

JOHNS HOPKINS BAYVIEW MEDICAL CENTER
DEPARTMENT OF PHARMACY

**RESIDENCY HANDBOOK
2025-2026**



JOHNS HOPKINS
M E D I C I N E

**JOHNS HOPKINS
BAYVIEW MEDICAL CENTER**

Table of Contents

Section 1: Program Purpose and Overview	3
Section 2: Administration of the Residency Program.....	8
Lead Resident	11
Section 3: Rotations.....	12
Customization of Residency Program.....	13
Section 4: Meetings	16
Section 5: PGY1 Residency Evaluation Process	17
Section 6: ASHP Duty Hours Agreement on Hours.....	20
Section 7: Teaching and Education Opportunities	21
Pharmacotherapy Rounds.....	23
Section 8: Resident Project	26
IRB (Institutional Review Board)	27
Section 9: Travel and Professional Society Involvement	29
Section 10: Requirements to Complete PGY1 Residency Program at Johns Hopkins Bayview Medical Center – Resident Education Check List	30
Section 11: Bayview Breeze Newsletter	33
Section 12: Wellness Curriculum.....	36
Appendix A: Staff Development Evaluation Form.....	38
Appendix B: Resident Alumni List.....	39
Appendix C: How to Create a Poster for a Meeting or Conference	41
Appendix D: Residency Program Sample Timeline	42

Section 1: Program Purpose and Overview

Purpose

PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Practice Site Description

Johns Hopkins Bayview Medical Center is an academic medical center within the Johns Hopkins Health System. The institution is a level II trauma center and houses Maryland's regional burn center. Johns Hopkins Bayview Medical Center services a diverse patient population and offers such specialized services as substance use disorder treatment, asthma and allergy, bariatrics, geriatrics, orthopedics, burn, and women's health. Our mission is to provide compassionate health care focused on the uniqueness and dignity of each person we serve, in an environment that promotes, embraces, and honors the diversity of our global community.

Description

Our program is a 52-week postgraduate curriculum that offers training opportunities in acute care, ambulatory care, medication safety, research, clinical services and pharmacy leadership. Residents will gain the necessary experience and develop critical thinking skills needed to progress in the ever changing world of pharmacy practice.

The program is designed to help the resident meet the competency areas, goals, and objectives of PGY1 Pharmacy Residency training. See the "Required Competency Areas, Goals and Objectives of Postgraduate Year One (PGY1) Pharmacy Residencies."

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 experiences, aimed at developing a skilled and competent practitioner. Required elements of the program include completing a medication use evaluation (MUE) research project, patient education, teaching, providing pharmacy services, and developing leadership and communication skills. Upon successful completion of the program, residents will be awarded a program certificate.

JHBMC PGY1 Pharmacy Residency Philosophy

The JHBMC PGY1 Pharmacy Residency Program embraces a philosophy of training residents to become responsible and well-rounded pharmacists in a multidisciplinary patient care environment at our academic medical center. The preceptors aim to serve as a guide to the residents in promoting evidence-based practice, developing strong research skills, and advancing the profession of pharmacy. The JHBMC PGY1 Pharmacy

Residency believes in fostering the growth of our residents as individuals, with an emphasis on resilience and lifelong learning.

Program Structure

Month/Experience	Activities/Rotation Options
July: Orientation	<ul style="list-style-type: none"> • Hospital and department • Residency Program overview • EPIC training • ACLS • Departmental Competencies • Training for staffing
Required Experiences (One calendar month unless otherwise noted)	<ul style="list-style-type: none"> • Critical Care • Infectious Diseases • Internal Medicine • Elective rotation within The Johns Hopkins Health System • Ambulatory Care • Integrated Pharmacy Practice Management (2 month, block experience) • Medication Safety (3 month longitudinal experience)
Elective Experiences (One calendar month unless otherwise noted)	<ul style="list-style-type: none"> • Burn and Surgical Critical Care • Cardiology and Cardiac Intensive Care Unit (CICU) • Critical Care and Emergency Medicine Float • Emergency Medicine • Investigational Drug Services • Pharmacy Leadership (Clinical, Operational, General) • Maternal Child Health and Neonatal Intensive Care Unit (NICU) • Medication Safety • Medicine Intensive Care Unit (MICU) • Neurosciences and Neuro Critical Care Unit (NCCU) • Oncology • Outpatient Parenteral Antimicrobial Therapy (OPAT) • Inpatient Palliative Care • Transitions of Care
December: Projects	<ul style="list-style-type: none"> • ASHP Midyear • MUE Research Project • Drug Monograph • Core topics and other presentations • Pharmacotherapy Rounds • Case Presentations
Longitudinal Experiences (Required throughout the 12-month program)	<ul style="list-style-type: none"> • IRB-Approved MUE Research Project • Pharmacy Practice and Staffing • Leadership • Code response • Community service • Pharmacotherapy rounds, ACPE-accredited continuing education

	<ul style="list-style-type: none"> • Teaching in multidisciplinary teams and at the University of Maryland School of Pharmacy • Johns Hopkins Pharmacy Teaching and Learning Certificate Program (TLCP) • Wellness Curriculum
<i>Optional Experiences</i>	<ul style="list-style-type: none"> • Participation in professional organizations

Schedule

- Residents are expected to work a minimum of 40 hours a week.
- Paid time off, comp days, and other scheduling conflicts must be discussed with preceptor 2 weeks prior to the start of the rotation after approval from the RPD
- Residents are expected to be present for a minimum of 80% of their rotation days. The maximum 20% of time off of rotation includes PTO, comp days, and conferences, but does not include time for longitudinal rotations. Additional days off require prior approval and a formal plan that is signed off by the preceptor and program leadership.
- Absences due to emergencies shall be communicated to program leadership and manager on call (MOC), and coverage plans will be coordinated in conjunction with program leadership.
- Late arrivals or early departures require prior approval
- Residents are expected to focus on their assigned learning experiences, meeting with preceptors, clinical activities, and are expected to show progress on longitudinal experiences throughout the year.
- Time to work on research, pharmacotherapy rounds, and other projects will occur during one monthly comp day (to be agreed upon with the preceptor). Project time may otherwise be limited to after hours or when the resident’s tasks/assignments have been completed for a given day.

