policy and Procedure

Indirect supervision with direct supervision available - the supervising pharmacist is not physically present within the hospital or patient care site but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision if needed.

The resident must **verbally** discuss plans with a supervising pharmacist via telephone or another approved mode of communication prior to placing any orders or notes in CERNER.

1. The resident will forward all notes for co-signature to the supervising pharmacist in CERNER.
2. The supervising pharmacist will co-sign notes within 48 hours.
3. The supervising pharmacist will evaluate the resident using the appropriate Competency Evaluation Tool (see residency manual or Pharm-academic) within 48 hours.
4. The supervising pharmacist will email the completed form to the resident and the program director within 48 hours.

5. The resident will upload the completed form into Pharm-academic within 48 hours of receiving the form.

Oversight Supervision and Evaluation Policy and Procedure

Oversight - the supervising pharmacist will be available if needed by means of telephonic and/or electronic modalities. The supervising pharmacist will provide feedback after care is delivered.

The resident may assess the patient, develop plans, enter orders and write notes. The resident's plans will be reviewed by a supervising pharmacist within 48 hours.

1. The resident must maintain a log of all consults completed while working the weekend and forward the list to the weekend clinical specialist back up for review.
2. The resident must forward all notes written in CERNER while working the weekend to the supervising pharmacist for review.
 - a. The weekend clinical specialist back-up will evaluate forwarded notes for review within 48 hours.
 - b. The weekend clinical specialist back up will provide verbal or written feedback when appropriate.

Parenteral Nutrition Competency Policy

Parenteral Nutrition Competency Level 1: Policy and Procedure

PGY1 and PGY2 residents will require **direct supervision** until the resident has achieved Parenteral Nutrition Competent Level 2.

Parenteral Nutrition Competency Level 2: Requirements

The resident must complete all the items listed below **AND** gain approval from the residency director and the residency council. The residency director will notify the resident **via email** when the resident has achieved Parenteral Nutrition Competency Level 2.

- 1) Be a licensed pharmacist in the state of West Virginia.
- 2) Attend didactic courses during orientation or approved make-up sessions.
- 3) Achieve at least an 80% on the written test.
 - a) Administered during orientation or approved make-up session.
- 4) Complete 5 written cases and achieve an 80%.
 - a) Administered during orientation or approved make-up session.
- 5) Complete at least 2 parenteral nutrition weekends AND 10 parenteral nutrition consults following the direct supervision procedure and evaluation process. The 10 nutrition consults (1 consult = 1 patient/weekend). May be supplemented with consults completed under the direct supervision of a supervising pharmacist during rotations if approved by the program director.

Parenteral Nutrition Competency Level 2: Outcome Based Goal for Graduation

All residents must achieve Parenteral Nutrition Competency Level 2 by **December 1st**. If a resident does not achieve Parenteral Nutrition Competency Level 2 by December 1st, the resident and program director will develop a remediation plan. The resident must achieve Parenteral Nutrition Competency Level 2 to graduate from the residency.

Parenteral Competency Level 2: Policy and Procedure

Residents require **in-direct supervision** for all parenteral nutrition consults until the resident has achieved Parenteral Nutrition Competency Level 3. Refer to the indirect supervision and evaluation policy and procedure above.

Parenteral Nutrition Competency Level 3: Requirements

The resident must complete all the items listed below and gain approval from the residency director and the residency council. The residency director will notify the resident **via email** when the resident has achieved Parenteral Nutrition Competency Level 3.

- 1) Complete all requirements for parenteral nutrition competency level 2.
- 2) Complete an additional 5 written cases and achieve an 80%
- 3) Complete a written exam and achieve an 80%.
- 4) Complete at least 2 parenteral nutrition weekends AND 10 parenteral nutrition consults under **indirect supervision** of a supervising pharmacist. Please refer to the in-direct supervision and evaluation policy and procedure.

Parenteral Nutrition Competency Level 3: Outcome Based Goal for Graduation

All residents must achieve Parenteral Nutrition Competency Level 3 by the **third quarterly evaluation**. If a resident does not achieve Parenteral Nutrition Competency Level 3 by the third quarterly evaluation, the resident and the program director will develop a remediation plan. The resident must achieve Parenteral Nutrition Competency Level 3 to graduate the residency.

Parenteral Nutrition Competency Level 3: Policy and Procedure

The resident may complete parenteral nutrition consults with the oversight of a supervising pharmacist **UNLESS** the patient meets one of the criteria requiring indirect supervision listed below. The resident is encouraged to call a supervising pharmacist with any questions or concerns.

Criteria Requiring Indirect Supervision

- 1) Peripheral parenteral nutrition orders
- 2) Cycled parenteral nutrition orders
- 3) Patients < 18 yrs old
- 4) CRRT is initiated, continued or discontinued
- 5) New consults
- 6) Patients whose electrolytes require physician notification per the parenteral nutrition protocol

Direct Supervision Parenteral Nutrition Competency Tool

Please complete one form for the weekend

Number of consults _____ (1 consult = 1 patient (i.e. same patient Saturday and Sunday = 1 consult))

Resident _____

Preceptor Name _____

Date _____

Skill completion This entails gathering the needed information for each skill, evaluating that information, and making needed adjustments to optimize the PN plan. If a given aspect of patient plan already developed, may be marked not applicable (N/A).	Completed with little/no preceptor intervention	Completed with significant preceptor intervention	Could not complete - Preceptor required to intervene directly
To be completed for new consults			
Accurately determined dosing weight and included on PN order Circle one: critically ill, non-critically ill			
Appropriately determined indication for PN using facility-specific and document on monitoring form			
Identified pertinent allergies and documented on PN monitoring form			
Based on completed nutrition assessment and physical examination, accurately determined and ordered macronutrient components of PN as grams/day including ordering appropriate macronutrient doses (based on labs, propofol, CRRT, IVF, etc).			
Accurately determines macronutrient goals based on current clinical status.			
Appropriately identified administration route and confirmed catheter tip placement			
Accurately evaluates PN infusion rate, volume status, and total fluid needs as determined by the primary service			
Based on clinical status, appropriately ordered electrolyte additives in parenteral nutrition			
Based on clinical status, appropriately ordered electrolyte replacement outside of parenteral nutrition			
Identified and accurately ordered vitamins, trace elements, and any other needed additives for PN formulation including additional vitamins, trace elements, or other nutrients			
Included any non-nutrient medications (eg, insulin, famotidine) in the PN order only if supported by stability, compatibility, and clinical data along with assessment of potential drug-nutrient interactions.			

