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Section 1: Program Purpose and Overview

Purpose Statement
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.

Description
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, and practice leadership. Research, education and medication safety are also incorporated into the Johns Hopkins Bayview Medical Center (JHBM) residency program which aim to improve patient outcomes. 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

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<td>• Investigational drug services (Research)</td>
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<td>• Medication Safety</td>
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<td>• Transitions of Care</td>
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<td>• Off-campus rotations</td>
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Longitudinal (Quarterly):
- • Service (Staffing-Required)
- • Research Project (Required)
- • Medication Safety (Required)
- • Lead Resident (Required)
- • JHBMC Internal Medicine Ambulatory Clinic

## Schedule
- Residents are expected to work a minimum of 40 hours a week
- Paid time off and compensatory (comp) days for working weekends and/or holidays must be discussed with preceptor 2 weeks prior to the start of the rotation
- Late arrivals or early departures require prior approval
- 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 September 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.
*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.

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 RES002. Requests should be submitted at least 2 months prior to requested time off. Requests should be initially submitted to the residency 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 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 am and pm. Resident to cover for one meeting and attend the other.
2. Monthly meeting with residency program director (RPD)/residency program coordinator (RPC): TBD
3. At least one Pharmacy and Therapeutics Committee meeting: Occurs every third Thursday of the month

Residency Program Director/Residency Program Coordinator Meeting to be held monthly. These meetings serve to keep the resident, the RPD and 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 on a scheduled basis to ensure program requirements are on target.

**Pharmacotherapy Rounds** (Johns Hopkins Health System [JHHS]) the resident is required to attend a minimum of 6 lectures throughout the course of the year. Attendance should be equally distributed throughout the year and communicated to preceptors to ensure time away is approved. Residents should take 11:30 shuttle to JHH and return on 13:00 shuttle back to Bayview.

**Professional Development Series** must attend 4 per year at University of MD School of Pharmacy or at JHH.
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), evaluation of resident project management skills, 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 Internal Medicine
Catherine Burdalski, PharmD, BCOP Oncology
Stacy Dalpoas, PharmD, MPH, BCPS Administration
Candace Essel, PharmD, BCPS Administration/orientation
Bryna D. Ewachiw, PharmD, BCOP Oncology
Heather Folz, PharmD, BCACP Internal Medicine
Lynn Frendak, PharmD., BCPS Pain/Palliative Care
Angela Helder, PharmD, BCPS Medication Safety
Nicole Kiehle, PharmD, BCPS Burn/Surgical Critical Care
Catherine Kiruthi, PharmD, BCPS Cardiology/CICU/PCU
Ryan Majchrzak, PharmD, MBA Administration
Jim Monolakis, PharmD Investigational Drug Services
Paul Ortiz, PharmD, BCPS, BCGP Internal Medicine
Holly Schmidlin, PharmD, MS Neuro Critical Care
** 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.
- Review rotation schedule in advance for days off, meetings etc.
- 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 ADRs and how to report ADRs
- Review pharmacokinetics, antibiotic monitoring, formulary interventions, and TDM, TPN, AMS monitoring.
- Responding to drug information questions and resolving medication related problems.
- Provide a copy of the learning description to the resident prior to the rotation.
- 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/mentor assumes the primary responsibility to guide the resident in completing the required research project. The mentor assists the resident in 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 manuscript must be submitted for final review two weeks prior to the end of the residency year to RPD.

**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. Mentor will meet with the resident every quarter as a minimum to ensure program requirements are on track.
**Residency Advisory Committee**

The Residency Advisory Committee (RAC) is a standing committee of the Department of Pharmacy. Standing 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
- 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”
- Review resident timelines quarterly
- 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/RPC will document completion in PharmAcademic
- 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
- 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 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 RPD, RPC will review a schedule of assignments with the residents in July

**Lead Resident Responsibilities**
- Serve as point program for Pharmacy Residency Program
- 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.
- Coordinate community 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.
- Will also coordinate a schedule of events with Bayview group at the MCM.
- Recruitment: Lead Resident will assist RPD, RPC and Pharmacy Administration in reviewing program applicants, organizing interviews, and participating during the interview process.
- Eastern States: set up practice sessions for each resident and notifying preceptors. 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 both core and elective, and longitudinal experiences throughout the year.

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

Required/Core Rotations: 4 weeks
The first rotation for the PGY1 residency program is hospital/departmental orientation which is 4 weeks in length. The RPD may extend orientation if it is determined the resident needs additional orientation time.

- Orientation (4 weeks)
- Internal Medicine
- Infectious Diseases
- Administration
- Ambulatory Care
- Maternal Child Health
- One ICU rotation
- One rotation at The Johns Hopkins Hospital

Elective Rotations: 4 weeks
Elective rotations are available at JHBMC and JHH 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.