Application and Appointment

The resident must have received a Doctor of Pharmacy degree from an accredited school of pharmacy, or for foreign graduates, must have received FPGEC certification. Residents are required to become a registered pharmacist in the state of Maryland by September 1st as outlined in their resident agreement contract. For additional details, see Disciplinary and Dismissal Policy (RES 001) in Hopkins Policies Online (HPO), also provided upon acceptance of position from the Residency Program Director (RPD).

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. Compliance with departmental Dress Code policy (ADMIN 013) is required (see HPO)

*Tools for communication are to be with the resident at all times while on campus and must remain accessible 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 Residency Conference will be reimbursed based on a pre-determined amount. It is the responsibility of the resident to arrange coverage for all staffing shifts, regardless of the rationale for travel.

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 and 4 interview days during their residency year. Any time off past 10 PTO days and 4 interview days require approval from RPD/RPC.** Each resident is expected to work 1 major holiday and 1 minor holiday during their residency program. See Attendance Policy RES002 in HPO.

Requests should be submitted at least 2 weeks prior to the rotation that will be affected.

Requests should be submitted in the following order for approval:

- 1) Submit via email to the residency program director.
- 2) If approved by the RPD, submit to the preceptor for the affected rotation for approval (if applicable) .
- 3) Submit via the department PTO request process outlined in RES002.

Stipend Information

Residents are paid at an hourly rate set at the beginning of each year by Human Resources and subject to change (\$27.50/hr last year). Information about stipend and benefits are provided prior to the beginning of the residency year.

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 or coordinator 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: Last Wednesday of the month in morning or afternoon.
2. Monthly meeting with residency program director (RPD)/residency program coordinator (RPC)
3. At least one Pharmacy and Therapeutics Committee meeting: Occurs every third Thursday of the month
4. Meetings associated with the resident's hospital committee secretary assignment

Residency Program Director/Residency Program Coordinator Meeting to be held monthly. These meetings serve to keep the resident, the RPD and/or RPC 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.

Mentor Meeting

Residents will be assigned a mentor in the beginning of the year and will meet with them at least monthly to ensure program requirements are on target.

Pharmacotherapy Rounds

Residents are required to attend Pharmacotherapy Rounds sessions, as long as there are no other required meetings or urgent patient care needs.

Tuesday Resident Meeting (TRM)

Residents are required to attend any TRM sessions related to research projects or STATA, as long as there are no other required meetings or urgent patient care needs. Residents are encouraged, but not required, to attend any other TRM sessions that may be of interest.

Professional Development Series must attend at least 2 per year at University of MD School of Pharmacy or at JHH. Additional professional development discussions must be attended as part of the Leadership Rotation.

Section 2: Administration of the Residency Program

Organizational and Advisory Structure

Residency Program Director (RPD)

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 and the Residency Program Coordinator. The program director will work 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(s). This group also determines the overall plan for the year and if the program needs to make adjustments for the current year and how to restructure for subsequent years.

Residency Program Coordinator (RPC)

The Residency Program Coordinator will be responsible for sharing in the organization of residency candidates, scheduling, development and coordination of rotation experiences, preceptor evaluations and development. Other responsibilities of the Residency Program Coordinator include recordkeeping for residency related materials, scheduling residency interviews, and annual program evaluation.

Residency Research Coordinator (RRC)

The Residency Research Coordinator will be responsible for gathering research topics for resident review, coordinating the development and evaluation of residency research projects (also referred to as the Medication Use Evaluation or MUE), and guiding the residents throughout the research timeline for the year and ensuring all required elements of the research project are met.

Residency Preceptors

Nazeer Ahmed, PharmD, BCPS, BCGP

Olivia Berger, PharmD, BCPS

Jessa Brenon, PharmD, BCPS, BCIDP

Hailey Burns, PharmD, BCCCP

Jessica Crow, PharmD, BCCCP, BCPS-AQ

Cardiology, CNSC, FCCM

Bryna D. Ewachiw, PharmD, BCOP

Haley Fribance, PharmD, BCCCP

Catherine Kiruthi, PharmD, BCPS

Caroline Liang, PharmD, BCPS, BCPPS

Elaine Liu, PharmD, BCIDP

Mayrim Millan-Barea, PharmD, MBA, BCPS

Jim Monolakis, PharmD

Internal Medicine

Inpatient Palliative Care

Outpatient Parenteral Antimicrobial Therapy (OPAT)

