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Pharmacy Practice Residency Program

Purpose Statement

The PGY1 Pharmacy Residency Program at Johns Hopkins Bayview Medical Center will provide a learning and training environment designed to advance the practice of post-graduate pharmacists. The resident will develop knowledge and skills in direct patient care with experiences in both acute and ambulatory care settings, teaching, and research. Additionally the resident will be mentored in the development of pharmacy leadership skills that will serve the graduate well in a variety of integrated health care systems. It is the overarching goal of the program for the graduate to be successful in multiple practice environments or build upon the foundation with enrollment into advanced training programs.

Overview

Our program is a 12-month postgraduate curriculum that offers training opportunities in acute care, ambulatory care, drug information, drug use policy development, clinical services and pharmacy leadership. Residents will gain the necessary experience and develop critical thinking skills needed to move forward in the ever changing world of pharmacy practice.

The program is based on six outcome measures:

- Understand all aspects of the medication use process in a complex health system
- Providing evidence-based, patient-centered medication therapy using an interdisciplinary approach
- Demonstrate proficiency in providing pharmaceutical care for various patient populations
- Participate in pharmacy practice leadership activities to advance the profession
- Educate patients and health care providers on effective and safe drug use
- Incorporate medical informatics into the medication use process

The residency program is designed to offer an individualized training plan for each resident based on their interests, goals and past experiences. Residents are required to complete core rotations in order to build a strong knowledge base and have the opportunity to select elective rotations in many fields of interest.

Residents are required to complete additional program requirements, aimed at developing a skilled and competent practitioner. Required elements of the program include completing a major research project, patient education, student precepting, providing pharmacy services, and developing leadership and communication skills. Upon successful completion of the program, residents will be awarded a program certificate.
**Introduction**

Our program is a 12-month postgraduate curriculum that offers training opportunities in acute care, ambulatory care, drug information, drug use policy development, clinical services and practice leadership. Residents will gain the necessary experience and develop critical thinking skills needed to move forward in the ever changing world of pharmacy practice.

**Program Structure**

JHBMC uses three types of learning experiences for the PGY1 program. The types of learning experiences include rotations both core and selective and longitudinal experiences throughout the year.

**Core rotations: (4-6 weeks)**

- Orientation (4 weeks)
- Internal Medicine
- Ambulatory Care (Anticoagulation Clinic)
- Administration
- One ICU rotation
- Maternal/Child Health

Core rotations are required for the PGY1 program. Department of Pharmacy orientation and Internal medicine rotations must be completed before a resident may participate in a elective rotation.

**Elective rotations (4-5 weeks)**

- Investigational Drug Service
- Oncology
- Cardiology
- Medication safety
- Pain/Palliative Care
- Transitions of Care
- Surgical ICU or BURN ICU
- Home Infusion
Emergency Medicine

Neuro critical Care Unit

Neurosciences

Elective rotations are available at JHBC in a variety of patient care settings. This program will be flexible to accommodate each resident’s area of interest. Every effort will be made to meet the interests of the residents when scheduling elective rotations. Electives at other institutions may be available but not guaranteed.

Longitudinal Experiences: regularly scheduled experience for a quarter or 12 months

- Staffing/Service
- Ambulatory Clinics
- Drug Information/Drug Policy
- Research Project

Additional Program Requirements

- Two Nursing or Medical team Inservices
- Publishing Pharmacy Newsletter
- Four journal clubs
- Four case presentations
- Mentor pharmacy students
- Teach at the University of Maryland School of Pharmacy, 4 credits per semester
- Pharmacotherapy Presentation (CE)
- Development and completion of a project related to pharmacy practice presented at Eastern States
- MUE
- A P and T monograph
- Completion and submission of manuscript for research project
- Staff development sessions, journal clubs, case presentations, etc.
- ASHP Clinical Midyear attendance
- Involvement in residency recruitment
- Participation in departmental or hospital sponsored fairs, pharmacy week, etc.
- Community Service project to benefit JHBM community
- Attendance at MSHP meetings

Schedule

- Residents are expected to work a minimum of 40 hours a week
- Late arrivals or early departures require prior approval in advance
- Residents are expected to focus on their assigned learning experiences, meeting with preceptors, clinical activities
• Time to work on research and pharmacotherapy rounds may be limited to after hours or when the resident’s tasks/assignments have been completed for that day

**Application and Appointment**

The resident must have received a Doctor of Pharmacy degree from an accredited school of pharmacy. Residents are required to become a registered pharmacist in the state of Maryland by August 1st as outlined in their resident agreement contract.

**Dress Code**

A professional appearance must be maintained at all times. Residents are expected to come to work appropriately attired. **All residents must wear a laboratory coat with their identification badge when engaged in direct patient contact and when providing service on the nursing units or other hospital areas.**

*Pagers are to be with the resident at all times while on campus and must stay on while outside of the hospital in case of emergencies.

**Travel**

All travel dates and arrangements must be approved in advance. Travel support for the ASHP Clinical Midyear and Eastern States Conference will be reimbursed based on a pre-determined amount.

**Vacation and Benefits**

Residents are given 22 days of paid time off plus seven paid holidays per year: New Year’s Day, MLK Jr.’s Birthday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day. **Residents may only take 10 days of paid time off during their residency year.** Each resident is required to work 1 major holiday and 1 minor holiday during their residency program. See attendance policy.

Requests should be submitted at least 2 months prior to requested time off. Requests should be initially submitted to the program director for pre-approval.
Meetings

To broaden the residency experience, residents are requested to attend a variety of meetings throughout the year. These may be departmental meetings, administrative staff meetings, committee meetings or clinical meetings. Preceptors, pharmacy administration the program director may request attendance to other specific meetings to broaden the resident’s educational experience or assist with the development of a project.

Required Attendance

1. Departmental Staff Meetings
2. Monthly meeting with RPD
3. Pharmacy and Therapeutics—must attend minimum of 6 over the 12 month program

Residency Program Director Meeting to be held monthly. These meetings serve to keep both the resident and the RPD informed of the status of the program, to refocus goals and objectives and to discuss problems or changes that need to be made. In addition appointments can be made upon request either by the RPD or resident to resolve issues that require immediate action.

Meet with the Pharmacy Director quarterly. This meeting serves to discuss departmental clinical programs and goals related to the residents.

Meet with mentor. Residents will be assigned a mentor in the beginning of the year and will meet with them on a scheduled basis to ensure program requirements are on target.

Pharmacotherapy Rounds (University of Maryland School of Pharmacy or JHH) the resident is required to attend a minimum of 8 lectures throughout the course of the year. Attendance should be equally distributed throughout the year and communicated to your preceptors or RPD or RPD.
Administration of the Residency Program

Organizational and Advisory Structure

Residency Program Director

The residency program director is responsible for overseeing all aspects of the residency program. Program goals, objectives and requirements will be the responsibility of the program director in conjunction with the Director of Pharmacy.

The program director will coordinate with other preceptors and pharmacy administration to coordinate schedules, rotations and to track the resident’s progress and to resolve any pertinent issues.

This group meets quarterly to discuss the progress of the residents, any problems with the residents’ schedule, ability to achieve goals/objectives, and progress on their project. This group also determines the overall plan for the year and if the program needs to make adjustments for the current year and how we restructure for subsequent years.

Residency Preceptors

Nazeer Ahmed, Pharm.D. BCPS, CGP  Medicine
Tiffany Choe, PharmD.  Medicine/TOC
Bryna D. Ewachiw, PharmD.,BCOP  Oncology/Orientation
Lynn Frendak, PharmD.,BCPS  Pain/Palliative Care
Jennifer Peacock, PharmD, BCPS  Maternal/Child Health
Isha John, PharmD. , MBA  Administration/Medication safety
Nicole Kiehle, PharmD., BCPS  Surgery/Critical Care/Burn
Catherine Kiruthi, PharmD, BCPS  Cardiology/CICU/PCU
Ashley Martinelly, PharmD  Emergency Medicine
Candace Essel, PharmD.  Administration/orientation
Irma Franco, PharmD.  Medication Safety
Sasha Beselman, PharmD, MBA  Research
Brian Spoelhof, PharmD, BCPS  Neurology/NCCU
** The rotation preceptor will be responsible for scheduling the resident’s activities, assuring the resident’s progress toward meeting the objectives of the rotation, and identifying potential problems with the resident’s competencies or the residency objectives. **

**Responsibilities of the Preceptor**

- Introduce resident to unit/clinic, team members and area staff.
- Discuss the clinical activities/responsibilities of the clinical pharmacist in area
- Attend rounds with resident if applicable
- Instruct resident how to verify orders, review profiles, identify and make interventions.
- Discuss how to identify ADR’s and how to report
- Review pharmacokinetics, antibiotic monitoring, formulary interventions, and TDM, TPN monitoring.
- Responding to drug information questions and resolving medication related problems.