Skill completion This entails gathering the needed information for each skill, evaluating that information, and making needed adjustments to optimize the PN plan. If a given aspect of patient plan already developed, may be marked not applicable (N/A).	Completed with little/no preceptor intervention	Completed with significant preceptor intervention	Could not complete. Preceptor required to intervene directly
Reviewed completed PN formulation to verify that all intended contents are included and are within an acceptable standard range as listed on PN order			
Completes PN formulation via the written order form and places original document in patient chart			
Included any related orders for routine care and monitoring as appropriate (labs, insulin, IV fluid changes, etc)			
Engaged patient and family/caregiver/surrogate decision maker, when appropriate			
Demonstrated the ability to communicate PN order recommendations and rationale verbally.			
Completed appropriate PN progress notes or IPOC written documentation with formulation rationale and monitoring plans in the electronic medical record.			
Demonstrated ability to follow cases daily or over time to modify the PN order based on the patient's changing clinical condition and tolerance to PN.			
Monitored for complications and intervened, if needed			
Appropriately implemented PN product shortage management strategy in relation to this order			
Appropriately determined type of dialysis (PD, HD, CRRT) and schedule			
Identified oral diet or tube feed formulation, rate and amount of calories received from tube feeds and adjusted parenteral nutrition accordingly			
Identified if parenteral nutrition can be discontinued			
Comments:			

Indirect Supervision Parenteral Nutrition Competency Tool

*****Please complete one form for the weekend*****

Number of consults _____ (1 consult = 1 patient (i.e. same patient Saturday and Sunday = 1 consult))

Resident _____

Preceptor Name _____

Date _____

Skill completion This entails gathering the needed information for each skill, evaluating that information, and making needed adjustments to optimize the PN plan. If a given aspect of patient plan already developed, may be marked not applicable (N/A).	Completed with little/no preceptor intervention or prompting **Resident aware of limitations and asked questions when appropriate**	Completed with significant preceptor intervention or prompting	Preceptor required to come in and provide direct on-site supervision to complete consults
Appropriately identified administration route and confirmed catheter tip placement			
Accurately evaluates PN infusion rate, volume status, and total fluid needs as determined by the primary service			
Based on clinical status, appropriately ordered electrolyte additives in parenteral nutrition			
Based on clinical status, appropriately ordered electrolyte replacement outside of parenteral nutrition			
Identified and accurately ordered vitamins, trace elements, and any other needed additives for PN formulation including additional vitamins, trace elements, or other nutrients			
Included any non-nutrient medications (eg, insulin, famotidine) in the PN order only if supported by stability, compatibility, and clinical data along with assessment of potential drug–nutrient interactions.			
Reviewed completed PN formulation to verify that all intended contents are included and are within an acceptable standard range as listed on PN order			
Completes PN formulation via the written order form and places original document in patient chart			
Included any related orders for routine care and monitoring as appropriate (labs, insulin, IV fluid changes, etc)			

Skill completion This entails gathering the needed information for each skill, evaluating that information, and making needed adjustments to optimize the PN plan. If a given aspect of patient plan already developed, may be marked not applicable (N/A).	Completed with little/no preceptor intervention or prompting **Resident aware of limitations and asked questions when appropriate**	Completed with significant preceptor intervention or prompting	Preceptor required to come in and provide direct on-site supervision to complete consults
Demonstrated the ability to communicate PN order recommendations and rationale verbally.			
Completed appropriate PN progress notes or IPOC written documentation with formulation rationale and monitoring plans in the electronic medical record.			
Demonstrated ability to follow cases daily or over time to modify the PN order based on the patient's changing clinical condition and tolerance to PN.			
Monitored for complications and intervened, if needed			
Appropriately implemented PN product shortage management strategy in relation to this order			
Appropriately determined type of dialysis (PD, HD, CRRT) and schedule			
Identified oral diet or tube feed formulation, rate and amount of calories received from tube feeds and adjusted parenteral nutrition accordingly			
Identified if parenteral nutrition can be discontinued			
Comments:			

**Vancomycin Competency
Charleston Area Medical Center
Pharmacy Residency Program**

Supervision and Evaluation Policy

Supervising Pharmacist

A supervising pharmacist is a pharmacist who has been appointed by the program director as a preceptor for the respective consult.

Direct Supervision and Evaluation Policy and Procedure

Direct Supervision - the supervising pharmacist is physically present with the resident.

The supervising pharmacist must be **on-site** with the resident during all aspects of the evaluation and order entry process. The resident must discuss all plans with the supervising pharmacist in person prior to placing orders and writing notes in CERNER.

6. The resident will forward all notes for co-signature to the supervising pharmacist in CERNER.
7. The supervising pharmacist will co-sign notes within 24 hours.
8. The supervising pharmacist will evaluate the resident using the appropriate Competency Evaluation Tool (see residency manual or Pharm-academic) within 48 hours.
9. The supervising pharmacist will email the completed form to the resident and the program director within 48 hours.
10. The resident will upload the completed form into Pharm-academic within 48 hours of receiving the form.

Indirect Supervision and Evaluation Policy and Procedure

Indirect supervision with direct supervision available - the supervising pharmacist is not physically present within the hospital or patient care site but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision if needed.

The resident must **verbally** discuss plans with a supervising pharmacist via telephone or another approved mode of communication prior to placing any orders or notes in CERNER.

6. The resident will forward all notes for co-signature to the supervising pharmacist in CERNER.
7. The supervising pharmacist will co-sign notes within 48 hours.
8. The supervising pharmacist will evaluate the resident using the appropriate Competency Evaluation Tool (see residency manual or Pharm-academic) within 48 hours.
9. The supervising pharmacist will email the completed form to the resident and the program director within 48 hours.
10. The resident will upload the completed form into Pharm-academic within 48 hours of receiving the form.

Oversight Supervision and Evaluation Policy and Procedure

Oversight - the supervising pharmacist will be available if needed by means of telephonic and/or electronic modalities. The supervising pharmacist will provide feedback after care is delivered.

The resident may assess the patient, develop plans, enter orders and write notes. The resident's plans will be reviewed by a supervising pharmacist within 48 hours.

3. The resident must forward all notes written in CERNER while "on-call" to the supervising pharmacist for review.
 - a. The on-call back-up will evaluate forwarded notes for review within 48 hours.
 - b. The on-call back up will provide verbal or written feedback when appropriate.

Vancomycin Competency Policy

Vancomycin Competency Level 1: Policy and Procedure

Residents will require **indirect supervision** for all vancomycin dosing until the resident has achieved Vancomycin Competency Level 2.

- A licensed pharmacist or physician must enter all orders if the resident is not a licensed pharmacist in the state of West Virginia.

Vancomycin Competency Level 2: Requirements

The resident must complete all the items listed below **AND** gain approval from the residency director and the residency council. The residency director will notify the resident **via email** when the resident has achieved Vancomycin Competency Level 2.