Critical Care and Emergency Medicine Float

Administration-Clinical Pharmacy Services

Oncology

Burn and Surgical ICU

Cardiology/CICU/PCU

Maternal and Child Health

Infectious Diseases

Administration-Pharmacy Operations

Investigational Drug Services

Finnella Morgan, PharmD, BCEMP	Emergency Medicine
Adwoa Nyame, PharmD, BCPS	Ambulatory Care
Paul Ortiz, PharmD, BCPS, BCGP	Internal Medicine/Transitions of Care
Donald Singh, PharmD, MBA, BCPS	Medication Safety
Charlie Twilley, PharmD, MBA	Ambulatory Care
Navya Varshney, PharmD, BCPS	Internal Medicine/Transitions of Care
Javier Vázquez, PharmD, MS	Administration-General
Jillian Walters, PharmD, MPH, BCIDP	Infectious Diseases
Colleen Whyte, PharmD, BCCCP	Neurosciences and Neurocritical Care
Henry Yeh, PharmD, BCCCP	MICU

** 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

- Review learning description with resident prior to the learning experience and ensure that they have been provided with a copy
- Introduce resident to unit/clinic, team members and area staff
- Review rotation schedule in advance for days off, meetings etc.
- Discuss the clinical activities/responsibilities of the clinical pharmacist in their area
- Attend rounds with resident, if applicable
- Instruct resident how to verify orders, review profiles, and identify, make, and document interventions
- Discuss how to identify adverse drug reactions (ADR) and how to report them
- Review clinical activities to be provided/documented by the resident (ie. pharmacokinetics, antibiotic monitoring, formulary interventions, and therapeutic drug monitoring (TDM), parenteral nutrition (TPN), anticoagulation monitoring service (AMS) monitoring)
- Inform the resident of expectations for responding to drug information questions and resolving medication related problems
- Complete rotation evaluations of the resident within 7 days of completion of the rotation

Project Advisor

The resident will work with a project advisor, who is a content expert in the subject matter of the specific project. The project advisor assumes the primary responsibility to guide the resident in completing the required research project. The project advisor assists the resident in planning and implementation of the project to ensure successful outcomes. The project advisor also evaluates the resident on their medication use evaluation (MUE) research project every quarter. Residents are required to present the results of their project at the Eastern States Residency Conference in the Spring or other approved Residency Advisory Committee (RAC) alternative. The project advisor, RPD, or Pharmacy Administration may recommend the resident to present their project at additional conferences or meetings at the state and national level. **The project manuscript must be submitted to the RPD by June 15th.**

Resident Mentor

Each resident will have a preceptor to serve as a program mentor to advise them throughout the year. The program will hold a series of events and meetings for the residents to learn about the preceptors and their areas of practice in order to facilitate the process of pairing each resident with an appropriate mentor. The RPD will approve the resident mentors. Mentors are a resource for the resident to help achieve both 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. The resident and mentor should also establish a strict timeline on residency requirements and discuss expectations at every meeting. The mentor will attend all final rotation evaluation sessions and meet with the resident every month, at a minimum, to ensure progress toward program requirements.

Residency Advisory Committee

The Residency Advisory Committee (RAC) is a standing committee of the Department of Pharmacy. Members include the Residency Preceptors, the RPD and RPC. The Director of Pharmacy and Assistant Directors 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, 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
- Discusses the residents' performance on their assigned learning experiences and address any goals and objectives with a "needs improvement"
- Review resident timelines and individualized learning plans quarterly
- Establishes preceptor and mentor responsibilities
- Discusses the overall performance of the residents and identify any areas for improvement
- Continuously evaluates the program 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
- Preceptor development initiatives

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 four-month rotation. The Lead Resident position will begin in July and end in June of the residency year. The Lead Resident schedule will be included as part of the residency rotation schedule.

Lead Resident Program Coordination

- The RPD, RPC will review a schedule of assignments with the residents in July

Lead Resident Responsibilities

- Serve as point person for Pharmacy Residency Program
- Represent the Pharmacy Residency Program at all relevant University of Maryland School of Pharmacy and Notre Dame of Maryland University School of Pharmacy events and Johns Hopkins Bayview Department of Pharmacy meetings and conferences if applicable.
- Coordinate community service projects
- Communicate any needs of the residency program
- Co-edit Pharmacy Newsletter
- ASHP Midyear Clinical Meeting Responsibilities: Coordinate residents’ travel itinerary and contact information and share information with the Department of Pharmacy Administration staff at JHBMC and JHH. Lead Resident will also assist residents in preparing for the ASHP Midyear Clinical Meeting as well as coordinate a schedule of events with the Bayview group.
- Eastern States: set up practice sessions for each resident and notify preceptors in conjunction with the Residency Research Coordinator. Also distribute information and coordination of events for both residents and attendees.

Section 3: Rotations

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.

JHBMC uses three types of learning experiences for the PGY1 program. The types of learning experiences include rotations core/required, elective, and longitudinal experiences throughout the year.

The resident is expected to contact the preceptor **two weeks** prior to the start of each rotation to discuss rotation schedule, rotation expectations and rotation specific goals, any days off, and other program commitments.

Required Rotations (*One calendar month in length unless otherwise noted*)

- Orientation
- Critical Care (5 rotation options)
- Infectious Diseases
- Internal Medicine
- Elective rotation within The Johns Hopkins Health System
- Ambulatory Care
- Integrated Pharmacy Practice Management (2 month, block experience, 3 rotation options)
- Medication Safety (3 month longitudinal experience)

Elective Rotations (*One calendar month in length unless otherwise noted, off-site rotations at The Johns Hopkins Hospital and other Hopkins entities also are available. Residents may take up to 4 electives during their year*)

- Burn and Surgical Critical Care
- Cardiology and Cardiac Intensive Care Unit (CICU)
- Critical Care and Emergency Medicine Float
- Emergency Medicine
- Investigational Drug Services
- Maternal Child Health and Neonatal Intensive Care Unit (NICU)
- Medication Safety
- Medicine Intensive Care Unit (MICU)
- Neurosciences and Neuro Critical Care Unit (NCCU)
- Oncology