**Project Advisor**

The resident will select a project advisor, who is a content expert in the subject matter of the specific project. The project advisor/mentor assumes the primary responsibility to guide the resident in completing the required research project. The mentor assists the resident in selection, planning and implementation of the project to ensure successful outcomes. Residents are required to present the results of their project at the Eastern States Conference in the spring. The project advisor RPD or Pharmacy Administration may recommend the resident to present their project at other conferences or meetings at the state and national level. The project’s manuscript must be submitted for final review two weeks prior to the end of the residency year.

**Resident Mentor**

Each resident is assigned to a preceptor to serve as program mentor to advise the resident throughout the year. Mentors are a resource for the resident to help the resident achieve both their professional and personal goals throughout their program year. The mentor will be given the resident’s baseline information at the start of the residency year and will ensure the resident stays focused on their assignments, projects and other program requirements. The mentor will also assist the resident with their presentations, both written and oral and offer advice to the resident on their career options. Mentor will meet with the resident quarterly to ensure program requirements are on track.
**Residency Advisory Committee**

The Residency Advisory Committee is a standing committee of the Department of Pharmacy. Standing members include the residency preceptors and the Residency Program Director. The Director of Pharmacy and Assistant Director are also invited to attend. The Committee serves to support the program goals and improve the quality of the residency program at JHBMC. This meeting creates a forum for the preceptors to discuss the residents’ progress, resident projects, concerns or issues regarding the residency schedule, and other components of the program.

Additionally the RAC:

- Discusses the incoming residents’ interests, strengths, and professional/personal goals they have outlined during their orientation process
- Determines a mentor for each resident
- Discusses the residents’ performance on their assigned learning experiences and address any goals and objectives with a “needs improvement”
- Establishes preceptor responsibilities and preceptor development initiatives
- Discusses the overall performance of the residents and to identify any areas for improvement
- Goals and objectives achieved for the residency will be reviewed quarterly and the RPD will document completion in resitrak
- Continuously evaluates the curriculum, goals and objectives
- Discusses resident recruitment and selection
- Holds an annual preceptor retreat to discuss program improvements, program advancement and reflection on the current year
Lead resident

The position of a “Lead Resident” for the Department of Pharmacy has been developed to provide additional leadership opportunities and foster leadership skills. This position is designed to enhance the resident’s overall learning experience during their residency program.

The Lead Resident will be a rotating assignment as a three month rotation. The Lead Resident position will begin in August and end in June of the residency year. The Lead resident schedule will be included as part of the main residency schedule.

Lead Resident Program Coordination

- The Residency Program Director Assistant Director of Pharmacy will review a schedule of assignments with the residents in July.

Lead Resident Responsibilities

- Serve as point program for Pharmacy Practice Residency Program at Johns Hopkins Bayview Medical Center.
- Taking Pharmacy rounds minutes or assign this to a student
- Participate in nursing orientation
- Represent the Pharmacy Residency Program at all relevant University of Maryland School of Pharmacy and College of Notre Dame College of Pharmacy events and Johns Hopkins Bayview Department of Pharmacy meetings and conferences if applicable.
- Assist with Pharmacy student orientation
- Coordinate community project
- Communicate any needs of the residency program
- Co-edit Pharmacy Newsletter
- Midyear Responsibilities: Coordinate residents travel itinerary and contact information and present information to the Department of Pharmacy Administration staff at JHBMC and JHH. Lead Resident will also assist residents in preparing for the Midyear Clinical Meeting.
- Will also coordinate a schedule of events with Bayview group at the MCM.
- Recruitment: Lead Resident will assist RPD and Pharmacy Administration in reviewing program applicants, organizing on campus interviews, and participating during the interview process.
Eastern States: will distribute information and coordination of events for both residents and attendees.

**Rotation Schedule**

Rotations are determined by resident’s interests, and personal and professional goals for completing their residency program. Each rotation has its own goals, objectives and schedule, all determined by the preceptor.

Residents are expected to function independently and demonstrate proficiency throughout the rotation. Preceptors are responsible for ensuring rotation and program goals are met, provide mentorship and teach principals of pharmacy practice by incorporating the four teaching models. The preceptor is responsible for establishing a schedule and providing ongoing feedback and timely summative evaluations.

Resident is responsible for communicating any schedule conflicts, absences or issues concerning the rotation directly with the preceptor in a timely fashion. Resident is expected to contact the preceptor prior to the start of the rotation to discuss rotation schedule, rotation expectations and rotation specific goals.

**Required: 5 weeks**

The first rotation for the PGY1 residency program is hospital/departmental orientation which is 4-5 weeks in length. Program director may extend orientation up to a week if it is determined the resident needs additional orientation time.

- Orientation
- Internal Medicine
- Administration
- ICU rotations
- Ambulatory Care
- Maternal/Child Health

**Elective Rotations: 5 weeks**

- Cardiology
- Medical Oncology
- Investigational Drug Service
- Pain and Palliative Care
- Medication safety
- Surgical ICU*
- Burn ICU
- Home Infusion
- Transitions of Care
- Emergency Medicine
- Neurosciences
- Neuro critical Care

*Resident must have completed internal medicine prior to this rotation.

Resident may have the opportunity to take an elective rotation at The Johns Hopkins Hospital pending schedule and preceptor availability.

Longitudinal Experiences:

- Service (Staffing)
- Ambulatory Care
- Drug Information/Drug Policy

Rotation Schedule

The resident and RPD will meet within the first month to establish the rotation schedule and develop a customized training plan. In the event the resident’s program goals change, the resident may request a schedule change. The RPD will make every attempt to adjust the schedule to accommodate both resident and program preceptors. Any schedule changes will be documented in the customized training plan and communicated to program preceptors.
Ambulatory Care

The resident will have the opportunity to have a longitudinal ambulatory clinic experience in our pharmacist managed anticoagulation and smoking cessation clinics during their residency year. The resident will spend five hours a week for a determined block of time to establish continuity of care and positive patient relationships and providers.

The resident will be involved in direct patient care activities using approved protocols for anticoagulation management and smoking cessation. The resident will be responsible for managing patients’ drug therapy, ordering labs, improving compliance, identifying medication related problems and monitoring outcomes using a SOAP note format. The preceptor will supervise activities to ensure the resident is performing as expected.

The resident will be required to perform various snapshots throughout the rotation and will also receive ongoing feedback over the three month period. The resident will be formally evaluated after their longitudinal experience is completed to ensure goals and objectives are met for the experience.

Additional training in EPIC and provider documentation are required to be completed prior to this experience.
Customization of Residency Program

ASHP requires that the resident’s training program must be customized based on their entering interests, skills and experiences. Progress toward achieving program outcomes and requirements should be assessed quarterly by the Program Director. Additionally the customized training plan will be evaluated quarterly to ensure resident’s interests and personal goals are consistent with program goals and objectives.

Self-Assessment Form

Prior to the program start, the incoming residents will be given a self-assessment form to complete to assess their abilities, practice interests, skill level, experience and educational background. This information will be shared with the preceptors and RPD to assist in developing a customized training plan, schedule and mentor assignment.

ASHP Entering Interests Form

The residency program at JHBMC uses the standard form created by ASHP to determine the residents’ individual professional goals and objectives for their program year. The standard form is completed once during the resident orientation experience. The standardized form addresses career goals; current practice interests; strengths; weaknesses; and professional and program goals. Residents also address areas of concentration for their program, a strategy for fostering continuing pharmacy education and their involvement in professional organizations. The resident is required to provide a narrative reflecting on these elements in order to provide them with a customized training plan.

Residents will identify a number of areas where improvement is desired and the RPD will develop a plan to address these areas to achieve professional and personal goals.

Goal Based Residency Evaluation

The Goal-Based Residency Evaluation is to collect baseline information for use in the development of individualized educational goals and objectives for the upcoming year in residency. The resident will use this form to perform a self-evaluation on all the program’s outcomes and goals. The Goal Based Residency Evaluation Form is completed once as part of the resident’s orientation/introductory learning experience.

Residents will review the information provided on both forms with their RPD in order to create a customized schedule and training plan.
The RPD will discuss the information gathered for each resident from both forms at the first Residency Advisory Committee to ensure preceptors can assist in facilitating achievement of program goals for the individual resident.

Customized Training Plan

ASHP requires the Customized Training Plan to be reviewed quarterly. A reminder will be sent out to the RPD for completion. The Customized Training Plan is where 1) the RPD determines which goals the resident has achieved for the residency program and 2) where a written plan is communicated to ensure customization of the program as it relates to the initial training plan. This written plan should include 1) comments on resident progress, 2) suggestions for improvement and 3) any changes to the plan from the previous quarter. This training plan is discussed quarterly with the resident and must be signed by both RPD and resident to ensure both parties are in agreement with the statements in the plan. This will be submitted via Resitrak.

Residents must acknowledge their individual training plan in Resitrak and comment on their progress or changes as related to their initial plan.

Quarterly Assessment of Program Outcomes and Goals

An evaluation of the residents’ progress in achieving program’s goals and objectives will be completed in conjunction with the Customized Training Plan. The RPD will review the resident’s evaluations quarterly and add comments accordingly. The RPD will determine if program outcomes and goals have been achieved. The RPD will also consider residents self evaluation and preceptor feedback to determine achievement of program goals for that quarter.

