



DEPARTMENT OF PHARMACY SERVICES

**PGY2 INTERNAL MEDICINE PHARMACY RESIDENCY
MANUAL AND TRAINING AGREEMENT APPENDIX E
2021-2022**

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Pharmacy Residency Program
UofL Health – UofL Hospital
Louisville, KY
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PGY2 INTERNAL MEDICINE PHARMACY RESIDENCY PROGRAM

The PGY2 Internal Medicine Pharmacy Residency at UofL Health – UofL Hospital is an American Society of Health-System Pharmacists (ASHP) accredited experience offering both acute and ambulatory care setting opportunities.

The program is structured according to ASHP’s Residency Program Design and Conduct (RPDC) and is designed to be flexible and individualized to the resident’s professional goals and interests.

PGY2 INTERNAL MEDICINE PURPOSE AND MISSION STATEMENT

PGY2 Program Purpose: PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in that practice area (when board certification for the practice area exists).

The fundamental purpose and mission of this residency program are to develop clinical practitioners who are capable of:

1. Participating in the provision of pharmaceutical care by providing direct patient care, participating in practice management, developing or implementing pharmacy services, and providing drug information and consults to other providers.
2. Developing educational skills through participation in academic rotations, providing therapeutic lectures to undergrad pharmacy students, precepting PharmD APPE students and PGY1 pharmacy residents, and providing ACPE-accredited continuing education to other pharmacy practitioners.
3. Participating in professional development through attending local and national organization meetings and collaborating with other providers, faculty members and students.
4. Designing and implementing a research project that will be presented at a regional pharmacy residency conference, national conference, and submitted for publication.

Pharmacists who successfully complete the UofL Health – UofL Hospital PGY2 Internal Medicine Pharmacy Residency will be innovative practitioners and pharmacy educators capable of assuming positions in multiple healthcare environments, engaging in research, academia, and becoming leaders in pharmacy organizations as Clinical Pharmacy Specialists in Internal Medicine.

PGY2 INTERNAL MEDICINE PROGRAM DETAILS

The PGY2 Internal Medicine residency is a 12 month training program beginning in July and ending June 30th the following year. The completion of the program and receiving a certification is dependent on successful completion of all competencies defined for the program (see program specific requirements below). All attempts will be made to notify the residents of any delinquencies in performance and risk of termination as early as possible in accordance with the hospital's disciplinary policy.

Required Rotations

- **Orientation (1 month):** Orientation to hospital, pharmacy departments, medication distribution systems, computer systems and clinical pharmacy services including clinical policies and procedures. If resident has completed PGY1 at UofL Health, orientation month will be replaced with an additional elective rotation.
- **Internal Medicine 1 (2 months):** Provision of pharmaceutical care for internal medicine patients on an interdisciplinary rounding service, pharmacokinetic monitoring, clinical intervention documentation, patient counseling, vaccination screening, medication reconciliation (admission and discharge), delivery of in-service(s) to physicians and/or nursing staff, precepting APPE students and/or PGY1 residents, and presentations at Internal Medicine conference.
- **Internal Medicine 2 (1 month):** The resident will continue to cultivate the skills developed during Internal Medicine 1 with a concentration on autonomy, precepting and education of pharmacy staff, nursing and medical teams.
- **Internal Medicine 3 (1 month):** Continuation of Internal Medicine 1 and 2 roles and responsibilities with a concentration on departmental leadership, precepting, and education of pharmacy staff and medical teams. Resident will serve as a primary preceptor for an APPE student completing an acute care inpatient rotation.
- **Medical Intensive Care (1 month):** Participate in the interdisciplinary care of patients in the medical intensive care units (MICU) while rounding with the MICU team, actively monitor antibiotic use, extensive pharmacokinetic drug monitoring, clinical intervention documentation, medication reconciliation, delivery of in-service(s) to physicians and/or nursing staff, and precepting APPE students and/or PGY1 residents.
- **Infectious Disease (1 month):** Participate in daily rounds with the Infectious Diseases consult service, actively monitor antimicrobial use for appropriate indication, dose, duration, route, monitoring and efficacy. Resident will perform extensive pharmacokinetic/pharmacodynamics monitoring, dose adjustments, clinical intervention documents, vaccine screening, patient/physician medication-related education as needed, and precept APPE students and/or PGY1 residents.