1. Be a licensed pharmacist in the state of West Virginia.
2. Attend didactic courses during orientation and complete group cases.
3. Achieve at least an 80% on the written test.
 - a. Administered during orientation.
4. Complete 5 written cases and achieve an 80%.
 - a. Administered during orientation.
5. Complete at least 10 vancomycin consults following the in-direct supervision procedure and evaluation process and be evaluated as completed with no preceptor intervention on all items (see competency evaluation form in residency manual).
 - a. 6/10 vancomycin consult must meet the following criteria and be evaluated as completed with no preceptor intervention on all items.
 - i. Obese patient: >100 kg
 - ii. AKI patient per CAMC protocol definition
 1. An increase in SCr of ≥ 0.3 in a 24 hour period, or from baseline
 2. Urine output < 0.5 ml/kg/hr
 3. BUN > 60, not on dialysis
 - iii. ESRD patient – HD/PD
 - iv. 2 follow up on levels (interpret level and dose appropriately)
 - v. New start

Vancomycin Competency Level 2: Outcome Based Goal for Graduation

All residents should achieve Vancomycin Competency Level 2 by **December 1st**. If a resident does not achieve Vancomycin Competency Level 2 by **December 1st**, the resident and program

director will develop a remediation plan. The resident must achieve Vancomycin Competency Level 2 to graduate the residency. Vancomycin competency may be revoked at any time by the program director if the resident fails to consistently demonstrate competency.

Vancomycin Competency Level 2: Policy and Procedures

The resident may complete vancomycin consults under the **oversight** of a supervising pharmacist **UNLESS** the patient is less than 18 years old. The resident will require **indirect supervision** for all patients less than 18 years old. The resident is encouraged to call a supervising pharmacist with any questions or concerns.

Criteria Requiring Indirect Supervision

1. Patients less than 18 years old

Vancomycin Consult Competency Checklist

Instructions:

1. Please complete one form for each vancomycin the resident completes under in-direct supervision.
2. Completed copy should be submitted to the residency director.

Date: _____ Patient FIN: _____

Resident Name: _____

Preceptor Name: _____

Criteria (circle if met): Obesity AKI ESRD Level Follow-up New
Start

Skill completion This entails gathering the needed information for each skill, evaluating that information, utilizing the protocol appropriately and making needed adjustments to optimize the vancomycin regimen. If a given aspect of patient plan already developed, may be marked not applicable (N/A).	Completed with no preceptor intervention	Completed with significant preceptor intervention
Pharmacist appropriately evaluates patient's past medical history		
Pharmacist interprets history of present illness and indication for vancomycin		
Pharmacist reviews all pertinent laboratory values/vital signs		
Pharmacist assesses patient's condition and renal function		
Pharmacist formulates an appropriate dose and frequency, using the vancomycin dosing protocol, or in communication with the provider		
Pharmacist develops a monitoring plan for patient		
Pharmacist initiates the correct plan in the clinical information system [Per MSEC Professional Management Guidelines (protocol) or telephone order (non-protocol)]		
Pharmacist enters complete, concise consult documentation in the clinical information system		
Pharmacist provides hand off communication to covering pharmacist, if applicable		
Comments 		

Longitudinal Experiences

Quarterly Evaluations

General Description of the Practice Area:

The PGY1 Quarterly Evaluation Learning Experience is a required, longitudinal experience designed to document the resident's quarterly meeting with their assigned mentor and review of objectives not assigned to another longitudinal learning experience.

Roles of Pharmacists in the Practice Area:

The pharmacist preceptor serving as the resident's annual mentor will advise the resident on achieving residency objectives, career goals, and management of residency longitudinal projects. The objectives in this learning experience should be reviewed in the context of the clinical rotations completed during the previous quarter.

Expectations of Residents:

The resident is expected to reach out to their mentor prior to the quarterly evaluation due date to establish a time to meet and review the objectives within this learning experience. The resident will also complete a self-evaluation each quarter containing the same objectives.

Progression of the Residents over the Period of the Learning Experience:

Requirements for successful completion of the PGY1 program include reaching achieved for residency designation for 75% of the required objectives, with no objectives marked as "needs improvement" in the final quarter. This equates to ACHR for 25 objectives. It is expected that the resident will progress each quarter to have an increasing number of objectives marked as ACHR, although that progression will not likely be linear due to timing of rotations like Pharmacy Management/Leadership and when the resident presents their projects at P&T.

Research Project

General Description of the Practice Area:

The resident will select a topic from the list provided during orientation. The resident will work closely with the CHERI office and their research mentor to complete the project. The resident will write an IRB proposal, collect data, review data and write a manuscript. The resident will also prepare a presentation and present at CAMC Research Day and Eastern States. The resident will also prepare a poster of research in progress and present at the ASHP Midyear Conference.

Roles of the Pharmacists in the Practice Area:

Each IRB-approved study is mentored by the primary investigator of that study. It is recommended that residents seek out projects within their area of professional interest (critical care, infectious diseases, pediatrics, etc). It is also recommended that the resident work with a clinical pharmacist for their research project that is not their assigned mentor for the year.

Expectations of Residents:

1. The resident will select a topic from the list of IRB-approved studies provided at the beginning of the academic year.
2. The resident will begin data collection.
3. When data collection is completed, the resident will submit the data to the CHERI office.
4. The resident will present a research in progress poster at the ASHP Midyear Conference. The resident is responsible for submitting the research application to the conference.
5. After the data has been analyzed, the resident will prepare a research power point presentation for CAMC Research Day and Eastern States. The resident will practice the presentation in front of the clinical faculty before presenting at the conference. The presentation must be reviewed by the research mentor prior to the practice day and the actual conference day. The resident is responsible for submitting applications to both conferences.
6. The resident will select an example medical/pharmacy journal and prepare a manuscript that can be submitted for publication. The research mentor will work with the resident to edit the manuscript. The research mentor will sign the manuscript approval form when the manuscript is of publishable quality.
7. The resident will research a second topic and then contact the most appropriate associated preceptor to discuss research design.
8. The resident will create a power point presentation of the proposed research design and present it to the clinical group. The presentation should be approximately 10-12 minutes.
9. The resident will prepare an IRB protocol proposal and submit the proposal for approval.
10. The resident will meet with the CHERI office and their mentor to discuss design prior to submitting the IRB proposal.
11. IRB approval for this second project must be obtained prior to resident graduation.

Progression of the Residents over the Period of the Learning Experience:

July-August: Pick presentation, submit request to IRB to be added to study as author, begin data collection

September: Complete data collection, submit data to CHERI research department for analysis, review data with mentor and data analyst

October: Prepare/submit research abstract for ASHP Midyear

November: Prepare research poster for ASHP Midyear

December: Identify example journal for manuscript format/submission, write manuscript (project mentor must sign off), develop 2nd project research question/hypothesis

January: Present 2nd project proposal to clinical pharmacy department

February-March: Prepare 1st project presentations for CAMC Research Day and Eastern States Residency Conference, revise drafts of 2nd project protocol

April: CAMC Research Day, submit 2nd study for IRB approval

May: Eastern States Residency Conference, complete any revisions to protocol suggested by IRB

The resident's progress will be evaluated on a quarterly basis by the mentor of the first research project.