RPD will review the quarterly evaluation with the resident at the end of each quarter. Residents should perform a self assessment on their progress before reviewing preceptor or RPD’s assessment.
PGY1 Residency Evaluation Process

There are four types of required assessments for our PGY1 program to monitor resident’s progress and program effectiveness. Residents will be evaluated by rotation preceptors, the program director, the Pharmacy Director and themselves.

The Resitrak system is the ASHP approved database used to manage our residency program.

**Summative evaluation**: performed by the preceptor at the end of the rotation.

**Quarterly evaluation**: performed by the RPD each quarter. The RPD will determine if the resident has demonstrated consistency throughout their learning experiences and mark Achieved for Residency accordingly.

**Preceptor evaluation**: performed by the resident at the end of the rotation/experience.

**Self-evaluations**: resident completes a self evaluation for each summative evaluation.

**Preceptor (Summative) Evaluation of Residents’ Attainment of Goals and Objectives**

- Preceptors will provide appropriate orientation to the learning experience, including review of educational goals and objectives, learning activities, expectations and evaluation schedule.
- Preceptors will provide ongoing feedback throughout each learning experience. Preceptor should meet with the resident 2-3 times a week in order to keep communication ongoing.
- Written formative evaluation is encouraged. Examples to review include patient monitoring forms, care plans, monographs, MUE’s.
- Formative evaluation will also be completed by multiple ‘snapshots’ throughout each experience, expectation for 1 snapshot a week.
- Summative evaluation will be completed by the preceptor no later than 1 week after the last day of the learning experience. For longitudinal rotations the evaluation must be done quarterly. (See resitrak task list).
- Preceptors will check the appropriate rating to indicate resident progress and provide narrative commentary for any goal for which progress is “needs improvement” or Achieved.
  - **NI: Needs Improvement**
    - Resident’s level of skill on the goal does not meet the preceptor’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 levels has progressed at a rate that will result in full mastery 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 fully mastered the goal/skill based on their residency training
- Resident has performed the skill consistently with little or no assistance from the preceptor

Achieved for Residency: ACHR
- RAC including the RPD will determine if the resident has demonstrated the goal has been achieved for their program over multiple learning experiences with consistency, independence, and professionalism.
- RPD will mark these as achieved quarterly in resitrak

- Summative evaluations must be discussed with the resident and both parties must cosign and acknowledge any additional comments.
- All evaluations are delivered to the RPD via the resitrak system for review and signature.
- At the end of the residency year, the residency committee will meet to consider residents’ progress and ultimate achievement of the program’s goals and objectives.

Residents’ Self Evaluation of Their Attainment of Goals and Objectives

- Residents will complete a self assessment at the end of each learning experience and at quarterly intervals and will be reviewed by the RPD.
- Residents should review their progress during their learning experience and should explain any goal/objective that is deemed “needs improvement”
- Residents must review and sign the preceptors’ evaluation.
- At the end of the year, each resident should review their goals and objectives and self-evaluate their achievement.

Residents’ Evaluation of the Preceptor and Learning Experience

- Residents will complete the program’s evaluation form no later that one week after the learning experience has been completed or quarterly for longitudinal rotations.
- Completed evaluations will be discussed with the preceptors and signed by each.
- Completed and signed evaluations will be forwarded to the residency program director for review.

Resident’s evaluation of the residency program
- In May of each residency year the current residents will complete a program evaluation based on their personal experiences on all aspects of the program.
- The feedback will be used to improve and direct the program for the following year.
Attendance Policy

PURPOSE:

To provide a structured attendance policy that enables the resident to successfully complete the required elements of the PGY1 residency program in accordance with departmental policies for full time employees.

POLICY:

A. Background

The PGY1 program is a complete 12 month program encompassing all aspects of pharmaceutical care through various clinical and administrative learning experiences.

In order to complete all the requirements of the program, the residency position is a full time commitment consisting of a 40 work week. Residents are expected to report according to learning experience and preceptor’s schedule. When residents are staffing they are required to report according to the shift they are assigned to. (See master schedule)

B. Vacation/Paid Time Off (PTO)

Residents in the program are eligible to receive 22 days of PTO starting 90 days after their start date. Paid time off consists of both requested time off or sick days. Residents are required to submit their PTO requests in 3 month blocks of time. Although residents earn 22 days of PTO, in order to meet program requirements residents will be approved for 10 PTO days over the 12 month program and must save the remaining PTO days. Residents may not take more than 5 days of PTO in a row unless for extenuating circumstances arise. Allowable reasons to use these additional days include personal illness or severe illness in the immediate family.

C. Call Outs/Sick Days
Residents are required to notify the residency program director or administrator by pager as soon as possible before they are to report to work. If the resident is scheduled to staff they must call the administrator on call at least a **minimum of 2 hours** before their shift starts.

D. **Request for PTO**

Residents submit their requests for PTO on department/hospital approved PTO request via outlook or approved forms. Every effort will be to honor requests for PTO, but it is not a guarantee. Approval is based on length of the time requested off, number of other staff members requesting similar time off (first come, first serve) and the requirements or assignments required by the learning experience. If your request is time sensitive please make a note on the PTO request form. Policy is an adherence to JHBMC human resources policy.

All requests should be **verbally communicated with** their current preceptor and/or RPD (if applicable) for preliminary approval. Formal and written/electronic requests will then be forwarded to the assistant director for final approval. Final approval will be communicated with the residency program director and to the resident. The resident is responsible for arranging switches for all vacation time off during their regular scheduled staffing weekend.

E. **Special Residency Program Events**

Residents are required to notify scheduler of special dates including the ASHP Midyear and Eastern States Conference along with other residency program events as soon as those dates are made available.

F. **Funeral Leave**

In the event of the death of an immediate family member, employees who have completed their 90 day probationary period are eligible for funeral leave with pay for up to three scheduled workdays.

G. **Leave of Absence**

A Leave of Absence is defined as an unpaid, authorized period of absence from work that exceeds thirty (30) days. Leaves of Absence are granted under certain conditions and are not
guaranteed. The resident must contact the residency program director as soon as possible to
determine leave options and arrange for coverage of project and patient care responsibilities.

1. Health must be granted by pharmacy director for a non work related disability resulting
   in injury, illness, or pregnancy. Employee must meet the eligibility requirements for an
   approved leave of absence.

2. Child or Dependent Care, A Leave of Absence for caring for a child or dependent may be
   granted by the pharmacy director.

3. Personal, A Leave of Absence for personal reasons may be granted in order for the
   employee to attend to personal needs or emergencies. Upon request, the employee will
   be required to provide valid proof to support the need for leave.

In the event the extended absence will be longer than 4 weeks the resident may be still
expected to complete a full 12 month program or complete additional assignments to ensure all
goals and objectives of the program have been met. The resident may be required to extend
their residency program for a period of up to 8 weeks. The final decision in regards to program
completion will be made under the discretion of both the pharmacy director and residency
program director.

Should there be any significant issue or event related to attendance when residents have been
counseled on multiple occasions both the pharmacy director and residency program director
may decide program completion may decide program completion is not possible and a
certificate may not be granted.
PURPOSE

As part of ASHP’s accreditation standards, each resident is required to complete a pharmacy practice component of the residency program, commonly referred to as “staffing”.

- To develop pharmacy practice skills and gain experience in distribution, department policies and procedures, drug procurement, medication safety and leadership opportunities.
- The program must be committed to and be responsible for promoting patient safety and resident well being while supporting an educational environment.
- Staffing/Service responsibilities are important for maintaining the safety and welfare of patients.
- Achieving the outcomes and goals of the PGY1 program continue to be the primary objective of the residency experience.
- ACGME defines “duty hours” as: “...all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the hospital.”

RESPONSIBILITY: Director of Pharmacy, Program Director and Residents

POLICY

1. Supervision of Residents
   - Resident must be licensed in the state of Maryland 60 days after their start date.
   - The program must ensure that qualified staff provide appropriate supervision of residents in patient care activities.

2. Staffing/Service Guidelines
   - Service will begin once the resident has successfully completed hospital and department of pharmacy orientation.
   - Residents will receive ongoing evaluation of their performance as a staff pharmacist by the RPD and Operations manager.
Residents will be required to staff every third weekend including the Friday starting in Aug/Sept pending licensure in the central pharmacy area.

- If resident requests PTO on their assigned weekend, resident must arrange for coverage and ensure all parties have approved the switch.
- Residents receive one day off for working each assigned weekend.
- Residents are required to work two holidays during their residency year.
  - One winter holiday (Thanksgiving, Christmas Day or New Year’s Day) and
  - One summer holiday (Memorial Day, Independence Day or Labor Day).
  - Residents may switch amongst each other but must communicate the switch with Assistant Director and RPD.
- Per ACGME guidelines:
  - Resident cannot be on site for more than 80 hours a week
  - Duty periods for PGY1 residents must not exceed 16 hours in a 24 hour
  - Residents must be scheduled for a minimum of one free day every week averaged over a 4 week period
  - An effort should be made to provide a minimum of 10 hours between any two shifts scheduled in the pharmacy. In the case of an emergency or unusual circumstance/event, the department of pharmacy may require residents to work extended hours.