- Outpatient Parenteral Antimicrobial Therapy (OPAT)
- Inpatient Palliative Care
- Transitions of Care

Longitudinal Experiences (*Required throughout 12-month program*)

- IRB-Approved MUE Research Project
- Pharmacy Practice and Staffing
- Leadership
- Code response
- Community service
- Pharmacotherapy rounds, ACPE-accredited continuing education
- Teaching in multidisciplinary teams and at the University of Maryland School of Pharmacy
- Johns Hopkins Pharmacy Teaching and Learning Certificate Program (TLCP)
- Wellness Curriculum

Optional Experiences

- Participation in professional organizations

Rotation Schedule

The resident, RPD, and RPC will establish the rotation schedule and develop a customized training plan within the first month. In the event the resident's program goals change, the resident may request a schedule change. The RPD, RPC 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.

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 RPD. 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/RPC to assist in developing a customized training plan and schedule.

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/RPC will develop a plan to address these areas to achieve professional and personal goals.

Goal-Based Residency Evaluation

The Goal-Based Residency Evaluation Form 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/RPC in order to create a customized schedule and training plan.

The RPD/RPC 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.

Development Plans

Purpose: to modify the design and conduct of the program to address each resident's unique learning needs and interests. The development plan is used to monitor, track and communicate the residents' overall progress throughout the residency and adjustments made to meet their learning needs. The RAC will meet quarterly to discuss the progress of the residents and agree to development plan adjustments needed for residents.

Initial Development Plan

In the first weeks of the program the resident will complete an initial self-evaluation to identify their short and long term goals, their incoming strengths and areas for improvement and incoming interests. The initial development plan created by the RPD/RPC will incorporate the aforementioned information and adjust the following:

- Resident's schedule
- Preliminary determination of elective learning experiences
- Educational goals and objectives to be emphasized during all learning experiences
- Changing evaluation schedule/requirements
- Modify preceptor's use of modeling, coaching and facilitating

Quarterly Development Plan

On a quarterly basis there will be a review of the residents' progress in achieving competencies, goals and objectives. Adjustments will be made based upon:

- Review of residents' performance relevant to the previous quarter's plan with input from preceptors
- Identification of new strengths or actionable areas for improvement
- Optional changes in short or long term career goals and interests and if no changes document accordingly
- Documentation of specific objectives to focus on in the upcoming quarter
- Additional evaluations needed for select objectives

Modifications to the schedule will be made as needed for the upcoming quarter

Section 4: Meetings

Residents are required to attend and participate in a variety of meetings throughout their residency year, to meet residency learning goals and objectives, and to understand the administrative culture of the department and organization. This may include Pharmacy & Therapeutics (P&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.

If the resident is not able to attend any meeting that they are a member of or were asked to attend as part of a learning experience, they must notify the meeting chair prior to the start of the meeting. If the resident has a role in the meeting (ie secretary, presenter), they must arrange for coverage of that responsibility prior to the meeting and communicate this with the meeting chair.

The following are required meetings for residents, and are the responsibility of the resident to coordinate.

RPD Meetings: Resident must meet monthly with RPD to discuss evaluations, quarterly individualized learning plans, progress, and mentorship. Resident can bring any additional discussion/agenda items, as needed to this session.

Mentor Meetings: Resident must meet monthly with their mentor to review

Committee Membership: Each resident will be a member of one institutional committee, and serve as secretary and an active member. The resident's preference will be taken into consideration when selecting committee membership.

Depending upon their interests, learning experience requirements or related to a project, residents may be asked to attend or participate in other committees.

Section 5: PGY1 Residency Evaluation Process

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

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

Midpoint evaluation: Performed by the preceptor halfway through the rotation/experience.

Summative evaluation: Performed by the preceptor and resident at the end of the rotation.

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

Quarterly evaluation/development plan: Performed by the RPD/RPC each quarter. The RPD/RPC will determine if the resident has demonstrated consistency throughout their learning experiences and mark Achieved for Residency accordingly.

Self-evaluations: To meet the required objective of applying a process of on-going self-evaluation and personal performance improvement, the resident will complete a self-evaluation for all learning experiences. The resident will compare their self-evaluation with the summative evaluation of the preceptor. This objective will also be incorporated into other learning objectives to ensure residents have mastered this skill.

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 and need to be completed using PharmAcademic. Examples to review include patient monitoring forms, care plans, monographs, MUE's.
- Summative evaluations will be completed by the preceptor no later than 7 days after the last day of the learning experience. For longitudinal rotations the evaluation must be done quarterly.
- If evaluations are not submitted within 5 days of the end of the learning experience or the quarterly deadline, the resident will be removed from rotation until the evaluation is completed.
- Criteria-based feedback is essential for summative evaluations, preceptors should include in the comments: **The strengths, weaknesses and areas to improve on** to provide residents specific feedback to direct them moving forward.
- 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
 - RPD will assess all goals and objectives quarterly in PharmAcademic.
 - When sufficient evidence is presented in the form of feedback from preceptors (summative evaluations, formative) and deliverables (documents uploaded) to indicate that a resident has achieved a residency goal, it will be marked as such in PharmAcademic.
- 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 PharmAcademic system for review and signature.
- At the end of the residency year, the RAC will meet to consider residents' progress and ultimate achievement of the program's goals and objectives.