Staffing

General Description:

The resident will function as a clinical staff pharmacist in the central pharmacy or decentralized pharmacy as designated on the schedule. Residents will be assigned to staff at either General or Memorial Hospitals in alternating fashion.

Role of the Pharmacist in the Practice Area:

During the week (Monday-Thursday) the resident will staff on their assigned day at their assigned hospital from 1600-2000.

On the weekend (Saturday-Sunday), the residents will staff on their assigned weekend at their assigned hospital from 700-1600. The resident should complete all PN consults prior to reporting to the designated pharmacist for their staffing assignment. All PN orders should be completed by 1300. The resident should report to staffing no later than 1300. If PN consults are completed before 1300, the residents should report to staffing earlier than 1300. If the resident has not completed PN documentation by 1300, the resident will be required to complete the documentation after their shift ends at 1600. The resident may only be excused from staffing to complete a PN consult entered prior to 1300.

The resident will be responsible for a variety of tasks such as order verification and clarification, order entry for emergent or stat verbal orders, checking filled orders including IV preparations, facilitating delivery of drug to the floor, pharmacokinetic dosing and monitoring, responding to drug information requests, attending cardiac arrest codes, reconciling home meds, discharge counseling and other tasks as assigned by the clinical staff pharmacist and/or director of pharmacy.

Expectations of Residents:

Absence Policy: PTO may not be used when the resident is scheduled to staff.

Unexpected absences:

If an unexpected emergency arises and the resident has to take PTO (sick, family emergency, etc.), the resident must notify the program director and the respective director of pharmacy as soon as possible via phone and/or pager. The request for sick leave must be approved by the program director and the director of pharmacy. The resident is responsible for contacting their co-residents and arranging coverage of their shift. If the resident is unable to cover their shift, the program director may assign another resident to cover the shift. The program director must approve any changes to the staffing schedule (including last minute coverage). The resident will be required to make up the day at the discretion of the program director.

Preceptor Interaction:

The clinical staff pharmacists and directors of pharmacy will be available to mentor and assist the residents during their time spent staffing. Feedback will be provided by all clinical staff pharmacist to the primary preceptor to utilize when completing evaluations. At any time if a problem should occur during the resident's staffing hours that cannot be addressed by the clinical staff pharmacists present, they are to contact the program director or pharmacy administrator on call as appropriate.

Hours:

Monday-Thursday: 1600-2000, One resident per night will be assigned to Memorial and one resident per night will be assigned to General.

Saturday-Sunday: 700-1600, One resident per weekend will be assigned to Memorial and one resident per weekend will be assigned to General.

Progression of the Residents over the Period of the Learning Experience:

Expected progression of resident responsibility on this longitudinal experience:

End of 5-week orientation:

At the end of the staffing orientation, the residency program director and staffing mentor will review the staffing training check list and gather feedback from the clinical staff pharmacists to determine if the resident will be allowed to staff without direct one-on-one supervision. The resident must be signed off on the required tasks on the staffing checklist, be licensed in the state of WV, AND gain approval from the residency director and the staffing mentor before the resident can staff without direct one on one supervision. The residency director will notify the resident via email when the resident can staff without direct one-on-one supervision.

If the residency director and staffing mentor determine that additional direct one-on-one supervision will be required, the resident will be informed via email and the residency director and staffing mentor will work with the clinical staff pharmacists to continually assess the resident's progress. The residency director will notify the resident via email when the resident can staff without direct one-on-one supervision.

If the resident has not obtained licensure in the state of WV by the completion of the orientation period, the resident will continue to require direct one-on-one supervision until all the above requirements are met. The residency director will notify the resident via email when the resident can staff without direct one-on-one supervision.

Vancomycin and TPN Consult Supervision:

Please refer to the appropriate competency policy in the residency manual. The resident is responsible for adhering to all supervision requirements per the competency and supervision policies.

Code Supervision:

The resident is encouraged to attend and actively participate in codes while staffing. The resident should always be accompanied by a clinical staff pharmacist. The clinical staff pharmacist should provide direct supervision for all codes. The clinical staff pharmacist is encouraged to allow the resident to be the main pharmacist during the code and provide help and guidance as needed.

Weekdays (Monday-Thursday):

PGY-1 resident will staff in the central pharmacy from 16:00-20:00. The resident will be assigned to either General or Memorial Hospital for their weekday staffing. The resident is expected to be present in the pharmacist work area and participate as a clinical staff pharmacist. The resident should prioritize their day work with their rotation preceptor to ensure they arrive to their staffing shift by 1600. The resident may need to stay past 20:00 in order to finish a task.

Weekends (Saturday-Sunday):

Residents will be scheduled as a clinical staff pharmacist from 700-1600 at General or Memorial Hospital on the weekends. The resident should complete all PN consults prior to reporting to the designated pharmacist for their staffing assignment. All PN orders should be completed by 1300. The resident should report to staffing no later than 1300. If PN consults are completed before 1300, the residents should report to staffing earlier than 1300. If the resident has not completed PN documentation by 1300, the resident will be required to complete the documentation after their shift ends at 1600. The resident may only be excused from staffing to complete a PN consult entered prior to 1300.

Drug Information

General Description:

The drug information rotation for the pharmacy practice resident is a longitudinal rotation that addresses evidence-based drug use from an institutional perspective. The resident is exposed to drug information, adverse drug event reporting, medication use evaluations, REMS, formulary management and quality improvement projects. Additionally, the resident learns to refine their communication skills with other healthcare professionals gaining consensus and approval.

During the learning experience the resident will focus on the goals and objectives outlined in the learning experience by performing the activities that are associated with each objective. The PGY1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame. Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives.

Role of the Pharmacist: The role of a clinical pharmacist in formulary management is critical to institutional practice. Pharmacists must understand the patient population they serve and the unique drug related care that is required. Formulary selection (individual drugs or drug classes) is based on the patient population, evidence-based guidelines, drug availability, stewardship of resources (financial and otherwise), and the current practice of providers. The Pharmacy and Therapeutics committee serves as a focal point for formulary selection and management. The committee relies on clinical pharmacists to provide optimal evidence-based drug information to make an informed decision that is best for all patients within the institution. Additionally, the committee entrusts the clinical pharmacist to provide medication use evaluations (intermittent or continuous) to ensure optimal care is maintained based on drug selection.

Clinical pharmacists are also responsible for medication safety. As a part of the medical team, they work to ensure optimal drug selection. However, when adverse events occur (medication errors or adverse drug reaction) the pharmacists is also expected to report the event and work towards the minimization of such in the future.