3. Additional Staffing Activities (“Moonlighting”)
- Must not interfere with the ability of the resident to achieve the goals and objectives of the residency program.
- Internal moonlighting must be approved by the pharmacy administration and limited according to the aforementioned definitions/policies.
- Moonlighting can only be done on the Johns Hopkins Bayview campus, off campus working is not permitted.
- Residents will be compensated at a standard pharmacist rate including shift differential.
- When working additional shifts residents and department must follow ACGME guidelines.

_________________________   ______________________
Javier Vazquez, PharmD, MS   Bryna Delman Ewachiw, Pharm.D.
Director of Pharmacy        Residency Program Director
The Johns Hopkins Hospital Department of Pharmacy is dedicated to providing residents with an environment conducive to learning. In 2011, ACGME established common duty hour standards for all accredited medical residency programs. With the revision of the ASHP standards for residency training it was determined that the ACGME standards would apply to all pharmacy residency programs. Residency Program Director’s, Preceptors and Residents share responsibility to ensure that residents abide by the ACGME requirements during the residency year.

The Department of Pharmacy supports compliance with the ACGME Duty Hour Requirements to ensure that residents are not compromising patient safety or minimizing the learning experience by working extended periods of time. Compliance with the ACGME requirements is a shared responsibility between the Department of Pharmacy and each PGY1 and PGY2 resident. Key elements of the ACGME requirements include:

- **Duty hours must be limited to 80 hours per week, averaged over a 4 week period, inclusive of on-call activities and all moonlighting.**
- **Duty periods of PGY-1 residents must not exceed 16 hours in duration.**
- **Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.**
- **Residents must be scheduled for a minimum of one day free of duty every week (when averaged over 4 weeks). At-home call cannot be assigned on these free days.**
- **Adequate time for rest and personal activities must be provided. Residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.**

ACGME defines “duty hours” as: “...all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the hospital.”
Questions concerning the application of ACGME guidelines to your respective residency program should be directed to your Residency Program Director and/or the Director of Pharmacy. Additional information concerning the ACGME standards is located at: www.acgme.org.

With my signature below I acknowledge that I have read and understand my responsibilities to comply with ACGME duty hour requirements:

________________________  _______________________ ________________
Print Name    Signature   Date
Disciplinary and Dismissal Policy

1. Probationary period
   a. probationary period is in affect during the first ninety (90) days of employment
   b. probationary period may be extended in writing for an additional 30 days

2. Mandatory standards: Each resident must meet minimum standards to complete certain tasks in order to remain in the program. The following standards and skills must be met by applicable deadlines
   a. Maryland licensure received by August 1st. If the resident does not obtain licensure within the first 60 days, the resident may be dismissed from the program. The RPD and Pharmacy director may extend the deadline by 30 days if extenuating circumstances require an extension. All residents MUST be licensed regardless by 90 days after hire date.
   b. Completion of hospital and departmental orientation and all accompanying material by 30 days
   c. Demonstrate proficiency in order entry by 30 days
   d. Demonstrate proficiency in preparation and distribution of medications by 30 days

3. Disciplinary policy: If it is determined through documentation that the resident is not meeting the program criteria, the following actions may be taken:
   a. written notification provided to the resident detailing the disciplinary issue against the resident
   b. a meeting arranged with the Director of Pharmacy, Residency Program Director and the resident to discuss the issue
   c. upon evaluation of the issue, an outcome will be decided which includes one of the following:
      i. dismissal of issue – no follow up is required
      ii. probation – plan will be implemented which affords the resident an opportunity to demonstrate improvement. Benchmark(s) to demonstrate improvement will be provided to the resident in writing. At the end of probation the resident can continue the program after demonstrating satisfactory improvement or be dismissed from the program if satisfactory progress is not achieved
      iii. dismissal from program – the resident can be immediately dismissed from the program by the Director of Pharmacy upon recommendation from the preceptor (if applicable) and Residency Program Director

Signing indicates receipt and understanding of the Disciplinary and Dismissal Policy

Resident: _________________________________ Date: _____________

Residency Program Director: __________________________ Date: ____________
Monitoring Plan for Residents’ Progress—Residency Advisory Committee

The Residency Advisory Committee (RAC) is composed of the residency program director, preceptors. The RAC will meet and review the residents’ progress on a quarterly basis or more often if deemed necessary.

Other Responsibilities of the RAC include:

- The RAC will discuss the incoming residents’ interests, strengths, and professional/persona goals they have outlined during their orientation process.
- The group will also determine a mentor for each resident.
- The RAC will discuss the residents’ performance on their assigned learning experiences and address any goals and objectives with a “needs improvement”.
- Each quarter the RAC will determine if the resident has “achieved a goal for residency”.
- Agenda for the meetings may include progress on the following: resident projects, scheduling of learning experiences, other resident initiatives, and program requirements.
- Mentors will provide a report about their respective resident.
- Discussion of preceptor responsibilities and preceptor development.
- Overall performance of the residents will be discussed to identify any areas for improvement.
- Resident recruitment and selection.
- Establish a preceptor development plan annually.

On a quarterly basis the program director will review the training plan with each resident and document the progress of achieving the goals and objectives of the program in resitrak. This information will be discussed at a RAC meeting throughout the residency year.
Education/Teaching Opportunities

Education and teaching are essential parts of the Pharmacy Practice Residency Program at JHBMC. Johns Hopkins Bayview is an academic teaching medical center that focuses on patient care, research and education to improve patient outcomes and advance the practice of medicine. Pharmacy practice residents like other health care professionals are expected to educate patients, other health care providers and students.

The residency program has a teaching requirement so the resident can be a competent and effective in teaching and training other health care professionals and students. ASHP accredited residency programs incorporate teaching requirements to fulfill specific program outcomes, goals and objective for residency training.

Outcome 1: Provide medication and practice-related education/training.

Outcome 2: Demonstrate competencies that contribute to working successfully in the health care environment.

Teaching opportunities will vary from resident to resident based on individual training plans and rotation schedules. However residents are expected to satisfy program minimums for education and teaching in order to successfully complete the residency program.

The Pharmacy Practice Residency offers the resident various teaching and educational opportunities to sharpen these skills that coincide with other rotation activities.

Education/Teaching Requirements:

- Participate in 4 credit hours of teaching per semester at the University of Maryland School of Pharmacy
- Prepare and present one ACPE Pharmacotherapy Rounds Presentation
- Prepare and present four journal clubs
- Prepare and present four patient cases
- Prepare and present a minimum of two educational in-services in any combination outside of the department
- Write one article for Departmental Newsletter per issue
Teaching at the University of Maryland School of Pharmacy

Resident will be given the schedule for the University of Maryland School of Pharmacy for each semester and will be required to teach 4 credit hours per semester. Resident may elect to take an additional 1-2 credits per semester if they are interested in additional teaching opportunities. Keep in mind teaching should not interfere with their additional program requirements. The faculty from the School will provide evaluation of the resident’s performance after completion of the teaching assignment.

UMSOP Teaching Certificate Program

Is offered through University of Maryland School of Pharmacy, it is not required as part of our residency program. It involves intense teaching assignments, projects, and requires the resident to take the course, Education Theory for either the fall or spring semester. Residents may participate if it’s in the best interest of the resident and aligns with their professional goals. Enrollment must be approved by the RPD.

Pharmacy Education Programming

Residents will present throughout the year. This may be a journal club, patient case, or presentation of a Performance Improvement/project related to a current rotation.

Co-Precepting Pharmacy Students

The preceptor will coordinate and oversee precepting activities for the resident and student. Resident may be asked to lead topic discussions, review patient cases, assist the student on rounds, drug information requests and project involvement.

Patient Education

Patient education skills will be obtained by both of the following experiences:

- Discharge counseling during selected clinical rotations
- Patient counseling in ambulatory clinics
  - Medication histories
  - Patient calendars
  - Monitoring and adjusting drug therapy regimens
  - Initiating therapies
  - Managing side effects
  - Improving compliance
Inservices

An inservice is a presentation of at least 15 minutes in length with at least 3 people in attendance. Inservices can be performed for faculty, nursing and/or department of pharmacy staff and will be coordinated by rotation preceptors.

Pharmacotherapy Rounds

Pharmacotherapy Rounds gives residents in the Baltimore area the opportunity to develop a ACPE accredited presentation on a clinically relevant topic and present this program in front of other residents, faculty and Department of Pharmacy staff.

Residents will select a topic of their choosing that requires final approval from the RPD and Pharmacotherapy Rounds coordinator. Presentation must comprehensively review the treatment of a medical disorder or examine a pharmacotherapeutic problem in a specific patient population by reviewing and interpreting the scientific literature and data available.