Program Plan for Resident Self Evaluation of Their Attainment of Program Competencies, Goals and Objectives

- Residents perform an initial assessment during their orientation experience.
- Residents will complete a self-assessment following each learning experience, and quarterly with any longitudinal learning experience. These self-evaluations will be reviewed by the RPD and preceptor.
- If evaluations are not submitted within 5 days of the end of the learning experience or the quarterly deadline, the resident will be removed from rotation until the evaluation is completed.
- Residents should review their progress during their learning experience and should compare the summative evaluation completed by the preceptor with their self-evaluation
- For self-evaluations the resident should identify their strengths, areas to improve on and a plan to address them.
- RPD will review and assess the resident's abilities to self-evaluate during their quarterly development plan
- Mentors/preceptors/advisors may discuss self-evaluation skills using formative feedback. Additionally, residents are encouraged to self-evaluate utilizing the formative feedback they have received from the above.
- 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

- Evaluations of preceptors and learning experiences must include criteria-based feedback for improvement, or encouragement of continuation of strong practices.

- Residents will complete this evaluation no later than 7 days after the learning experience has been completed.
- If evaluations are not submitted within 5 days of the end of the learning experience or the quarterly deadline, the resident will be removed from rotation until the evaluation is completed.
- 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 and cosignature.

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.

Section 6: ASHP Duty Hours Agreement on Hours

Johns Hopkins Medicine

Department of Pharmacy: Pharmacy Residency Program

ASHP Duty Hours Agreement

The Johns Hopkins Bayview Department of Pharmacy is dedicated to providing residents with an environment conducive to learning. Residency Program Director, Coordinator, Preceptors and Residents share responsibility to ensure that residents abide by the ASHP duty hours policy. The Department of Pharmacy supports compliance with the ASHP Duty Hour Requirements to ensure that residents are not compromising patient safety or minimizing the learning experience by working extended periods of time.

- *Duty hours must be limited to 80 hours per week, averaged over a 4 week period, inclusive of on-call activities and all moonlighting.*
- *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.*
- *Moonlighting will be limited to no more than four shifts a 6 week schedule and must be approved by the RPD.*

ASHP 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.”**

Please review the ASHP duty hour standards and moonlighting policy prior to signing.

<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>

With my signature below I acknowledge that I have read and understand my responsibilities to comply with ASHP duty hour requirements and moonlighting guidelines.

Print Name

Signature

Date

Section 7: Teaching and Education Opportunities

Education and teaching are essential parts of the Pharmacy Practice Residency Program at JHBMC. JHBMC is an academic 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 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.

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. These are outlined in the longitudinal (year-long) Teaching and Education Learning Experience.

Education/Teaching Requirements:

- Participate in teaching at a local school of pharmacy, or alternative approved by the Residency Advisory Committee (RAC) in case of extraneous circumstances
- Prepare and present one ACPE-accredited Pharmacotherapy Rounds Presentation
- Prepare and present three journal clubs
- Prepare and present three patient cases
- Prepare and present at least one educational in-service outside of the department
- Write one article for the Departmental Newsletter per issue
- Serve as an evaluator for students for the Department of Pharmacy Patient Education competencies
- Core Topics
- Teaching and Learning Certificate Program (TLCP)

Teaching at a Local School of Pharmacy

Resident will be given the schedule for the University of Maryland School of Pharmacy and Notre Dame University of Maryland for each semester and will be required to teach 4 credit hours per semester. 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. In case of extraneous circumstances where teaching opportunities are unavailable through the School of Pharmacy, the Residency Advisory Committee will need to evaluate and approve alternative teaching opportunities that equate to 4 hours of teaching time.

Teaching and Learning Certificate Program (TLCP)

The TLCP is offered through JHH, and it is a required part of the residency program. It involves teaching assignments, precepting a student, and additional required didactic lessons offered

throughout the year. Residents are expected to participate in the TLCP unless one has already been completed or at the discretion of program leadership

Core Topics

A list of core topics for residents to present and attend is provided to all residents. These clinical topics are considered essential to education of all pharmacy residents, and must be completed by the end of the residency year. Core topics may be completed through direct patient care experiences or didactic experiences throughout the year. Residents will also be required to present 1 core topic. There is a preceptor for each topic, and the preceptor will be there for support, questions, and to review any deliverables for each teaching session. The resident is required to present these topics by December to your co-residents, students, and preceptors. The resident is allotted one hour for each topic and should present as a formal presentation at the discretion of the preceptor. The resident is responsible for confirming when you will present each topic with the preceptor as well as giving the preceptor adequate time to review content (minimum 2 weeks). It is required that all residents be in attendance as well as the preceptor.

Co-Precepting Pharmacy Students

The preceptor will coordinate and oversee precepting activities for the resident and student. Residents may be asked to engage in co-precepting or layered learning, depending upon other learners scheduled for the experience, by leading topic discussions, reviewing patient cases, assisting the student on rounds, and facilitating independence with drug information requests and project involvement, amongst other activities.

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

Patient Education Program

The purpose of the Pharmacy Patient Education program is to provide education to patients on medications and clinical scenarios that are critical to be addressed by a pharmacy representative. The program will prepare learners to confidently and appropriately educate patients. Pharmacy learners can contribute to positive outcomes by educating and counseling patients to prepare and motivate them to follow their pharmacotherapeutic regimens and monitoring plans.

The resident will use the Pharmacy Patient Education Program as an opportunity to evaluate competency of fourth year pharmacy students who ultimately educate the patients. The resident will be provided with tools to teach students how to counsel patients on inhalers, anticoagulants, and smoking cessation. The resident will assess the student, follow-up with any interventions made by the student, and give constructive feedback. The competency process will occur once per month. The competency will take approximately 1.5 hours per student. The resident will also be required to maintain the demo area of the pharmacy and complete the inventory of the supplies used for teaching patients monthly.