Expectations of Residents:

Core Content

Any or all topics may be discussed throughout the year. If the resident feels they have deficiencies, they may ask for special instruction during the rotation. Topics of greater detail include:

- Medication error
- Adverse drug reactions

- MedWatch
- Formulary
- Medical Politics
- MUE
- REMS
- VAERS
- NIOSH
- Biostatistics
- P&T
- Consensus
- Communication/ Influence of clinicians
- Informatics (RLDatix, Medline, Lexicomp, Up-to-date, Apps, etc.)
- Advanced evaluation of drug literature (Multiple articles brought together)
- Drug information resources available to UCSOP/CAMC

Preceptor Interaction:

Preceptor will orient the resident to the rotation during orientation. The preceptor will be available to the resident via phone, pager, email or appointment throughout the year. After orientation, the resident will ask the preceptor for help as needed. All required activities at their endpoint will be approved by the preceptor and or their designee. The preceptor will be available at all times if any critical questions or emergencies arise.

Preceptor will meet at least quarterly with the resident to discuss progress and issues with the required activities.

Contact numbers:

Email: shelley.schliesser@camc.org - Residents are expected to read e-mails at the beginning and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems.

Office extension: 304-388-4763 – Appropriate for urgent questions pertaining to patient care.

Pager: 304-330-6294 – Residents to page preceptor for urgent/ emergency situations pertaining to patient care

Personal phone number (Cell/ Text): 304-549-5143 – Provided to resident at time of learning experience for emergency issues.

Fax number: 304-388-4772 - Often the fax in the drug information center is used to assist clinical pharmacists and residents.

Required Activities:

1. Complete and present 1 drug class review
2. Complete a medication use evaluation (MUE)
3. Safety event reporting – 6 reports/ year via RLDatix
4. Adverse drug reaction reporting – 6 reports/ year via RLDatix

Progression of the Residents:

Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year

Quarter 1 (July - September): Identify drug class review. Determine deadline for drug class review with preceptor. Begin creating drug class monograph. Deadline for all PGY1 residents to complete their drug class review is February Pharmacy & Therapeutics committee meeting.

Quarter 2 (October - December): Report at least 3 of 6 adverse drug reactions via RLDatix. Report at least 3 of 6 safety events via RLDatix. Complete medication use evaluation for drug class review. Complete drug class review and gain consensus from physicians prior to presenting drug class review. Present drug class review to Pharmacy and Therapeutics committee.

Quarter 3 (January - March): Present drug class review to pharmacy and therapeutics committee if not already done by February committee meeting.

Quarter 4: (April - June) Report remainder of adverse drug reactions and medication errors through RLDatix.

ASHP Guidelines on Medication-Use Evaluation: <https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/medication-use-evaluation>

Safety and Adverse Drug Reaction Tracking Form

The resident will update this form throughout the year. The completed form will be presented to the preceptor at each quarterly evaluation. This form will be used to assess the resident's progress towards completing the resident's required goals for the drug information rotation.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Safety Report	1 of 6	2 of 6	4 of 6	6 of 6
Date				
Confirmation Number				
Reporting System Used				
Follow up (Y or N)				
Safety Report		3 of 6	5 of 6	
Date				
Confirmation Number				
Reporting System Used				
Follow up (Y or N)				
Adverse Drug Reaction	1 of 6	2 of 6	4 of 6	6 of 6
Date				
Confirmation Number				
Reporting System Used				
Adverse Drug Reaction		3 of 6	5 of 6	
Date				
Confirmation Number				
Reporting System Used				

**Charleston Area Medical Center (CAMC) Pharmacy Residency Program
Community Service via the Health Right Clinic**

WV Health Right's mission is to provide comprehensive quality healthcare to impoverished uninsured/underinsured adults regardless of insurance or financial status.

The number of uninsured, underinsured, and medically underserved West Virginians challenges the clinic to grow with its patient base. As we secure a variety of resources, create a caring environment, and provide quality comprehensive primary and specialty care, WV Health Right works to make healthcare accessible to the thousands of West Virginians who call WV Health Right their medical home.

<https://wvhealthright.org/>

Purpose:

1. To provide community service opportunities for the residents of the CAMC pharmacy residency program
2. To enhance the involvement and provision of pharmaceutical care to underserved residents of the Charleston, WV pharmacy residency program
3. To provide additional experiences in an ambulatory care setting outside of those provided through CAMC's pharmacy residency program

Rotations:

1. Each resident will complete one shift at the Health Right Clinic per month
2. Residents will be assigned to a Monday or Thursday shift to ensure that the Health Right Clinic is consistently staffed and able to provide pharmaceutical care to patients
3. The resident is to report to Health Right by 16:30 on their scheduled day.

Educational Objectives

1. Provide multidisciplinary patient care in an ambulatory care environment
2. Provide assessments and therapeutic consultations on drug therapy for patients of the Health Right Clinic
3. Participate in the dispensing of medications prescribed for patients of the Health Right Clinic
4. Develop an appreciation and desire for the provision of community service to underserved residents of the Charleston, WV community

Supervision Progression

Unlicensed Residents:

The clinical pharmacy specialist scheduled to be the Health Right preceptor for the day will provide direct supervision during all clinical and dispensing activities at the Health Right Clinic. The clinical pharmacy specialist must be on-site with the resident.

Licensed Residents:

A clinical pharmacy specialist or clinical staff pharmacist will provide direct on-site supervision for the resident's first experience at Health Right Clinic. After the resident has successfully completed one Health Right Clinic with direct on-site supervision, the resident will progress to oversight. A supervising pharmacist will be available via phone to answer any questions.

Teaching Certificate

Teaching Certificate Charleston Area Medical Center Pharmacy Residency Program

General Description of the Practice Area:

The ASHP Teaching Certificate is an ASHP eLearning activity developed in partnership with the University of Kentucky College of Pharmacy. The Teaching Certificate for Pharmacists includes three distinct tracks that offer a well-rounded learning experience. The Core Track covers the fundamentals of teaching practice, the Academic Teaching Track concentrates on traditional didactic instruction, and the Experiential Teaching Track focuses on teaching in practice environments.

<https://elearning.ashp.org/products/8957/teaching-certificate-for-pharmacists>

Role of the Pharmacist in the Practice Area:

Each participant must identify a mentor to work with throughout the program, preferably an experienced mentor at the participant's work/practice site. To complete the certificate requirements, the participant must upload their mentor's bio sketch, a teaching philosophy, and a teaching portfolio.

Expectations of Residents:

Each resident completing the Teaching Certificate will participate in monthly review sessions to discuss and review the core tracks of the course. The resident will independently review the assigned modules and complete written assignments according to the timeline for the course. All work must be uploaded to PharmAcademic portfolio before the teaching certificate can be awarded.