Each presentation is 60 minutes in length and the presenter must use approved audiovisual aids during the presentation. The audience will evaluate the presenter using a standard evaluation form. Residents should review their presentation outline, slide content, and learning objectives with a mentor and the RPD prior to pharmacotherapy rounds.

All programs are eligible for continuing education (CE) credit. To obtain CE accreditation, residents must submit the following items 45 days prior to their presentation, resident must review the following with their mentor and content expert 60 days prior to submission.

- 3-4 learning objectives
- Copy of Curriculum vitae
- Completed and signed disclosure statement
- Pharmacotherapy Rounds approval rounds
Slide Format Requirements

1. Residents must use the approved slide format for The Johns Hopkins Bayview Medical Center available on the JHBMC intranet.
2. Preferred Colors:
   a. Background: Blue, white or gray
   b. Text: White and/or yellow
3. Fonts: Aria or Helvetica
   a. Bold all words
   b. Font size: 24 or greater
4. Animation:
   a. None in background
   b. Text animation should be used in moderation
5. Do not end presentation with a black screen shot
Resident Pharmacotherapy Rounds/ACPE Presentation Approval Form

(Must be submitted to Cathy Walker, RPh 45 days prior to presentation)

Resident Name: _______________________________________________

Title of Presentation: __________________________________________

Date of Presentation: __________________________________________

____________________________________  ____________________
Resident signature       Date

Presentation Objectives:

By the end of this presentation, the participant should be able to

Presentation objectives and draft of slides have been reviewed and approved.

____________________________________  ____________________
Resident signature       Date

____________________________________  ____________________
Presentation advisor signature       Date
Pharmacy Education Opportunities

Goals of Pharmacy Education Programs include:

- Develop strong presentation skills
- Successful use of presentation materials
- Review and evaluation primary literature
- Lead a group discussion to encourage participation and feedback
- Discussion of pharmacotherapy/practice leadership topics
- Educate pharmacy staff
- Promote continuing pharmacy education

Skills will be obtained through the following formats:

1. Patient case presentations
2. Pharmacotherapy presentations
3. Journal Clubs
4. Project presentations
5. Preceptor Teaching/Topic discussion

Schedule and Frequency

Each session will be 30 min to 1 hour in length to be scheduled by the program director, preceptor or resident.

Evaluation

Resident will be evaluated by audience in attendance and the evaluations will be reviewed with the resident following the presentation.

Evaluations and the presentation will be uploaded into resitrak in the file manager section.
Meetings

Residents are required to attend and participate in a variety of meetings throughout their residency year. This may include P and T, Pharmacy administration meetings, departmental meetings, residency meetings and committee meetings. A preceptor may require the resident to attend a meeting as part of their learning experience or to assist with a departmental or hospital initiative.

If the resident is not able to attend any meeting, they must notify the meeting chair prior to the start of the meeting.

**Pharmacy Administration Meetings:** Date and time TBD. Purpose of this meeting is to discuss departmental initiatives, project updates and personnel issues from perspective of the pharmacy leadership. The Lead Resident should make an effort to attend and serve as Secretary for the meeting. Additionally the Lead Resident should generate and distribute meeting minutes.

**Departmental Staff Meetings:** Last week of the month, 7am and 230pm, Pharmacy Conference Room. The purpose of this meeting is to update the pharmacy staff of developments occurring within the department, hospital and health system. Residents are required to attend one of these meetings if they on campus.

**Pharmacy and Therapeutics (P and T) and Pre P and T:** Third Thursday of the month, 12noon Boggs Conference Room. Pre P and T is held week prior in the Pharmacy Conference Room.

**Pharmacist Shift Change:** Daily at 245pm, main pharmacy.

**Pharmacists Rounds:** Weekly, 230pm Central Pharmacy Area.

**Residency Meetings:** Program Director meets formally with resident every quarter to evaluate performance on rotations, review training plan and discuss overall progress towards achieving program goals and objectives. Program Director and preceptors will meet with residents throughout the year to be determined by program administrators.

**Residency Program Meeting:** TBD, Includes RPD and either Director of Pharmacy or Assistant Director of Pharmacy to review and communicate ongoing program activities with Pharmacy administration.

**Committees:** Residents may be asked to participate in both internal and external committees depending on their interests, learning experience requirements or related to a project. See Appendix G for a list of committees both within and outside of the department.
Residency Project

Background

Participating in research is essential in developing a well rounded practitioner and it is part of our mission at JHBMC. The Pharmacy Practice Residency program requires the resident to participate in a research project with the goal to educate the resident on the many phases involved with scientific research. The resident will learn about developing a project proposal, collecting data, IRB submission and presenting their findings accordingly. The resident may decide to do original research, identify a process improvement or establish a new service. Preceptors and residents will collaborate to identify a research question, create a project proposal and establish a timeline to ensure success.

Project Idea Generation

In mid-summer preceptors will be surveyed to generate a list of project ideas as potential research projects for incoming residents. Each idea will require the following information to proceed:

1. Project Advisor(s)/project team
2. Title/Idea of the project
3. Rational and brief description of proposed project.

Project Selection

Based on the resident’s interests and professional goals, they will select from the list of projects or propose an idea of their own. If the resident develops their own project it must be approved by the RPD and Administration team. Residents should select projects with topics or patient populations of interest to them to ensure a successful outcome.

Once the project is selected and/or approved, the resident must meet with their project advisor to begin outlining specifics about how to begin their research.

Research Proposal

The resident will be responsible to develop a formal research proposal which is reviewed and approved by the project advisor. The proposal should outline project goals, objectives and methods used to analyze the data once collected. The proposal should have the following sections:

1. Research question. Should be well defined and feasible to answer in the defined period of time.
2. Objectives. Be specific, you will need to refer back to these at the end to ensure they have been addressed. You may have both primary and secondary objectives depending on your question.
3. Hypotheses. Should be stated as a null hypothesis. What do you expect to happen?
4. Background. Literature review of the question.
5. Methods. What is the study design, what are you going to measure?
6. Data analysis. How are you going to analyze the results?
7. References

Presentation of Slides

1. Print handouts for each session
2. 2/3 sessions should be presented in Carroll Auditorium
   a. Schedule via Quick Links on intranet for room reservation, contact Ms. Omegia Thaniel
   b. IT access keys from Keishia Pratt at 0-0677

Project Timeline

Project Idea: July-September
Project Proposal: September-October
IRB submission (if applicable): October
Preliminary Slides for review: March
Eastern States Practice: April
Eastern States: Early May 2015
Hershey, PA

Manuscript Due: 2 weeks prior to last day of program
Residency Projects and the IRB (Institutional Review Board)

1. Research performed at JHBMC is submitted to the JHM IRB for approval.
2. Faculty sponsorship must be identified and included in the project’s development from beginning to end.
3. Access IRB information at [www.irb.jhmi.edu](http://www.irb.jhmi.edu)
4. Choose “Research Activity-IRB review”
   A. Is it human research?
   B. Is it Exempt, Expedited or Convened Review
   C. Use Research Determination Worksheet to help figure out if project involves human research.
5. IRB will determine if your research qualifies for Exempt or Expedited review
   A. Exempt:
      a. Applies to data without identifiers
      b. Data before IRB designation cannot be used.
      c. Most resident projects are exempt.
   B. Expedited:
      a. Does not refer to speed of IRB review
      b. Applies to minimal risk studies
      c. Data before IRB designation cannot be used.
Travel and Professional Society Involvement

Residents at JHBMC are expected to be involved and active members in professional societies on a local, state and national level. Professional societies are vital to developing a resident’s network and achievement of professional and personal goals.

Expectations:

1. The Department of Pharmacy will maintain professional memberships for the residents during their program year for ASHP and MSHP.
2. Residents are required to be involved and active members of the Maryland Society of Health-System Pharmacists (MSHP). Residents should attend meetings, special programs and contribute to the MSHP newsletter.
3. Residents are also required to join The American Society of Health-System Pharmacists (ASHP) and included attendance to the Midyear Clinical Meeting and attendance at ASHP Headquarters for a resident program.

Residents at JHBMC are required to attend the ASHP Midyear Clinical Meeting to promote professional development, support Johns Hopkins Medicine Pharmacy initiatives and network with other health–system pharmacists/residents. This also gives the resident the opportunity to pursue PGY2 program or career opportunities post residency.