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- **Elective Rotations (4, 1 month):** Emergency Medicine, Medical Oncology, Nutrition, Stroke Service, Ambulatory Care Clinic opportunities (HIV, Internal Medicine), Solid Organ Transplant (UofL Health – Jewish Hospital), Cardiovascular Surgery Intensive Care Unit (UofL Health - Jewish Hospital), Academia (Sullivan University College of Pharmacy), Neuro Intensive Care Unit, Substance Use Disorder Service (SUDS)

Longitudinal Rotations

- **Clinical Staffing:** Resident will learn to effectively care for patients as an integral, contributing member of the clinical pharmacy team providing weekend, peripheral coverage. The resident will clinically staff **every fourth weekend**. Responsibilities include but are not limited to admission medication reconciliation, completion of clinical report review, completion of Theradoc® Alert monitoring, discharge counseling, TPN monitoring and adjustment, pharmacokinetic consults. As the year progresses, the resident will act as a mentor and preceptor to PGY1 residents.
- **Drug Information/Administration:** Resident will develop an organized system for remaining current with and appropriately evaluating biomedical literature while providing concise, applicable, comprehensive responses to drug information requests. Completion of a formulary monograph and presentation at P&T committee, two formal drug information questions, and a minimum one medication use evaluation (MUE) and quality improvement project including development of criteria, collection, analysis of data and presentation of results are required. Resident will also develop or revise a minimum of one medication use policy and/or institutional guideline. Resident will serve on at least one interdisciplinary committee as a representation of the pharmacy department.
- **Outcomes Research/Research Project:** Resident will develop, implement and complete a year-long residency research project. Requirements include submission of research proposal to the Residency Research Advisory Committee, obtain approval from the University of Louisville Institutional Review Board (IRB), Microsoft Access training, poster presentation at ASHP MCM, presentation of final results at the Great Lakes Pharmacy Residency Conference, and preparation of a final manuscript suitable for publication.
- **Education/Academia:** In addition to pharmacy student and PGY1 resident teaching and precepting responsibilities on individual rotations, the resident is required to complete a minimum of three formal presentations/lectures. These presentations may be divided between didactic lectures at Sullivan University College of Pharmacy or University of Louisville School of Medicine and Continuing Education presentations at UofL Health. Optional participation in the Teaching Certificate Program with Sullivan College of Pharmacy will be provided if not completed during the resident's PGY1 experience. The resident will be required to present at the internal medicine department noon report. The resident will also be required to submit a CE or pearl to the spring or fall KSHP meeting and attend one meeting during their residency year.
- **Ambulatory Care Clinic (6 months):** Resident will attend clinic for a half day (approximately 4 hours) one scheduled day per week (to be determined by availability of preceptor yearly) and actively participate in the management of ambulatory care patients in

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one of the UofL Health clinics [i.e. Adult Internal Medicine (AIM) clinic, 550 HIV clinic, Heart Failure clinic]. The pharmacy resident is responsible for identifying and resolving medication therapy issues to ensure safe, effective and affordable medication use for patients seen in the clinic. The resident will appropriately document all recommendations and counseling as is appropriate per clinic. Other responsibilities during the rotation include but are not limited to the ability to collaborate with retail pharmacies and insurance companies to assure timely and cost efficient medication availability, counsel patients and their family members, educate providers, clinical staff and pharmacy trainees, and participate in organizational, pharmacy department, hospital and clinic medication policy and continuous quality improvement committees where applicable.

- **Medication Safety (6 months):** Medication Safety is a required, longitudinal learning experience. This rotation covers key aspects of medication safety including activities related to medication distribution, pharmacy informatics/automation, clinical systems development, regulatory standards, drug diversion, IV pump safety and medication event reporting. The rotation will allow the resident to interact with an inter-disciplinary team of nursing, physicians, senior management leaders, pharmacy management, quality/risk, supply chain, and pharmacy informatics. The resident will be involved with preparation and over-site of regulatory requirements as it pertains to perpetual readiness, participation in management meetings and decision making, review, follow up and education of medication safety events and process improvement efforts occurring throughout the 6 month period. The resident will be expected to complete and compile data for regulatory requirements throughout the experience, including classification, follow up and reporting of medication events to the Medication Safety Subcommittee of the P&T Committee as well as the Quality Steering Committee.