In-services

An in-service is a presentation of at least 15 minutes in length with at least 3 people in attendance. In-services can be provided to 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/RPC and Pharmacotherapy Rounds coordinator. Residents will choose a content expert and committee of preceptors to provide guidance and mentorship for their presentation. The 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 30 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, and must **review the following with their mentor and content expert 60 days prior to submission:**

- 2-3 learning objectives
- Copy of Curriculum vitae
- Completed and signed disclosure statement
- Pharmacotherapy Rounds approval form

Slide Format Requirements

1. Residents must use the approved slide format for 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: Arial 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: _____

 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

Department of Pharmacy Education Opportunities

Goals of Department of Pharmacy Education includes:

- Develop strong presentation skills
- Successful use of presentation materials
- Review and evaluate 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
6. Core topic presentations and discussion

Schedule and Frequency :

Each session will be 30 min to 1 hour in length to be scheduled by the program director, coordinator, 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 PharmAcademic.

Section 8: Resident 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 MUE 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, and provide recommendations based on those findings to improve clinical services or the medication use process. 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.

Role of the Residency Research Coordinator (RRC)

This role will facilitate the initiation and progression of the resident's research MUEs throughout the completion of their year. The RRC, along with the research advisor, will act as a resource for research-related inquiries and will enforce the residency research timeline for each project. The research advisor will meet with each resident quarterly to discuss the progression of their research timeline.

Project Idea Generation

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

1. Project Advisor(s)/ project team/project sites
2. Title/Idea of the project
3. Rational and brief description of proposed project
4. Proposed study design and anticipated analytical plan
5. Method for data procurement

Project Selection

Based on the resident's interests and professional goals, they will submit their rankings of preferred projects from the list of projects. Residents will then be assigned a project via a "match" process.

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

Research Proposal

The resident will be responsible to develop a formal research MUE proposal based on the provided template. The resident is expected to defend their proposal to the Johns Hopkins Resident MUE Committee, which determines the final approval of the project. 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

Research Series and Proposal Development Timeline

Month	Responsibility	Action Items
July	Resident + RRC	Orientation to research
		Topic Selection
August	Resident	Development of project team
		Communication with project team
		Completion of proposal template
		Preparation for proposal review
		Approval of proposal by project team
September	Resident	Proposal presented to academic division research group for feedback
	Resident + Project team	Edit as needed with project team
	Resident	Defend final proposal with Johns Hopkins MUE Committee
	Resident	Remediation if needed

General Project Timeline

Project Idea: July

Proposal Development: August

Defend Proposal: September

IRB submission: September

Data Request Submission: October

Data Collection: December

Data Analysis: February

Preliminary Slides for review: March

Platform Presentation Practice: April

Regional conference or equivalent Platform Presentation: May/June

Manuscript Due: June 15th

IRB (Institutional Review Board)

1. Research performed at JHBMC is submitted to the JHM IRB for approval.
2. Primary Investigator sponsorship must be identified and included in the project's development from beginning to end.
3. Access IRB information at 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.

Section 9: Travel and Professional Society Involvement

Residents at JHBMC are expected to be involved and active members in professional societies on a 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 Maryland Society of Health-System Pharmacy (MSHP).
2. Residents are encouraged to be involved and active members of MSHP. Residents should aim to attend meetings for Maryland pharmacy residents, special programs and contribute to the MSHP newsletter, if possible.
3. Residents are required to attend as the Johns Hopkins Health System residency visit to ASHP Headquarters
4. Residents are also required to attend the ASHP Midyear Clinical Meeting or RAC approved alternative to promote professional development, support Johns Hopkins Medicine Pharmacy recruitment 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.
5. Residents are required to attend Eastern States Residency Conference or RAC approved alternative.
6. Travel expenses for the ASHP Midyear Clinical Meeting and Eastern States Residency 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.

Section 10: Requirements to Complete PGY1 Residency Program at Johns Hopkins Bayview Medical Center – Resident Education Check List

Requirement	Achieved: <input checked="" type="checkbox"/> Preceptor/Faculty Sign, Date	RPD/Pharmacy Director Sign, Date
Complete 12 months of residency training by September 1 of planned graduation year, including all required experiences		
Complete hospital orientation checklist		
Complete pharmacist orientation checklist		
Become licensed as a pharmacist in Maryland by September 1 st		
Achievement of ASHP/JHBMC required educational competencies, goals and objectives		
<ul style="list-style-type: none"> • Completes all required evaluations in PharmAcademic within 7 days of the end of each learning experience, or the deadline for the evaluation (if not at end of experience) 		
<ul style="list-style-type: none"> • Required to achieve (ACHR) 80% of program competencies, goals and objectives at least two weeks prior to graduation date • NO outstanding Needs Improvements 		
Attend ASHP Midyear Clinical Meeting or RAC approved alternative		
Completion of a research MUE project, with results, presented at a regional conference or appropriate institutional meeting		
Submission of a written manuscript to RPD and RRC by June 15th		
Complete a drug monograph for formulary management		
Submit a minimum of 1 newsletter article (Name, Issue) to the JHBMC Bayview Breeze, JHH Writing on the Wall, the MSHP Pharmascript, or a RAC approved alternative.		