Travel expenses for Midyear and Eastern States Conference will be covered by the Department of Pharmacy, however expenses need final approval from the RPD and Director of Pharmacy. Approval to attend other meetings not previously discussed will be determined by the RPD and the Director of Pharmacy. Paid time off and funding may be contingent upon budgetary issues and value of the specific meeting.
## Requirements to Complete PGY1 Residency Program at Johns Hopkins Bayview Medical Center

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Achieved: Place √ in box below (RPD or Pharmacy Director)</th>
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<tbody>
<tr>
<td>Successfully completes both hospital and departmental orientation programs.</td>
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<tr>
<td>Achievement of ASHP/JHBMC required educational outcomes and goals.</td>
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<tr>
<td>• Completes all learning experiences</td>
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<tr>
<td>• Completes all required evaluation tools</td>
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<tr>
<td>• Achieves each required outcome and goal at least once during residency program.</td>
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<tr>
<td>• Required to achieve 80% of program goals and objectives by end of program</td>
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<tr>
<td>Attend ASHP Midyear Clinical Meeting</td>
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<tr>
<td>Completion of research project presented at a regional residency conference.</td>
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<tr>
<td>Submission of a written manuscript to program director 2 weeks before residency program end date.</td>
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<tr>
<td>Completes or co-authors an MUE and presents MUE</td>
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<tr>
<td>Submits 1 newsletter article per issue</td>
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<tr>
<td>Presents a topic at Pharmacy Pharmacotherapy rounds.</td>
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<tr>
<td>Presents four case presentations</td>
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<tr>
<td>Presents four journal clubs</td>
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<tr>
<td>Prepares and presents one P and T monograph</td>
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<tr>
<td>Presents a minimum of two presentations outside of the dept</td>
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<tr>
<td>Attendance of one UMSOP Pharmacotherapy/ JHH Rounds per month and four Professional Development Series</td>
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<tr>
<td>Requirement</td>
<td>Completed by</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Attendance of one MSHP meeting</td>
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<tr>
<td>Maintains good standing with department of pharmacy with adherence to departmental policies and procedures.</td>
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<tr>
<td>Completes required service/staffing hours and hospital required Healthstream competencies</td>
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<tr>
<td>Receives acceptable performance evaluation as outlined in job description.</td>
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<tr>
<td>Completes Resitrak requirements/documentation</td>
<td></td>
</tr>
<tr>
<td>Attends required department and interdisciplinary meetings.</td>
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</tr>
<tr>
<td>Attends quarterly meetings with program director.</td>
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</tbody>
</table>

All requirements must be met and deemed satisfactory by the program director and director of pharmacy by a predetermined date. Once completion of requirements have been documented, an ASHP approved program certificate will be awarded to the residents.

___________________________________  _________________________
Resident                                      Program Director

Date  ___________  _________________________
Pharmacy Director
Bayview Breeze Newsletter Policy

PURPOSE:
A. To publish a departmental newsletter that is educational and informative, as well as valued and read.

POLICY:
A. Johns Hopkins Bayview Medical Center Department of Pharmacy recognizes the importance of communication within the department, hospital, and among other Johns Hopkins Medicine entities.
B. The departmental newsletter, Bayview Breeze, parallels The Johns Hopkins Medicine mission of fostering teaching, research, and patient care.
C. The newsletter serves as a mode of communication for pharmacy-directed initiatives, emerging medication issues, pharmacy-related events, and employee recognition.

RESPONSIBILITY:
A. The newsletter is managed by Johns Hopkins Bayview Medical Center PGY1 Pharmacy Residents. Responsibilities of the residents include:
   1. Soliciting content for the newsletter according to the procedures outlined in this policy.
   2. Ensuring the quality, quantity and relevance of submitted content by reviewing/editing and having the appropriate administrators review the content.
   3. Contributing articles reflecting editor’s observations on specific communication issues, need for change, or to educate and encourage compliance or change in behavior.
   4. Ensuring that authors of columns submit their content and the newsletter is submitted to administration for review by the stated deadlines.
B. The residents are also responsible for creating deadlines for authors of newsletter columns, meeting deadlines for review, and ensuring that administrators are reviewing the newsletter in a timely manner. (See Appendix A for sample schedule)

PROCEDURE:
A. The departmental newsletter will be distributed electronically every 3 months, in September, December, March, and June
   1. The newsletter will be created with Microsoft Publisher and converted to Adobe Acrobat Portable Document Format (PDF) to distribute electronically to Johns Hopkins Medicine entities.
   2. The newsletter will be archived on the Share Drive at F:\Bayview Breeze\Archive
B. Various columns will be utilized for the newsletter as described:
   1. Mandatory Quarterly Columns:
      a. The Director’s View of the Bay: Message from the Director of Pharmacy.
      b. Clinical Pearls: Clinically relevant article written by pharmacists. Focus may include, but are not limited to emerging pharmacologic treatments, a summary of new treatment guidelines, or a summary of new landmark studies.
      c. Bayview Buzz: Upcoming events and birthdays, including CE opportunities
   2. Optional Columns
      a. Promotions/Shining Stars/Anniversaries/Department Departures: Listing of departmental recognitions, including awards, anniversaries, or nominations.
      b. Pharmacy Scoop: Updates and news on the operations or related to the pharmacy department, includes topics of interest to the technical staff. May be written by pharmacy technicians, pharmacists, or pharmacy students.
      c. InPHARMation: Updates and news on pharmacy information systems and technology
   3. Additional articles may be included at the discretion of the editors and administrators
   4. In the event that there is difficulty obtaining an article, articles featuring current issues and activities related to pharmacy practice may be used. Potential topics include, but are not limited to, the following:
      a. Operational issues
      b. New policies and procedures
      c. Clinical services updates
      d. Journal club summaries
      e. Pipeline drug or investigational drug service updates
      f. Drug shortages
      g. MSHP/ASHP updates
      h. Public relations or community service
      i. Current pharmacy-related events

C. Authors of the columns
   1. Director of Pharmacy is responsible for composing a Director’s View of the Bay column for each newsletter.
   2. One to two clinical pharmacists will be assigned to write a Clinical Pearls column for each newsletter.
   3. At the discretion of the preceptor, pharmacy students rotating through Johns Hopkins Bayview Inpatient Pharmacy may be required to write an article.
   4. Voluntary requests for authorship from administration, staff pharmacists, and pharmacy technicians may also be considered.

APPENDIX A. Sample Schedule of Deadlines

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Article Due Date</td>
<td>1st week of August</td>
<td>1st week of November</td>
<td>1st Week of February</td>
<td>1st Week of May</td>
</tr>
<tr>
<td>Editor Review</td>
<td>3rd to last week of August</td>
<td>3rd to last week of November</td>
<td>3rd to last week of February</td>
<td>3rd to last week of May</td>
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<tr>
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<tr>
<td>Resident to Format</td>
<td>Resident 1</td>
<td>Resident 3</td>
<td>Resident 2</td>
<td>Resident 2</td>
</tr>
<tr>
<td>Resident to Review</td>
<td>Resident 2</td>
<td>Resident 1</td>
<td>Resident 3</td>
<td>Resident 1</td>
</tr>
<tr>
<td>Administration Review</td>
<td>2nd to last week of August</td>
<td>2nd to last week of November</td>
<td>2nd to last week of February</td>
<td>2nd to last week of May</td>
</tr>
<tr>
<td>Administrator to Review</td>
<td>Isha</td>
<td>Cathy V.</td>
<td>Bryna</td>
<td>Javier</td>
</tr>
<tr>
<td>Distribute</td>
<td>First week of September</td>
<td>First week of December</td>
<td>First week of March</td>
<td>First week of June</td>
</tr>
</tbody>
</table>
Appendix A: Phone List

See Attachment
Appendix B

Presenter: ______________________ Topic ______________________

Evaluated by (circle one): Pharmacist  Student  Technician  Other               Date___________

Rating scale: 1 (objective not met) to 5 (exceeded expectation)

<table>
<thead>
<tr>
<th>Score</th>
<th>Objective Statement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Select a clinically relevant topic of reasonable scope that examines a common medical disorder or pharmacotherapeutic problem in a specific patient population.</td>
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<tr>
<td></td>
<td>Provide a summary of the key message(s) at the beginning and end of the presentation.</td>
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<tr>
<td></td>
<td>Deliver information in well-organized manner (sequence is logical and easy to follow, transition effectively from one concept to another).</td>
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<tr>
<td></td>
<td>Demonstrate an in-depth knowledge of the subject matter (comprehensiveness, address key issues, include findings of major clinical trials, explain concepts completely).</td>
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<td></td>
<td>Evaluate data / information appropriately (state the relevance and limitations of the data to the topic, explain conflicting information).</td>
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</tr>
<tr>
<td></td>
<td>Formulate appropriate conclusions how this information should be used in clinical practice.</td>
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</tr>
<tr>
<td></td>
<td>Produce well-written and aesthetically pleasing handout and slides that highlight the key points presented.</td>
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<tr>
<td></td>
<td>Reference all sources (handout / slides / tables) following the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  (NEMJ 1997; 336: 309-15.)</td>
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<tr>
<td></td>
<td>Orally present information in an effective manner by speaking clearly, explaining concepts using appropriate terminology, and using appropriate gestures/non-verbal communication.</td>
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<tr>
<td></td>
<td>Answer questions effectively by clarifying the nature of the question (if needed), formulating an appropriate conclusion, and providing supporting evidence/data.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overall, this session was relevant to my practice and met my educational needs.</td>
<td></td>
</tr>
</tbody>
</table>

Strengths:

Weaknesses/Suggestions for Improvement :