PGY2 INTERNAL MEDICINE PROGRAM REQUIREMENTS

Residents, in order to obtain a certificate of PGY2 Internal Medicine completion, must have successfully completed and provide documentation of the following:

1. The resident has documented required, longitudinal, and elective goals.
2. The resident has successfully completed all required program required rotations, longitudinal rotations and elective rotations.
3. The resident has successfully completed all required ASHP goals/objectives. (PGY2 program requires $\geq 80\%$ Required Goal/Objective Achievement with no active "Needs Improvements". When goals/objectives have been achieved a minimum of one time, a discussion will take place between preceptors within the program to determine if goal/objective has been achieved for residency).
4. The resident has completed all self-evaluations for each assigned rotation, longitudinal rotation and quarterly evaluation.
5. The resident has completed all preceptor/experience evaluations for monthly and longitudinal rotations.
6. The resident has successfully completed residency research project. (data collection, abstract, +/- MCM poster, GLPRC presentation, final write-up, manuscript finalized and appropriate for submission and publication).

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7. The resident has successfully completed BLS and ACLS certification.
8. The resident has completed staffing/service commitment responsibilities (every 4th weekend).
9. The resident has attended and participated in staff meetings and Residency Advisory Committee (RAC).
10. The resident has successfully completed the required drug information question response for drug information/publication.
11. The resident has successfully participated in P&T. (Minimum of one presentation.)
12. The resident has successfully completed Resident Job assignment.
13. The resident has successfully completed writing or updating a department or medication policy and/or procedure/guideline.
14. The resident has successfully completed a performance/quality improvement project.
15. The resident has successfully completed a sufficient number of pharmacy in-services (nursing, physician, pharmacist, etc.).
16. The resident has participated in the continuing education program (UofL Hospital Pharmacy CE) and completed at least 1 didactic lecture at SUCOP (minimum of 3 formal presentations).
17. The resident has submitted a continuing education presentation or pearl from consideration at the KSHP spring or fall meeting.
18. The resident has presented for the internal medicine physicians at noon report.
19. The resident has followed up on any identified areas of weakness.
20. The resident has completed a sufficient number of hours/days to complete the residency program (see sick/vacation days, schedule).
21. The resident has served as a primary preceptor for an APPE student on an Internal Medicine rotation.
22. The resident had completed the PGY2 Internal Medicine required topic log and documented progression within PharmAcademic.
23. The resident has initial and all quarterly mentor, development plans documented.
24. The resident has documented monthly duty hours.
25. The resident has completed the exit evaluation and exit meeting with RPD.

The program will not award a Residency Certificate more than six months beyond the official completion date of the Residency Program.

PGY2 INTERNAL MEDICINE PROGRAM PRECEPTORS

Orientation	Vanessa VanArsdale, PharmD, BCPS
Orientation/Research	Vanessa VanArsdale, PharmD, BCPS
Internal Medicine 1	Vanessa VanArsdale, PharmD, BCPS Meredith Niemann, PharmD, BCPS Regan Wade, PharmD, BCPS Kathryn Chappell, PharmD, BCPS
Internal Medicine 2	Vanessa VanArsdale, PharmD, BCPS Meredith Niemann, PharmD, BCPS Regan Wade, PharmD, BCPS Kathryn Chappell, PharmD, BCPS
Internal Medicine 3	Vanessa VanArsdale, PharmD, BCPS Meredith Niemann, PharmD, BCPS Regan Wade, PharmD, BCPS Kathryn Chappell, PharmD, BCPS
Medical Intensive Care	Rachel Williams, PharmD, BCPS, BCCCP
Infectious Diseases	Ashley Ross, PharmD, BCPS Julie Harting, PharmD
Research	Regan Wade, PharmD, BCPS
Drug Information/Administration	Meredith Niemann, PharmD, BCPS
Education/Academia	Kathryn Chappell, PharmD, BCPS
Clinical Staffing	Vanessa VanArsdale, PharmD, BCPS
550 HIV Clinic	Bailey Bolten, PharmD
Advanced Heart Failure Clinic	Christopher Betz, PharmD, BCPS, FKSHF, FASHP
Medication Safety	Melissa Robertson, PharmD, BCPS
Emergency Medicine	David Roy, PharmD, BCPS Josh Senn, PharmD, BCPS
Cardiovascular Surgery Intensive Care Unit	Jimmy Byrnes, PharmD, BCCCP
Medical Oncology	Ryan Bycroft, PharmD, BCOP Brette Conliffe, PharmD, BCOP
Nutrition	Marx Cox, PharmD, BSCP, BCCCP
Stroke Service	Rachel Louis, PharmD, BCPS
Ambulatory Care: Internal Medicine	Lourdes Cross, PharmD, BCPS Scott Hayes, PharmD, BCPS
Solid Organ Transplant	Chris Barger, PharmD, BCPS
Academia	Sarah Raake, PharmD, MEd, BCACP, LDE
Neuroscience Intensive Care Unit	Lindsey Urban, PharmD, BCPS, BCCCP
Substance Use Disorder Service	Dr. Courtney Eaves
Ambulatory Care: Specialty Clinics	Chelsey McPheeters, PharmD, BCPS Bailey Bolten, PharmD Emily O'Reilly, PharmD Sarah Foushee, PharmD