Progression of the Residents over the Period of the Learning Experience:

Example timeline of assignments and monthly meetings for the course:

Core Track	
Understanding Academic Pharmacy (1.5 Hrs)	
Video: Vernacular of Pharmacy Education Supplemental Activity: Vernacular of Pharmacy Education	August 21
Video: Types of Faculty Appointments Supplemental Activity: Types of Faculty Appointments	August 21
Teaching Aspects of Learning (0.75 Hrs)	
Pre-Reading: Principles of Adult Learning Video: How Adults Learn Supplemental Activity: How Adults Learn	August 21
Video: Determining Learner Needs Supplemental Activity: Determining Learner Needs	August 21
Learning Objectives: Pre-Reading Activity Video: Learning Objectives	August 21
Designing and Assessing the Learning Experience (1.25 Hrs)	
Video: Instructional Strategies Supplemental Activity: Instructional Strategies	September 18
Video: Learning Styles Supplemental Activity: Learning Styles	September 18
Video: Learning Assessment Supplemental Activity: Learning Assessment	September 18
Presenting Data and Setting the Rules (0.75 Hrs)	
Video: Presentation Skills: Data Supplemental Activity: Presentation Skills: Data	September 18
Video: Syllabi Supplemental Activity: Syllabi	September 18
Additional Considerations for Program Development (1.0 Hrs)	
Video: Generational Differences	September 18
Video: Emotional Intelligence Supplemental Activity: Emotional Intelligence	September 18
Video: Accreditation	September 18
Documenting Your Educational Plan (1.5 Hrs)	
Video: Authoring a Teaching Philosophy Supplemental Activity: Authoring a Teaching Philosophy	October 16
Video: Assembling a Teaching Portfolio Supplemental Activity: Assembling a Teaching Portfolio	October 16
Experiential Track	

Foundations of Experiential Teaching (2.0 hrs)		
Video: Altering the Professional Expectations of a New Practitioner Supplemental Activity: Altering the Professional Expectations of a New Practitioner		November 20
Video: Being an Active Teacher within Practice Settings Supplemental Activity: Being an Active Teacher within Practice Settings		November 20
Video: The Evolutionary Stages of Teaching in Experiential Education Supplemental Activity: The Evolutionary Stages of Teaching in Experiential Education		November 20
Video: Establishing Effective Student/Preceptor Relationships Supplemental Activity: Establishing Effective Student/Preceptor Relationships		November 20
Video: Providing Effective Feedback Supplemental Activity: Providing Effective Feedback		November 20
Specialty Experiential Teaching Skills (2.5 Hrs)		
Video: Conducting a Difficult Conversation Supplemental Activity: Conducting a Difficult Conversation		January 15
Video: Precepting the Emotions of a Student Supplemental Activity: Precepting the Emotions of a Student		January 15
Video: How to Teach the Student Who Lacks Clinical Knowledge or Skills Supplemental Activity: How to Teach the Student Who Lacks Clinical Knowledge or Skills		January 15
Video: How to Teach the Apathetic Student Supplemental Activity: How to Teach the Apathetic Student		January 15
Video: How to Teach the Entitled Student Supplemental Activity: How to Teach the Entitled Student		January 15
Video: How to Teach the High Achiever Supplemental Activity: How to Teach the High Achiever		January 15
Video: Balancing Personal Use of Technology in Practice Supplemental Activity: Balancing Personal Use of Technology in Practice		January 15
Video: Experiential Teaching Pearls Supplemental Activity: Experiential Teaching Pearls		January 15
Academia: The Big Picture		
Curriculum (2.0 Hrs)		
Video: Curriculum Development		February 19

Supplemental Activity: Curriculum Development	
Video: Emerging Teaching Trends Supplemental Activity: Emerging Teaching Trends	February 19
Video: Emerging Technology Trends Supplemental Activity: Emerging Technology Trends	February 19
Video: Interprofessional Education Supplemental Activity: Interprofessional Education	February 19
Managing and Assessing in the Classroom (1.25 Hrs)	
Video: Classroom Management Supplemental Activity: Classroom Management	February 19
Video: Classroom Assessment Techniques Supplemental Activity: Classroom Assessment Techniques	February 19
Video: Test Development Supplemental Activity: Test Development	February 19
Getting Ahead: Pearls for Higher Education (2.0 Hrs)	
Video: Classroom Teaching Pearls Supplemental Activity: Classroom Teaching Pearls	May 21
Video: Scholarship of Teaching and Learning Supplemental Activity: Scholarship of Teaching and Learning	May 21
Video: Student Affairs Supplemental Activity: Student Affairs	May 21
Video: Higher Education Issues Supplemental Activity: Higher Education Issues	May 21
Video: Appointment, Promotion, & Tenure	May 21

Formal Presentations

Case Conference and Journal Club

Charleston Area Medical Center
Department of Pharmacy
Pharmacy Residency
Case Conference-Journal Club Learning Experience
Wednesdays 230-430 pm per Schedule

Residents are required to complete the number of case conferences listed below. Residents may be asked to complete additional journal clubs or case conferences during rotations or longitudinally based on the request of the preceptor and/or residency director. Based on need, residents may also be asked to present additional journal clubs/case conferences at clinical meetings to facilitate their experience and confidence with presenting to a group. Residents who receive a summative score of NI (needs improvement) on their evaluation will be required to complete and present another assignment.

Residents are required (but not limited) to complete the following:

PGY1:

- 2 case conferences
- 1 journal clubs

PGY2 Critical Care:

- 2 case conferences
- 1 journal clubs

PGY2 Geriatrics:

- 1 case conference
- 1 journal club

Expectation of Learners

****A final draft of the case conference or journal club must be emailed to the clinical specialist acting as mentor for the project at least 1 week prior to the assigned presentation date****

Case Conferences

The resident will choose the case conference topic, with guidance from the rotation preceptor.

The goal of the case conference is to allow the resident to facilitate thoughtful evaluation and discussion of patient-specific therapeutic regimens that incorporate the principles of evidence based medicine.

Additional objectives include:

- Design effective educational presentations
- Communicate case evaluation effectively
- Design evidence based therapeutic goals, regimens, and monitoring plans for patient condition
- Critique drug therapy provided with the best evidence available for patient condition
- Assess the effectiveness of resident teaching and learning provided through the case presentation

The length of the case conference will be limited to 40 minutes. The timeline below may serve as a guide for case conference preparation. The time allotments are only suggestions and will be individualized based upon the case. The format of the case conference may vary but the following is a basic preparation outline to follow:

1. Presentation of the case (5-10 minutes)
 - a. The case should be presented in a history and physical format that includes (when relevant) the history of present illness, past medical history, social history and review of systems, physical examination, pertinent laboratories, and pertinent hospital course.
2. Discussion of problem/condition (10-15 minutes)

- a. The focus should be on drug therapy; however, background information regarding the problem is appropriate. Use of primary literature regarding drug therapy is highly recommended. Residents should speak to the strengths and limitations of evidence available, and the applicability of the evidence available to the case.
- 3. Conclusions and summary (10-15 minutes)
 - a. The resident should present recommendations regarding drug therapy for the primary problem/condition and critique of specific therapy for the case subject. The resident should also discuss whether different approaches would have conferred different outcomes in the patient. Conclusions should be in the form of a firm stance or opinion about the topic at hand.