Appendix C

List of Past Residents

3. Camile Moukwa      (residency year 2004-2005)
7. Lydia Fancher  (residency year 2006-2007)
8. Angela C. Bovain (residency year 2006-2007)
13. Lynn Silagyi Frendak (residency year 2009-2010)
14. Denise Fu   (residency year 2010-2011)
15. Ryan Morgan  (residency year 2010-2011)
16. Allison Chiu (residency year 2011-2012)
17. Lara Groetzinger (residency year 2011-2012)
18. Tiffany Choe (residency year 2011-2012)
19. Troy Horvat (residency year 2012-2013)
20. Snow Nehrbass (residency year 2012-2013)
21. Paul Ortiz  (residency year 2012-2013)
22. Joleine Bigcas (residency year 2013-2014)
23. Caitlin Frese (residency year 2013-2014)
24. Monique Mounce (residency year 2013-2014)
Appendix D:  
How to Create a Poster for a Meeting or Conference

1. Open a new presentation in power point.

2. Click on File, choose Page Setup, and Select custom under page size.

3. The computer will prompt you to put in a width and height.
   a. Enter in 42 inches for width
   b. Enter in 24 inches for height.
   c. This is half the size of a 7’ x 4’ poster

4. To start imputing information into your poster, use text boxes in areas of your poster.

5. Use the Johns Hopkins Bayview Medical Center approved logos in your title.

6. Once completed request permission from Director of Pharmacy to send poster to be printed in Graphics Department or sent out to an outside printing company.
Appendix E: Department of Pharmacy Services
Johns Hopkins Bayview Medical Center

Formal Drug Information Inquiry Response Form

Date:

Requestor:

Title: MD, RN, RT, NP, PA, non-health care provider (note which is applicable)

Actual question asked:

Clarification of questions asked and any subsequent questions as a result of clarifying the initial actual question:

Response to Requestor:

Rationale for question (patient specific, non-specific patient care, education, research):
Appendix E: JOHNS HOPKINS BAYVI EW FORMULARY REVIEW

GENERIC NAME:

PROPRIETARY NAME/MANUFACTURER:

INDICATIONS:

PHARMACOLOGY:

PHARMACOKINETICS:

EFFICACY: (Evidence Based Category/Statements if Available)

CONTRAINDICATIONS:

PRECAUTIONS:

ADVERSE REACTIONS:

DRUG-DRUG INTERACTIONS:

DOSING:

DRUG COST and USAGE COMPARISON:
<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosing Regimen Usual</th>
<th>Vial Size</th>
<th>Cost/Vial ($)</th>
<th>Average Cost ($) Treatment</th>
<th>Average Cost ($) Monthly Treatment</th>
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</thead>
</table>

ADVANTAGES:

DISADVANTAGES:

PATIENT SAFETY:

RECOMMENDATION:
## Appendix F: Residency Education Checklist

<table>
<thead>
<tr>
<th>In-service Title (Outside of Dept)</th>
<th>Date</th>
<th>Preceptor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Pharmacy Education Conference</th>
<th>Date</th>
<th>Preceptor Initials</th>
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<tbody>
<tr>
<td>Journal Club, Case Presentations, etc</td>
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</tbody>
</table>

### Pharmacotherapy Rounds/Professional Development Series (PDS)

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of times Attended Pharmacotherapy Rounds</th>
<th>Attended PDS Y or N</th>
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<tbody>
<tr>
<td>September</td>
<td></td>
<td></td>
</tr>
<tr>
<td>October</td>
<td></td>
<td></td>
</tr>
<tr>
<td>November</td>
<td></td>
<td></td>
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<tr>
<td>December</td>
<td></td>
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<tr>
<td>January</td>
<td></td>
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<tr>
<td>February</td>
<td></td>
<td></td>
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<tr>
<td>March</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April</td>
<td></td>
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<tr>
<td>May</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy Newsletter Articles</th>
<th>Issue</th>
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<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Maryland School of Pharmacy Teaching Sessions (name of course and credit hrs)</th>
<th>Date</th>
<th>Faculty Initials</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
## Appendix G: Meeting/Committee Groups

<table>
<thead>
<tr>
<th>Unit</th>
<th>Primary Pharmacist</th>
<th>Secondary Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety Rounds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BICU</td>
<td>Nicole K</td>
<td></td>
</tr>
<tr>
<td>L&amp;D/OB</td>
<td>Jen</td>
<td></td>
</tr>
<tr>
<td>NCCU</td>
<td>Brian</td>
<td></td>
</tr>
<tr>
<td>SICU</td>
<td>Nicole K</td>
<td></td>
</tr>
<tr>
<td><strong>JPC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burn</td>
<td>Nicole K.</td>
<td></td>
</tr>
<tr>
<td>Critical Care</td>
<td>Nicole K.</td>
<td>Henry</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Ashley</td>
<td></td>
</tr>
<tr>
<td>Maternal Child Health</td>
<td>Jen</td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>Nazeer</td>
<td>Candace</td>
</tr>
<tr>
<td>Neurosciences</td>
<td>Brian</td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Committees/Workgroups</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotic Utilization</td>
<td>Tiffany Choe</td>
<td>Charlie</td>
</tr>
<tr>
<td>Anticoagulation Task Force</td>
<td>Charlie</td>
<td>Catherine K.</td>
</tr>
<tr>
<td>Bar Code Pharmacy Core Team</td>
<td>Olga, Joyce, Anthony</td>
<td></td>
</tr>
<tr>
<td>Critical Care Pharmacy Core Team</td>
<td>Henry, Nicole K</td>
<td>--</td>
</tr>
<tr>
<td>Falls &amp; Restraints Advisory Committee</td>
<td>Nazeer</td>
<td></td>
</tr>
<tr>
<td>Infection Control Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin Task Force</td>
<td>Nazeer</td>
<td></td>
</tr>
<tr>
<td>Meditech Pharmacy Core Team</td>
<td>Olga, Jim, Henry</td>
<td>--</td>
</tr>
<tr>
<td>NICU/Pharmacy Workgroup</td>
<td>Jen</td>
<td></td>
</tr>
<tr>
<td>Pain/Palliative Care</td>
<td>Lynn</td>
<td></td>
</tr>
<tr>
<td>Peds/Pharmacy Workgroup</td>
<td>Jen</td>
<td></td>
</tr>
<tr>
<td>Cancer Committee</td>
<td>Byna</td>
<td>Jim</td>
</tr>
</tbody>
</table>
Appendix H : Hospital Agreements/Affiliations

PGY1 Pharmacy Residency

School of Pharmacy Affiliation

Johns Hopkins Bayview Medical Center has an affiliation with the University of Maryland School of Pharmacy, Notre Dame University, and Shenandoah University College of Pharmacy in regards to their experiential learning programs. Several residency preceptors are clinical assistant professors at the above mentioned programs. This title is given to pharmacists who precept 3rd and 4th year students. However, the residency preceptors are employed by the Johns Hopkins Bayview Medical Center as members of the pharmacy department.
### APPENDIX I