THE ORIENTATION PROCESS

The incoming PGY2 Internal Medicine resident will spend approximately 4 weeks in an orientation period during July. This orientation period serves three main purposes:

1. To familiarize the resident with the residency program and UofL Health – UofL Hospital.
2. To train the resident to be functional in the Pharmacy Department's drug distribution services.
3. To give the resident a clinical orientation to the hospital.

The orientation schedule for the incoming PGY2 Internal Medicine resident is developed by the Residency Director in conjunction with other department members. Activities during the orientation period will include, but are not limited to:

- Introduction to the pharmacy staff
- Procurement of ID badges and parking stickers
- Attendance at the 2 day hospital orientation
- Tour of the Pharmacy Department and campus
- Pharmacy payroll and time clock procedures
- Participation in regularly scheduled residency activities (RAC meeting, journal club, team building exercises)
- Exposure to Investigational Drug Service, robot, McKesson med carousel, and pre-packing services
- Extensive training on the hospital and pharmacy computer systems (Cerner Powerchart/PharmNet, Docuscripts, Theradoc, Simplifi, Baxa, PSN, myULH.com, Eforms, etc.)
- Training with staff pharmacists in IP area, IV area, and clinical staffing roles
- Assessment of clinical knowledge, calculations, IV room procedures, and pharmacokinetic skills through multiple pharmacy competencies/LEARN modules
- Research process/residency advisory committee orientation and IRB training
- Orientation to RPDC, Pharmacademic™, residency binder/N drive documentation, evaluation process and timeline
- Mentoring program and professionalism standards

RESIDENT ASSESSMENT PLAN AND USE OF RESIDENCY PROGRAM DESIGN AND CONDUCT (RPDC)

- Residents will receive additional teaching of the Residency Program Design and Conduct (RPDC) from the Residency Program Director during Resident Orientation, within the first 2 weeks of starting the program.
- At the end of the orientation period, the program director and/or designee will thoroughly review the orientation summative evaluation, allowing residents to demonstrate their level of understanding of the evaluation process and the resident and preceptor responsibilities regarding provision of feedback.
- The program director and/or designee will conduct an in-depth discussion session with each resident in which all questions about the evaluation process and Pharmacademic™ are answered and all misunderstandings are rectified. Residents are encouraged to share their experiences with their preceptors in relationship to the use of the system. The discussion will be designed to enable the residents to leave the discussion fully equipped to use continue to use the evaluation process and Pharmacademic™ throughout the year. If any resident is experiencing difficulty, they will be scheduled to receive further coaching of the evaluation process and/or Pharmacademic™. The program director and/or designee will monitor for possible preceptor difficulties with proper use as well. When needed, the preceptor will be scheduled for further coaching and/or mentoring.
- Resident Evaluation Schedule:
 - Required Rotations:
 - Summative: preceptor and resident self-evaluation (for designated rotations depending on resident's personal goals and development plan)
 - Preceptor/Learning Experience: resident at the end of rotation
 - Longitudinal Rotations:
 - Summative: preceptor and resident self-evaluation (for designated rotations during 1st and 2nd quarter) and/or snapshots as needed completed at the end of each quarter
 - Preceptor/Learning Experience: resident at the end of each quarter
 - Elective Rotations:
 - Summative: preceptor and resident self-evaluation (for designated rotations depending on resident's personal goals and development plan)
 - Preceptor/Learning Experience: resident at the end of rotation
 - **All evaluations (preceptor and resident) are required to be completed within 7 business days of assigned due date.**