Copies of handouts should be provided at the time of presentation.

Blank evaluation forms should be provided at the time of presentation (next page).

Case Conference Evaluation

Resident: _____ Evaluator: _____ Date: _____

Key: Ach= Achieved (fully performed, without prompting, at quality expected of independent clinician); SP=Satisfactory Progress (performed, with little to no assistance or prompting, at quality expected for resident's level of experience) NI = Needs Improvement; (Unable to perform; at quality less than expected for resident experience). Leave unmarked if not applicable.

Ach	SP	NI	Criteria	Strengths Areas for improvement
Preparation				
			ID, CC, HPI, FH, SH, Med history, ROS, VS, physical exam and lab/test, problem list	
			Course of subject case care adequately detailed.	
			All relevant data presented for necessary assessment of drug therapy.	
Knowledge				
Discussion of disease states/pathophysiology				
			Overview of disease epidemiology, etiology, pathophysiology and therapy.	
			Signs, symptoms and risk factors reviewed.	
Drug therapy				
			Provides evidence-based rationale for treatment recommendation(s) (Primary literature support preferred)	
			Understands and explains strengths and limitation of subject case drug therapy.	
			Identifies drug related problems.	
			Recommends pharmacy care plan to prevent or resolve drug related problem(s) from subject case.	
Monitoring				
			Used appropriate parameters to assess drug regimen efficacy and toxicity.	
			Defines goals of therapy	
			Baseline characteristics of the study population were discussed	
Style of Presentation				
Delivery				
			Presentation was generally presented in a logical sequence	
			Pace and time allotment during presentation appropriate	
			Spoke clearly, utilizing appropriate professional terminology	
			Engaged effectively with participants (eye contact, stimulate discussion, etc.)	
			Used few (or no) distracters (e.g. "um") OR distracting mannerisms	
			Referred to notes occasionally, but did NOT read from notes	
Handouts and Supporting Materials				
			Materials well organized, clear and succinct	
			Supporting materials with correct spelling, grammar, etc.	
			References cited in an appropriate format	
Response to Questions				
			Answered questions logically and accurately. If unsure of answer, resident clearly stated.	
			Responses to questions reflect appropriate command of the topic being discussed	
Overall Evaluation: (Circle One)				
<div style="display: flex; justify-content: space-around; align-items: center;"> Achieved Satisfactory Progress Needs Improvement </div>				
Comments:				

Journal Clubs

The resident will choose the journal club article, with guidance from the rotation preceptor.

The goal of journal club is to facilitate discussion among peers regarding the clinical relevance and application of current medical literature. The discussion should conclude how the research reviewed confirms or changes practice.

Additional objectives include:

- Effectively summarize the patient care needs and research question underlying the study to be discussed
- Demonstrate appropriate criticism of research methods, biostatistical inference testing, and interpretation of results and conclusion
- Provide continuing education to the Department of Pharmacy and other health care professionals

The length of the presentation should be approximately thirty-five minutes. The timeline below may serve as a guide for journal club preparation. The time allotments are only suggestions and will be individualized based upon the article

1. Summarize the patient care needs and research question (5 minutes)
2. Review, interpretation, and critique of article (15 minutes)
3. Conclusions and discussion (5-15 minutes)

Copies of articles should be emailed to the clinical staff at least 1 week prior to the presentation.

Copies of handouts should be provided at the time of presentation.

Blank evaluation forms should be provided at the time of presentation (next page).

Journal Club Evaluation

Resident:

Evaluator:

Date:

Key: Ach= Achieved (fully performed, without prompting, at quality expected of independent clinician); SP=Satisfactory Progress (performed, with little to no assistance or prompting, at quality expected for resident's level of experience) NI = Needs Improvement; (Unable to perform; at quality less than expected for resident experience). Leave unmarked if not applicable.

Ach	SP	NI	Criteria	Strengths Areas for improvement
Background				
			Background information from the article was succinctly presented	
			Other literature (e.g., previous articles, guidelines, etc.) influencing the article being presented is discussed	
			The research question/study objective was clearly stated	
Methods				
			The study design (e.g. randomized controlled, cohort, case-control, etc.) was clearly and concisely described	
			The study intervention was clearly and concisely described	
			The study population was characterized	
			Relevant inclusion/exclusion criteria were presented	
			The primary (and secondary where applicable) endpoints were presented	
			Statistical test design accurately described	
			Appropriateness of the statistical testing plan discussed	
Results				
			Baseline characteristics of the study population were discussed	
			Primary (and secondary where applicable) results were discussed	
			Statistical significance of the results was noted	
			Clinical significance of the results was noted	
Conclusions				
			The author's conclusions were presented	
			Strengths and limitations as noted by the authors discussed	
			Strengths and limitations identified by the resident (aside from the authors') were presented	
			The resident's conclusion(s) discussed	
			The impact of the research on clinical practice was discussed	
Ability to answer questions				
			Answered questions logically and accurately. If unsure of answer, the resident clearly stated so	
			Responses to questions reflect appropriate command of the topic being discussed	
Overall presentation / Delivery				
			Presentation was generally presented in a logical sequence	
			Pace and time allotment during presentation appropriate	
			Spoke clearly, utilizing appropriate professional terminology	
			Engaged effectively with participants (eye contact, stimulate discussion, etc.)	
			Used few (or no) distracters (e.g. "um") OR distracting mannerisms	
			Referred to notes occasionally, but did NOT read from notes	
Supporting Materials (if applicable)				
			Materials well organized, clear and succinct	
			Supporting materials with correct spelling, grammar, etc.	
			Appropriate references cited in an appropriate format	
Overall Evaluation: (Circle One) <div style="display: flex; justify-content: space-around; align-items: center;"> Achieved Satisfactory Progress Needs Improvement </div>				
Comments: <div style="height: 40px; border: 1px solid black;"></div>				

Activities

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.	<p>Prepare a case conference or journal club following the guidelines listed above.</p> <p>All journal clubs and case conferences MUST be reviewed by a clinical preceptor <u>at least 1 week prior</u> to the scheduled presentation date. Failure to do so will result in the resident being required to complete and present another assignment.</p>
Objective R4.1.2	(Applying) Use effective presentation and teaching skills to deliver education.	Present case conferences/journal clubs per the guidelines listed above.
Objective R4.1.3	(Applying) Use effective written communication to disseminate knowledge.	Copies of handouts for case conferences and journal clubs should be provided at the time of presentation.
Objective R4.1.4	(Applying) Appropriately assess effectiveness of education.	<p>The resident should provide blank evaluation forms at the time of presentation. See your residency manual for evaluation forms.</p> <p>Review evaluation forms with mentors.</p>

Evaluations

Each member of the audience will complete an evaluation form provided by the resident at the time of presentation. The resident will collect all evaluation forms and review the evaluations with their project mentor or the program director. The project mentor and program director will complete a summative evaluation based on the written feedback in Pharmacademic following the presentation. The resident will upload the evaluation forms into Pharmacademic. The resident's annual mentor will use the evaluations at each summative quarterly evaluation to assess the resident's progress throughout the year.