**RESIDENCY PROGRAM TIMELINE**

<table>
<thead>
<tr>
<th>Due Date/Month</th>
<th>Program Requirement</th>
<th>Completed</th>
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</thead>
<tbody>
<tr>
<td>July/August</td>
<td>Submit topic for PT rounds for Nov and Jan PT rounds</td>
<td></td>
</tr>
<tr>
<td>PT ROUNDS SCHEDULE</td>
<td>Kathy Yee – November 19, Kaitlin – January 21, Naaseha – April 15</td>
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</tr>
<tr>
<td>70 days prior to PT rounds</td>
<td>Submit objectives to advisor</td>
<td></td>
</tr>
<tr>
<td>60 days prior to PT rounds</td>
<td>Submit draft presentation to advisor should be 70% completed</td>
<td></td>
</tr>
<tr>
<td>45 days prior to PT rounds</td>
<td>Submit PT rounds paperwork for CE credit, presentation should be 80-90% complete</td>
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</tr>
<tr>
<td>5-6 weeks prior to PT rounds</td>
<td>Set up first practice session with advisor/+ 1-2 preceptors/rpd.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Focus on content</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Formatting</td>
<td></td>
</tr>
<tr>
<td>3-4 weeks prior to PT rounds</td>
<td>Second practice session with more preceptors in Carroll auditorium.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Focus on presentation style</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Formatting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• content</td>
<td></td>
</tr>
<tr>
<td>1 week prior to PT rounds</td>
<td>Third practice with all preceptors focus on minor formatting and presentation style in Carroll Auditorium</td>
<td></td>
</tr>
<tr>
<td>3 days prior</td>
<td>Submit audience response questions, print packets, etc.</td>
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</tr>
<tr>
<td>July-August</td>
<td>Select Project topic</td>
<td></td>
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<tr>
<td></td>
<td>• Identify project advisor</td>
<td></td>
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<tr>
<td></td>
<td>• Identify faculty member to be PI</td>
<td></td>
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<tr>
<td></td>
<td>• Start IRB training</td>
<td></td>
</tr>
<tr>
<td>August–October</td>
<td>Work on your MUE if PT rounds are second half of the year</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>Submit research proposal to research team and Resident Advisory Committee</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>Submit to IRB</td>
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<tr>
<td></td>
<td>Determine how your data will be collected/data sources/meditech/epic ICD-9 reports</td>
<td></td>
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<tr>
<td>November</td>
<td>Create MUE protocol/monitoring sheet</td>
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<tr>
<td></td>
<td>• if PT rounds are 2nd half of year start working on MUE earlier</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>• Work on IRB recommendations</td>
<td></td>
</tr>
<tr>
<td>Month</td>
<td>Tasks</td>
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<td>------------------</td>
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<tr>
<td>November-March</td>
<td>• set up data collection form</td>
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<td></td>
<td>• determine how to run your statistics</td>
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<tr>
<td>December-March</td>
<td>• Collect and finalize MUE data if PT Rounds are early</td>
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<tr>
<td>February</td>
<td>• Register for Eastern States Conference (ESC)</td>
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<td></td>
<td>• Submit abstract</td>
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<tr>
<td></td>
<td>• Roommate selection</td>
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<tr>
<td>March</td>
<td>• Data analysis for project</td>
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<tr>
<td></td>
<td>• End of March submit draft proposal of slides to PI and project advisor</td>
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<tr>
<td>April</td>
<td>• Set up practice sessions for Eastern States</td>
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<tr>
<td></td>
<td>• First practice with project advisor/1-2 Preceptors/rpd in Conference room</td>
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<td></td>
<td>• Second and third practices in Carroll Auditorium with full preceptor group</td>
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<td></td>
<td>• Final slides due to RPD/DOP/Project advisor 3 days before ESC</td>
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<tr>
<td>May 3-7</td>
<td>• ESC Hershey PA</td>
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<tr>
<td>End of May</td>
<td>• MUEs due</td>
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<tr>
<td>First week of June</td>
<td>• Manuscripts due</td>
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<tr>
<td>Second week of June</td>
<td>• Graduation checklist completed</td>
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## Appendix J

### Department Meeting Schedule

<table>
<thead>
<tr>
<th>Meeting Name</th>
<th>Frequency</th>
<th>Person Responsible to Attend Meeting</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Alaris Steering Committee</td>
<td>Quarterly</td>
<td>Henry Yeh/Ricky Amoateng</td>
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<tr>
<td>Antibiotic Management Team</td>
<td>Weekly</td>
<td>Tiffany Choe</td>
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<tr>
<td>Antibiotic Utilization Review</td>
<td>Monthly</td>
<td>Tiffany Choe</td>
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<tr>
<td>ASU Safety Rounds</td>
<td>Monthly</td>
<td>Sam Martin Yeboah</td>
<td></td>
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<tr>
<td>BaSIC</td>
<td>Monthly</td>
<td>Isha John/Irma Franco</td>
<td>Javier as needed</td>
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<tr>
<td>BICU Safety Rounds</td>
<td>Monthly</td>
<td>Nicole Kiehle</td>
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<tr>
<td>Billing Compliance</td>
<td></td>
<td>Olga Sherman</td>
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<tr>
<td>BMV Mtg</td>
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<td>Olga Sherman</td>
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<tr>
<td>Burn JPC</td>
<td>Quarterly</td>
<td>Nicole Kiehle</td>
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<tr>
<td>Cancer Committee</td>
<td>Quarterly</td>
<td>Bryna Ewachiw</td>
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<tr>
<td>Care Center P&amp;T (JHBCC Pharmacy Committee)</td>
<td>Monthly</td>
<td>Charlie Twilley/Javier Vazquez</td>
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<tr>
<td>Children’s Med Practice Staff Mtg</td>
<td>Monthly</td>
<td>Jennifer Peacock</td>
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<td>CICU Safety Rounds</td>
<td>Monthly</td>
<td>Catherine Kiruthi</td>
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<tr>
<td>Clinical Risk Mgt</td>
<td>Monthly</td>
<td>Javier Vazquez</td>
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<tr>
<td>Collaborative Critical Care Joint Practice Committee</td>
<td>Monthly</td>
<td>Henry Yeh/Brian Spoelhof/Cathy Kiruthi</td>
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<tr>
<td>Controlled Substance Review Comm</td>
<td>Monthly</td>
<td>Javier Vazquez</td>
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<tr>
<td>Diabetes Education for Pts – Medicine</td>
<td>2x a year</td>
<td>Nazeer Ahmed</td>
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<td>ED JPC</td>
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<td>VACANT</td>
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<td>ED Safety Rounds</td>
<td>Monthly</td>
<td>VACANT</td>
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<td>Forms Committee</td>
<td>Monthly</td>
<td>Bryna Ewachiw</td>
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<td>Hosp. Admin Staff Mtg</td>
<td>Monthly</td>
<td>Javier Vazquez</td>
<td>Dr. Bennett</td>
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<tr>
<td>IRB Convened Meeting</td>
<td>Weekly</td>
<td>Jim Monolakis/Sasha Beselman</td>
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<td>Infection Control Committee</td>
<td>Monthly</td>
<td>Tiffany Choe</td>
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<tr>
<td>JAG</td>
<td>2nd Wednesday</td>
<td>Javier Vazquez/Jim Monolakis/Isha John</td>
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<tr>
<td>L&amp;D Safety Rounds</td>
<td>Monthly</td>
<td>Jennifer Peacock/Isha John</td>
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<tr>
<td>MCH JPC</td>
<td></td>
<td>Jennifer Peacock</td>
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<tr>
<td>Med Process Committee</td>
<td>Monthly</td>
<td>Javier Vazquez/Isha John</td>
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<tr>
<td>Medicine JPC</td>
<td>Monthly</td>
<td>Nazeer Ahmed/Candace Farley</td>
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<tr>
<td>Meditech Core Team</td>
<td>Weekly</td>
<td>Olga Sherman</td>
<td></td>
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<tr>
<td>Medication Error Reduction Improvement Team (MERIT)</td>
<td>Monthly</td>
<td>Isha John</td>
<td></td>
</tr>
<tr>
<td>NCCU Safety Rounds</td>
<td>Monthly</td>
<td>Brian Spoelhof</td>
<td></td>
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<tr>
<td>Neuro JPC</td>
<td>Monthly</td>
<td>Brian Spoelhof</td>
<td></td>
</tr>
<tr>
<td>NICU Safety Rounds</td>
<td>Monthly</td>
<td>Jennifer P/Isha/Irma</td>
<td></td>
</tr>
<tr>
<td>OR Safety Rounds</td>
<td>Monthly</td>
<td>Sam Martin Yeboah</td>
<td></td>
</tr>
<tr>
<td>Committee/Meeting</td>
<td>Frequency</td>
<td>Participants</td>
<td>Purpose</td>
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<tr>
<td>-------------------------------------------------------</td>
<td>--------------</td>
<td>---------------------------------------------------</td>
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</tr>
<tr>
<td>P&amp;T Subcommittee</td>
<td>Monthly</td>
<td>Charlie/ Jim/Javier/Isha</td>
<td>Residents PRN</td>
</tr>
<tr>
<td>PACU Safety Rounds</td>
<td>Monthly</td>
<td>Sam Martin Yeboah</td>
<td></td>
</tr>
<tr>
<td>Pain Steering Committee</td>
<td>Quarterly</td>
<td>Lynn Frendak</td>
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<tr>
<td>Palliative Care</td>
<td>Weekly</td>
<td>Lynn Frendak</td>
<td></td>
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<tr>
<td>Palliative Care Ops</td>
<td>Monthly</td>
<td>Lynn Frendak</td>
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<tr>
<td>Patient Care Practices Committee</td>
<td>Every other week</td>
<td>Charlie Twilley</td>
<td></td>
</tr>
<tr>
<td>PCM Core Team Mtg</td>
<td>Monthly</td>
<td>Javier Vazquez</td>
<td></td>
</tr>
<tr>
<td>PCM Steering Committee</td>
<td>Monthly</td>
<td>Javier Vazquez</td>
<td>Ad hoc</td>
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<tr>
<td>Peds Workgroup</td>
<td></td>
<td>Jennifer P/Isha/Irma/Nicole B</td>
<td></td>
</tr>
<tr>
<td>Pharmacology Class for Renal Workshop</td>
<td>As needed</td>
<td>Nazeer Ahmed</td>
<td></td>
</tr>
<tr>
<td>Pharmacy &amp; Therapeutics</td>
<td>Monthly</td>
<td>Charlie Twilley, Javier Vazquez, Jim Monolakis, Isha John</td>
<td>Residents PRN, Clinical Specialists PRN</td>
</tr>
<tr>
<td>P&amp;T/IRB Liaison Meeting</td>
<td>Monthly</td>
<td>Jim Monolakis, Sasha Beselman</td>
<td></td>
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<tr>
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<td>Candace Farley</td>
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<td>2nd &amp; 4th Wednesday</td>
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<td>Tiffany Choe</td>
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