RESIDENT RESPONSIBILITIES

STAFFING RESPONSIBILITIES

The PGY2 Internal Medicine Resident will have clinical staffing responsibilities in order to develop and strengthen his/her professional practice skills. The resident is required to clinically staff an internal medicine unit every fourth weekend. As the year progresses and the resident has completed the required MICU experience, coverage will expand to intensive care units. Total estimated time spent on clinical staffing is approximately 208 hours.

Pharmacy residents participate in holiday staffing of the department on an equal basis with other pharmacists, and are assigned to staff 2 of the recognized hospital holidays (Memorial Day, Labor Day, Thanksgiving, Christmas or New Year's). The decision on holiday staffing is based on the needs of the department. The program director will communicate the resident holiday schedule to the manager responsible for putting together the main pharmacist schedule.

MEETING ATTENDANCE

All residents are required to attend the following meetings: weekly journal club, bi-weekly pharmacist staff meetings, monthly RAC meetings, monthly P&T meetings, KSHP/KPRN meetings (at preceptor/RPD discretion) and all formal clerkship student and resident presentations (including student case conference) while serving as secondary preceptor. Residents are encouraged to attend SUCOP lectures/CE events, weekly University of Kentucky grand rounds (via teleconference) and quarterly grand rounds at Sullivan College of Pharmacy. If the resident is unable to attend, he/she must read the posted minutes to remain current on procedures and changes within the department. Residents may be excused from attending these meetings if approved by their Rotation Preceptor AND Program Director, or if on vacation or administrative leave.

All residents will be exposed to hospital committees periodically throughout the residency year. Preceptors are encouraged to bring the resident who is rotating with them to hospital committees they are attending. The resident is likely to be present in situations where sensitive issues are discussed, confidences are exchanged, or personal patient information is shared to plan appropriate actions. Such information is entrusted to the resident in confidence and is to be utilized only in a prudent, professional manner. Residents are also encouraged to take an active part in meetings if this is deemed to be a personal goal or interest.

RESIDENCY PROJECT

The resident will be required to complete a residency project. The project must be focused toward clinical pharmacy practice, and be of ultimate benefit to the Pharmacy Department or UofL Health – UofL Hospital. The research topic will be chosen during the orientation month. Each project must have a hospital pharmacy-based preceptor as the primary co-investigator. The residency program director will assist with research timeline, learning research procedures, and in completing their project in a timely manner. All projects must be presented to the Residency Research Committee (RRC)/RAC for feedback and comments prior to the project commencing.

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Projects must follow a strict timeline, which contains key deadlines that must be met throughout the year. Proof of meeting these deadlines must be turned in to the research advisory committee on the actual deadline. This timeline will be provided to the resident by the research coordinator. Deviations from the timeline must be approved by the project preceptor and the research coordinator in advance.

RESEARCH PROJECT SCHEDULE: To be provided by research project preceptor

As stated above in the steps of project completion, projects must be in publishable form and quality upon completion of the residency. Publishable form means that a journal should be selected, and the manuscript should follow the guidelines of the journal (i.e. cover page, corresponding author, abstract, key words, etc.). Should this not be the case by the end of the residency, the certificate will be held, pending notification by the project preceptor, and signed off by the Residency Program Director, that the research is complete. The Director of Pharmacy will serve in an appeal mode should a resident feel they are unjustly being denied their certificate on the basis of an incomplete project.