Cardiac Rehab

PGY1 – Pharmacy (39100)

Faculty: Czupryn, Michael

Training Site:

Charleston Area Medical Center

Status: Active

Required

Cardiopulmonary rehabilitation services at CAMC offer several programs which empower participants to improve their health through lifestyle change. Participants are guided through a transformative process in the fight against heart disease. Education lays the foundation and provides the tools for a life committed to improved health and wellness.

Each PGY1/PGY2 Critical Care resident within the Department of Pharmacy will deliver formal classroom education sessions to Phase II and Phase III cardiac rehabilitation participants within the Adult Lifestyle Modification Program. The pharmacy residency director will determine the resident-schedule rotation.

The goal of the education class is to allow the resident to enhance communication skills through discussion with patients regarding the clinical relevance, use, and common side effects to watch out for with frequently prescribed cardiovascular medications in a well-understood, precise manner.

Classroom sessions are scheduled once every eight weeks, with four sessions per day. Each education session is thirty minutes in duration. Residents will attend two consecutive sessions once during the residency year. Each resident will observe a clinical specialist performing the required task first, and then will be held responsible for the second education session.

A formal Microsoft Power Point presentation and patient handout will be updated as needed by clinical specialists and both items will be made available to the residents prior to each education session for review.

Objectives

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

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

- Answer questions from the patients regarding their personal medications.

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

OBJ R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education

- Discuss commonly prescribed cardiac medications including why they are on it and what to watch for while taking the medication.
- Educate patients regarding the importance of taking their medications as prescribed.
- Present a presentation titled Medications and You to Phase II and III cardiac rehabilitation patients.
- Review important points such as how to store medications, importance of not sharing medications, OTC/Herbals products, and the most effective way to take the medication.

OBJ R4.1.4 (Applying) Appropriately assess effectiveness of education

- Answer questions from the patients regarding their personal medications.

Research Presentations

Research Poster – ASHP Midyear Clinical Meeting

<https://www.ashp.org/meetings-and-conferences/midyear-clinical-meeting-and-exhibition>

CAMC PGY1 residents are financially supported and required to attend the ASHP Midyear Clinical Meeting each year. The resident is expected to work with their research mentor to prepare and submit an abstract to ASHP in the fall prior to the ASHP Midyear conference. The resident will then prepare the research poster using provided CAMC templates for formatting, review with their mentor, and submit to Charleston Blueprint for printing before Thanksgiving.

Research Poster or Podium presentation – CAMC Research Day

<https://www.camcmedicine.edu/research-day>

The resident is expected to work with their research mentor to prepare and submit an abstract to the CAMC Institute for Academic Medicine Research Department before the first Friday in February. During March, the research department will notify the residents if their projects have been selected for presentation, either by poster or live podium presentation. The resident will work to prepare the assigned presentation and will present to the pharmacy department as practice prior to CAMC Research Day in April.

Research Platform presentation – Eastern States Residency Conference

<https://www.easternstates.org/>

CAMC PGY1 residents are financially supported and required to attend the Eastern States Residency Conference each year. This is usually scheduled for May, and is held in Hershey, Pennsylvania. The resident is expected to work with their mentor to prepare a platform presentation to be presented. The same practice session for CAMC Research Day will be used to review this presentation as well.

Noon Conference

General Description:

The residents and faculty of the joint CAMC/WVU School of Medicine residency are required to attend noon conference didactics every weekday at 1200 in room 3296 of the WVU building. One day per month has been designated as a noon conference 'pharmacy topic' that will be provided by pharmacy personnel.

Role of Pharmacist in the Practice Area:

Pharmacy residents from all programs are required to present at least one topic to the internal medicine residents and faculty. Additional topics may be presented at the pharmacy resident's request if scheduling allows.

Expectation of Residents:

The resident will choose their noon conference topic from a list and schedule compiled by the internal medicine attending physicians and residents, with guidance from pharmacy residency faculty.

The goal of these presentations is to allow the resident to enhance communication skills and teach practicing physicians common pharmacotherapeutic concepts for the betterment of patient care.

Additional objectives include:

- Enhancing presentation skills
- Develop confidence in teaching non-pharmacist healthcare professionals
- Fostering working relationships with medicine residents that carry over to rotation activities

The resident will have a mentor for each presentation – a clinical pharmacist with expertise in the topic of choice. The resident is required to submit a rough draft of their presentation to their mentor no less than 2 **weeks** from the date of their presentation. The resident will be scheduled to practice their noon conference 1 **week** prior to their actual presentation. The day of the practice session will be on their longitudinal call/clinic/presentation schedule.

The length of the presentation will be limited to 45 minutes, with 15 minutes being left for questions and audience discussion.

Copies of handouts should be provided at the time of presentation. Blank evaluation forms should be provided at the time of presentation.

Evaluations:

Each resident will be evaluated by their presentation mentor and other pharmacy personnel attending their lecture. These evaluations are to be collected by the mentor and discussed with the resident after being loaded into PharmAcademic.

Progression of the Resident: Not applicable to this experience in isolation. Progression based on presenting skills over the course of numerous experiences throughout the year.

CAMC CE Conference

General Description:

This conference is held at the end of May/ beginning of June in conjunction with other residency programs across the state. Each resident will provide an hour-long continuing education program as part of the conference.

The purpose of this conference is to develop and present an ACPE presentation for pharmacists that practice in wide variety of practice settings.

Expectations of Residents:

1. Select a topic that has been approved by the CE coordinator.
2. Select a mentor to work with throughout the year.
3. Prepare a bio-sketch and objectives for the CE presentation by the deadline set by the CE coordinator.
4. Develop a 45–50-minute PowerPoint presentation with 5-10 minutes for questions. The presentation should have a disclosure slide, objective slide, and assessment questions.
5. Email a copy of the presentation to the preceptor two weeks prior to your designate practice session.
6. Practice your final presentation on your designated practice date (approximately 1-2 months prior to the CE conference date).
7. Present your presentation on the day of the CE conference.
8. Attend the CE conference.

Evaluations:

Evaluations will be completed by attendees the day of the conference.