- Cardiology (Cardiac ICU/Progressive Cardiac Care Unit)
- Oncology
- Investigational Drug Service (Research)
- Pain and Palliative Care
- Infectious Diseases
- Medication Safety
- Medical Intensive Care Unit (MICU)
- Burn ICU/Surgical ICU
• Neurosciences/Neuro critical Care (NCCU)/Neurosciences
• Transitions of Care (TOC)
• For JHH rotations, see JHH elective rotation list updated annually

Longitudinal Experiences
Regularly scheduled experience for a quarter or 12 months
• Service (Staffing-Required)
• Research Project (Required)
• Medication safety (Required)
• JHBMC Internal Medicine Ambulatory Clinic

Rotation Schedule
The resident, RPD, and RPC 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, 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.

Additional Program Requirements
• Two Nursing or Medical team In-services
• Publishing Pharmacy Newsletter
• Three journal clubs
• Three case presentations
• Mentor pharmacy students
• Respond to AMS consults
• Teach at the University of Maryland School of Pharmacy, 4 credits per semester
• Pharmacotherapy Presentation (Continuing Education)
• Development and completion of a Medication Use Evaluation project to be presented at the Eastern States Residency Conference
• Actively participate in a department or hospital committee
• Completion and submission of manuscript for research project
• Staff development
• Code team participation
• ASHP Midyear Clinical Meeting attendance
• Involvement in residency recruitment
• Participation in departmental or hospital sponsored fairs, pharmacy week, etc.
• Community Service project to benefit JHBMC community

Ambulatory Care/Anticoagulation Management Service (Inpatient)

The resident will be involved in direct patient care activities using approved protocols for anticoagulation management. This monthly commitment will rotate amongst the residents. 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 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 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 areas for improvement and
- Optionally changes in short or long term career goals and interests and if no changes document accordingly

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 development plan. The RPD will be primarily responsible for reviewing the resident’s evaluations quarterly to identify which goals and objectives have been achieved, areas for improvement and expected progress relative to the of the year and if program changes were effective. The RPD/RPC will determine if program outcomes and goals have been achieved after discussing the resident’s progress at quarterly RAC meetings. A majority of the preceptors (>70%) must agree the resident has achieved required competencies, goals and objectives for that quarter. This will be incorporated into their quarterly development plan.
Section 4: 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 Director of Pharmacy and themselves. The PharmAcademic 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/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.

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

**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 quarterly for all longitudinal experiences and at the completion of their Pharmacy management experience. 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. Examples to review include patient monitoring forms, care plans, monographs, MUE’s.
- Written Formative evaluations need to be completed using PharmAcademic.
- Summative evaluation 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.
- Criteria 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**
Residents’ 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/RPC will determine if the resident has demonstrated the goal and objective has been achieved for their program over multiple learning experiences with consistency, independence, and professionalism.
  - RPD/RPC will mark these as achieved quarterly 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 residency committee 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 quarterly with any longitudinal learning experience and at the end of their Pharmacy Management experience. These self-evaluations will be reviewed by the RPD/RPC and preceptor.
- 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 are should identify their strengths, areas to improve on and a plan to address them.
- RPD/RPC 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
- Residents will complete this evaluation no later than one week after the learning experience has been 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.

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 5: PGY1 Pharmacy Residency Attendance Policy

I. Policy
   A. To provide a structured attendance policy that enables the resident to successfully complete the required elements of the Post Graduate Year (PGY) 1 Pharmacy Residency Program in accordance with departmental policies for full time employees.
   B. Background
      1. The PGY1 program is a complete 12 month program encompassing all aspects of pharmaceutical care through various clinical and administrative learning experiences.
      2. In order to complete all the requirements of the program, the residency position is a full time commitment consisting of a minimum 40 hour work week not to exceed ACGME guidelines. 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)

II. Location:
   A. Johns Hopkins Bayview Medical Center (JHBMC) Department of Pharmacy including inpatient and ambulatory pharmacy practice.

III. Definitions

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<td>Leave of absence</td>
<td>A Leave of Absence is defined as an unpaid, authorized period of absence from work that exceeds thirty (30) days.</td>
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<tr>
<td>Paid Time Off (PTO)</td>
<td>The time which is accrued to provide payment for absence from work. This includes time off for a variety of reasons such as vacation, personal appointments, personal or family illnesses, and other approved or emergency time off.</td>
</tr>
<tr>
<td>Paid Time Unscheduled (PTU)</td>
<td>This is time off for unscheduled/non-approved occurrences.</td>
</tr>
</tbody>
</table>

IV. Responsibilities
   A. The Residency Program Director and Director of Pharmacy will be responsible for ensuring compliance with this policy.