DRUG INFORMATION

In order to achieve rotation goals and objectives, the resident will complete the following activities:

- Respond both verbally and in writing to drug information requests that support patient care and research activities.
 - Document each of these “informal” drug information requests and their associated response using the departmental intervention software, Theradoc[®].
 - Provide written responses to a minimum of 2 researched drug information question of at least moderate complexity by the end of the residency year (at least 1 completed by the second quarter). The expectation is that this will be of quality for submission for publication.
 - Written responses may be directed to questions encountered and researched during clinical rotations and/or weekend staffing assignments.
- Prepare and present at least one (1) unbiased formulary monograph or class review to guide the Pharmacy and Therapeutics Committee (and associated sub-committees) in their formulary decisions.
- Co-ordinate and present to the Pharmacy and Therapeutics Committee (and associated sub-committees) at least one (1) medication use evaluation.
- Design and implement an intervention to change a problematic or potentially problematic aspect of the medication-use system with the objective of improving quality.
- Develop or modify at least one (1) medication use policies. These policies may pertain to the resident’s project, MUE, formulary monograph, or quality improvement project if applicable.
- Educate staff on pertinent drug topics.
 - Provide in-service education as requested.
- Actively participate in the institution’s Adverse Drug Event Reporting Program.
 - Document all identified in the institution’s Adverse Drug Event Reporting Program.
 - Document all identified near misses and medication events using the in the institution’s Adverse Drug Event Reporting Program.

- **Average Time Commitment per Required Assignment (may vary based on resident)**
 - *Time commitment includes development, completion and presentation, when applicable.*
 - Formulary monograph and presentation at P&T meeting: 17 hours
 - Two formal drug information questions: 20 hours
 - Medication use evaluation: 60 hours
 - Quality improvement project: 30 hours
 - Medication use policy and/or guideline: 20 hours

PRESENTATIONS

The resident is required to make multiple presentations throughout the residency year. At least 1 of these presentations will be formal and approved by American College of Pharmaceutical Education (ACPE) for pharmacist continuing education (1hr CE) and at least 1 will be a didactic lecture. The resident is required to present a formulary monograph at the P&T meeting or subcommittee meetings. The resident is also required to give multiple formal oral presentations of their research project, at the beginning proposal stage, practice poster presentation, and practice prior to GLRC and lastly formally at GLRC in April-May. The resident will also give many presentations in a more informal manner including but not limited to staff developments in conjunction with rotations, medication safety in-services, and multi-disciplinary in-services (pharmacist, technicians, MD, RN, etc.). The formal CE presentation will require the following to be turned into the Resident CE Coordinator: title, 3 to 5 objectives, a copy of the resident's curriculum vitae, a brief one paragraph description of the purpose of the seminar, and completed conflict of interested paperwork. The preceptor for the Education/Academia longitudinal experience will determine deadlines for these items.

TEACHING EXPERIENCE

To provide the resident with experience in formal and informal teaching, the resident will be required to:

- * Participate in the department's ongoing staff development program. (1hr CE presentation)
- * Assist in the training and precepting of APPE/IPPE students while on rotation.
- * Act as primary preceptor for an APPE student during Internal Medicine 3 rotation.

RESIDENT BINDER

The Resident's Binder serves as an electronic record of all activities undertaken while a resident is at UofL Health – UofL Hospital. The binder should include:

- Table of contents and information required for each indicated section
- Overall resident goals
- Mentor and program director customization (initial, every quarter)

RESIDENT ROTATIONS

During their 12 month appointment, the pharmacy resident will gain experience in both hospital pharmacy and clinical pharmacy practice primarily through organized rotations within the various areas of the Department of Pharmacy. The goals and competencies of each rotation are developed by the preceptors, in conjunction with guidelines from ASHP. The activities and projects in which the resident is involved in each rotation will be determined by the resident and Rotation Preceptor prior to and during the rotation. These objectives are all tracked and monitored within Pharmacademic™.

The activities and projects will be directed toward fulfilling the needs of the individual resident (based on his/her previous experiences) and also the needs of the clinical service at that particular time. Each rotation will be organized in such a manner that the educational benefits to the resident and the service benefits to the Department are mutually satisfied.

During the rotation the resident will interact closely with the rotation preceptor and is responsible for keeping him/her updated on all rotation-related activities and projects. Likewise, the rotation preceptor is expected to work closely with the resident in order to provide instruction and to assist him/her in accomplishing the goals of the rotation. During activities such as rounding, communicating with physicians and nurses, and patient presentations, the resident will be supervised by a knowledgeable pharmacy staff member capable of guiding the resident's efforts.