Present an ACPE-accredited CE presentation at Pharmacotherapy rounds (Name, Date)		
Present three case presentations (Name, Date) 1. 2. 3.		
Present three journal clubs (Name, Date) 1. 2. 3.		
Present at least one presentation or in-service outside of the department (Name, Department, Date)		
Complete the JHHS Teaching and Learning Certificate Program (TLCP) or alternative approved by the Residency Advisory Committee (RAC) in case of extraneous circumstances		
Confirmed attendance at JHHS Pharmacotherapy (PT) Rounds		
Completion of Core Topic Checklist		
Attendance at two Professional Development Series (PDS) (Title, Date) 1. 2.		
Confirmed attendance at STATA course (80% of sessions) or RAC approved alternative statistical analysis education.		
Participate as secretary of one departmental/hospital committee for the residency year		
Maintain good standing with department of pharmacy with adherence to departmental policies and procedures.		

Receive acceptable performance evaluation (average of 3 or higher)		
Schedule and attend monthly meetings with program director and mentor		

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 Printed Name

Residency Program Director

Resident Signature

Director of Pharmacy

Date

Section 11: Bayview Breeze Newsletter

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 (JHBMC) 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. Pharmacy Residents
 1. The newsletter is managed by JHBMC PGY1 Pharmacy Residents. Responsibilities of the residents include:
 - a. Soliciting content for the newsletter according to the procedures outlined in this policy.
 - b. Ensuring the quality, quantity and relevance of submitted content by reviewing/editing and having the appropriate administrators review the content.
 - c. Contributing articles reflecting editor's observations on specific communication issues, need for change, or to educate and encourage compliance or change in behavior.
 - d. Ensuring that authors of columns submit their content and the newsletter is submitted to administration for review by the stated deadlines.
 2. 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)
- B. Authors
 1. It is the responsibility of each author of a JHBMC Bayview Breeze article to ensure quality and accuracy of the article.
 2. All pharmacy students, residents and pharmacists must have their article reviewed by an administrator or a clinical pharmacy specialist, as appropriate, based upon the content. The reviewer should be listed as the second author on the article, and the article approval form should be completed to ensure that the article was reviewed.

PROCEDURE:

- A. The departmental newsletter will be distributed electronically every 4 months, in November, February, 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 JHBMC may be required to write an article.
- 4. Voluntary requests for authorship from administration, staff pharmacists, and pharmacy technicians may also be considered.

Schedule of Deadlines

	November Vol. 3, Issue 2	February Vol. 3, Issue 3	June Vol. 3, Issue 4
Article Due Date	1 st week of October	1 st Week of January	1 st Week of May
Editor Review	3 rd to last week of October	3 rd to last week of January	3 rd to last week of May
Resident to Format	Resident 3	Resident 2	Resident 1

Resident to Review	Resident 1	Resident 3	Resident 2
Administration Review	2 nd to last week of October	2 nd to last week of January	2 nd to last week of May
Distribute	First week of November	First week of February	First week of June

Johns Hopkins Bayview Medical Center

Bayview Breeze Newsletter Article Approval Form

Submitting Author _____

Submitting Author's Title _____

Article Title _____

Article Reviewer Name (Relevant Clinical Pharmacy Specialist or Administrator)

Article Reviewer Signature: _____

I attest that I have reviewed the article submitted, and can verify the accuracy of the article, references, and compliance with health system and hospital policy and procedures. I also agree with the validity of the content of the article, and believe that it accurately reflects evidence-based practice.

Section 12: Wellness Curriculum

A formal wellness curriculum is integrated into the residency. Our goals are to improve work-place happiness, enthusiasm, resiliency and team building through an interactive wellness curriculum incorporated into the Johns Hopkins Bayview Medical Center’s PGY1 Residency Program and offered to all associated preceptors and residents.

There will be 11 wellness-related sessions (one per month), each planned by a member of the wellness planning committee (formal activities may include a yoga session, book club, and sporting event; informal activities may include a therapy dog session).

A sample curriculum itinerary is provided below:

Month	Event Title	Event Description	Anticipated Duration
July	Volunteering	Group volunteer experience, such as packing lunches or serving meals for homeless in Baltimore. Another option is to pack bags for homeless around the city to keep in employee cars to distribute when they see people.	TBD
August	Time-Management	Session on time management lead by clinical manager.	
September	The Great Escape	Residents and preceptors will divide up into teams and work their way through an Escape Room. This activity promotes the use of problem-solving skills and team bonding in a fun and unique setting.	2 hours
October	Meal Prep Made Easy	This seminar will walk through the basics of meal prepping and starting a routine at home	Weekday, 30 min
November	Spiritual Wellness, Boundaries, and Purpose	Bring in palliative care chaplain to help facilitate discussion surrounding spiritual wellness, importance of setting boundaries, and finding and staying true to your purpose as an individual and finding meaning in your work.	1 hour
December	Holiday Lights	Residents and preceptors spend time together in Hampden to see the holiday lights on 34 th street and then go to Charmery afterwards. Intent is to have a bonding experience while participating in a Baltimore tradition.	Weekday evening, 1.5 hour
December	Holiday Cookie Decorating Party	Decorate cookies at The Gunther rec room to foster a holiday spirit.	Weekday evening, 2 hours

January	Financial Planning	Preferably will bring in a speaker (virtually or in person) and/or provide resources from JHHS regarding financial planning.	Weekday, evening or lunch time with lunch provided, 1 hr max
February	Gratitude Journaling	Introduce the practice of gratitude, journaling and refocusing/reframing mindset.	Weekday, evening or lunch time with lunch provided, 1 hr max
March	Self-Compassion in Action	This seminar explores the concepts of self-care and self-compassion and will challenge members to make them a part of their daily lives.	1 hour
April	Yoga	Yoga session (beginner) outside in Labyrinth or lawn with guided meditation.	Weekday lunchtime, 1 hour
May	Mental Health in Leadership	Informational lecture that can be tailored to our needs in mental health in leadership.	1 hour

Additional sessions may include a therapy dog session, partnered Friday Resident Meetings with JHH Residents, and a popsicle party in the Spring/Summer. Itineraries are subject to change each year.

Appendix A: Staff Development Evaluation Form

Presenter: _____ Date: _____ Pharmacist _____ Student _____

Program Topic: _____

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

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

Strengths:

Weaknesses/Suggestions for Improvement:

Appendix B: Resident Alumni List

1. Martha Merchant (residency year 2002-2003)
2. Kavitha Satyayan (residency year 2003-2004)
3. Camille Moukwa (residency year 2004-2005)
4. Natalie Trinh (residency year 2004-2005)
5. Jason Barreto (residency year 2005-2006)
6. Juliette Kim (residency year 2005-2006)
7. Lydia Fancher (residency year 2006-2007)
8. Angela C. Bovain (residency year 2006-2007)
9. Gina Bazemore (residency year 2007-2008)
10. Bindu Matthews (residency year 2007-2008)
11. Matt Bathula (residency year 2008-2009)
12. Janice Lee (residency year 2008-2009)
13. Lynn Silagyi Frenck (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)
25. Kaitlin Pruskowski (residency year 2014-2015)
26. Naaseha Rizvi (residency year 2014-2015)
27. Kathy Yee (residency year 2014-2015)
28. Cathy Cao (residency year 2015-2016)
29. Simon Bae (residency year 2015-2016)
30. Eileen Langstraat (residency year 2015-2016)
31. Nghia Nguyen (residency year 2016-2017)
32. Lindsay Robusto (residency year 2016-2017)
33. Veronica Timmons (residency year 2016-2017)
34. Tsz (Tiffany) Chan (residency year 2017-2018)
35. Jennifer Sze (residency year 2017-2018)
36. Farrah Tavakoli (residency year 2017-2018)
37. Zirah Acosta Carillo (residency year 2018-2019)
38. Detron Brown (residency year 2018-2019)
39. Priya Davey (residency year 2018-2019)
40. Nowshin Islam (residency year 2019-20)
41. Mohammad Waleed (residency year 2019-20)
42. Joshua Borris (residency year 2020-21)
43. Courtney Cameron (residency year 2020-21)
44. Giae Derisse (residency year 2020-21)
45. Kayla Berry (residency year 2021-2022)

46. Adwoa Nyame (residency year 2021-2022)
47. Jillian Walters (residency year 2021-2022)
48. Eza Ali (residency year 2022-2023)
49. Aicha Fokar (residency year 2022-2023)
50. Yena Kim (residency year 2023-2024)
51. Mi Phan (residency year 2023-2024)
52. Mohammad Sajjad (residency year 2023-2024)
53. Alexandra Fincannon (residency year 2024-2025)

Appendix C: How to Create a Poster for a Meeting or Conference

1. Open the Johns Hopkins Bayview Department of Pharmacy template that is saved on the Rx DATA drive.
2. 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 D: Residency Program Sample Timeline

Due Date/Month	Program Requirement	Completed
July/August	Submit topic for PT rounds for Nov and Jan PT rounds	
PT ROUNDS SCHEDULE	See schedule	
70 days prior to PT rounds	Submit objectives to advisor	
60 days prior to PT rounds	Submit draft presentation to advisor should be 70% completed	
45 days prior to PT rounds	Submit PT rounds paperwork for CE credit, presentation should be 80-90% complete	
5-6 weeks prior to PT rounds	Set up first practice session with advisor/+ 1-2 preceptors/RPD. <ul style="list-style-type: none"> • Focus on content • Formatting 	
3-4 weeks prior to PT rounds	Second practice session with more preceptors in Carroll auditorium. <ul style="list-style-type: none"> • Focus on presentation style • Formatting • Content 	
1 week prior to PT rounds	Third practice with all preceptors focus on minor formatting and presentation style in Carroll Auditorium	
3 days prior	Submit audience response questions, print packets, etc.	
July-August	Select research project topic <ul style="list-style-type: none"> • Discuss with project advisor • Start IRB training • Create project team and communicate proposal • Complete research proposal 	
September	<ul style="list-style-type: none"> • Defend research proposal to Johns Hopkins Resident MUE Committee. Submit research project to IRB 	
October	<ul style="list-style-type: none"> • Determine how your data will be collected/data • Submit Data Request Form 	
November	<ul style="list-style-type: none"> • Work on IRB recommendations • set up data collection form • determine how to run your statistics 	
November-January	Project data collection	
December-March	<ul style="list-style-type: none"> • PT rounds slides • PT rounds practice 	
February	<ul style="list-style-type: none"> • Work on PT slides 	

	<ul style="list-style-type: none"> • Register for Eastern States Residency Conference (ESRC) • Submit abstract • Data analysis for project via STATA 	
March	<ul style="list-style-type: none"> • Early/March submit draft slides to project advisor 	
April	<ul style="list-style-type: none"> • Set up practice sessions for Eastern States • Recommend scheduling practice presentations with project advisor and team • Final practice Carroll Auditorium with full preceptor group and all residents • Final slides due to RPD/RPC/DOP/Project advisor 3 days before ESC 	
Early/mid May	<ul style="list-style-type: none"> • ESRC Hershey PA or RAC Approved alternative 	
First week of June	<ul style="list-style-type: none"> • Manuscripts due 	
Second week of June	<ul style="list-style-type: none"> • Graduation checklist completed 	