V. Procedure
   A. PTO and PTU Procedures
      1. For PTU on non-staffing days: Residents are required to notify the manager on call and preceptor by email or phone as soon as possible before they are to report to work.
      2. For PTU on staffing days: Residents must call the manager on call a minimum of 2 hours before their shift starts.
      3. Requests for PTO:
         a. Residents submit their requests for PTO according to the department/hospital approved PTO request process. This process is described in the residency handbook and discussed with the residents during residency orientation.
b. Every effort will be made 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), resident’s performance, program schedule/deadlines and the requirements or assignments required by the learning experience. This policy adheres to both Departmental and Human Resources policies in place for PTO requests.

c. All requests should be communicated via email communication with the applicable preceptor and RPD for preliminary approval. Formal requests should be submitted to the Bayview Pharmacy Requests email address for final approval. Final approval will be communicated with the RPD and to the resident. The resident is responsible for arranging switches for all vacation time off during their regular scheduled staffing weekend.

d. All requests for PTO during major holidays require prior approval by the RPD.

B. Special Residency Program Events.

1. Residents are required to notify scheduler of dates where their participation for residency requirements is necessary, including the ASHP Midyear and Eastern States Residency Conference, along with other residency program events, as soon as those dates are made available.

2. Dates are provided to the resident during their department orientation.

C. Funeral Leave

1. 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.

D. Leave of absence

1. A Leave of Absence is granted under certain conditions and is not guaranteed. The resident must contact the RPD, and Director of Pharmacy as soon as possible to determine leave options and arrange for coverage of project and patient care responsibilities.

   a. Health: Must be granted by Director of Pharmacy for a non-work related event resulting in injury, illness, or pregnancy. Employee must meet the eligibility requirements for an approved leave of absence.

   b. Child or Dependent Care: A Leave of Absence for caring for a child or dependent may be granted by the Director of Pharmacy.

   c. 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.
d. Resident will not be permitted to take a leave of absence of greater than 8 weeks in order to successfully complete the program by September 1st of their graduation year.

2. If the leave of absence is two weeks or less the resident will not be required to extend their time, however the resident will have to complete additional assignments to ensure all program requirements are completed by their original end date.

3. If the leave of absence is greater than two weeks in length the resident will be required to extend their time up to an 8 week maximum to complete a full 12 month program to ensure all goals and objectives of the program have been met.

4. The Resident must complete the program and all program requirements by September 1st of the calendar year in order to receive a residency certificate and the final decision in regards to program completion will be made under the discretion of both the Director of Pharmacy and RPD.

5. Any extended absence for a period longer than 8 weeks may be the subject to dismissal from the residency program.

6. Should there be any significant issue or event related to attendance when residents have been counseled on multiple occasions both the Director of Pharmacy and RPD may decide program completion is not possible and a certificate may not be granted.

7. Residents are not eligible for Family Medical Leave Act according to Human Resource policies.
Section 6: PGY1 Residency Program Policy & Procedure – Duty Hour Requirements

I. Policy
A. The program must be committed to and be responsible for promoting patient safety and resident well-being, while supporting educational environment.
B. Duty hour guidelines are established to ensure residents are competent to practice pharmacy in a health system environment.
C. Staffing/service responsibilities are important for maintaining the safety and welfare of patients.
D. Achieving the outcomes and goals of the PGY1 Pharmacy Residency Program continue to be the primary objective of the residency experience.
E. Policies and procedures outlining duty hours will be in compliance with ASHP guidance on duty hours.

II. Location
A. Johns Hopkins Bayview Medical Center (JHBMC) Department of Pharmacy including inpatient and ambulatory pharmacy practice.

III. Definitions

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Hours</td>
<td>Duty hours are defined as all scheduled clinical and academic activities related to the residency program. Including inpatient and outpatient care, administrative duties, scheduled and assigned activities such as conferences, committee meetings that are required to meet the goals and objectives of the residency program.</td>
</tr>
<tr>
<td>Scheduled Duty Hours</td>
<td>Assigned duties, regardless of setting, that are required to meet the education goals and objectives of the program. These are assigned by the residency program director and may encompass hours which may be within the normal work day, beyond the normal work day or a combination of both.</td>
</tr>
<tr>
<td>Moonlighting</td>
<td>Voluntary, compensated, pharmacy-related work performed within the organization (internal). These are compensated hours beyond the resident’s salary and are not part of scheduled duty periods of the residency program. Johns Hopkins Bayview does not allow external moonlighting.</td>
</tr>
</tbody>
</table>

IV. Responsibility
A. The Director of Pharmacy and Residency Program Director are responsible for setting hours and ensuring compliance.
B. Residents are responsible for following the established staffing requirements.

V. Procedure
A. Supervision of Residents
   1. The program must ensure that qualified staff provide appropriate supervision of residents in patient care activities.
B. Staffing/service
1. Residents will be required to staff a pre-determined amount of weekends and shifts during the week starting in August/September, pending licensure.

2. If a resident requests PTO on their assigned weekend, resident must arrange for coverage.

3. Residents receive one day off for working each assigned weekend.
   a. Days off must be discussed with current preceptor and reflected on their Outlook calendar.

4. Per ASHP duty hours policy:
   a. Total hours worked on site must be a minimum of 40 hours per week and not to exceed 80 hours per week.
   b. Duty periods for PGY1 residents must not exceed 16 hours in a 24 hour period.
   c. Residents must be scheduled for a minimum of one free day every week averaged over a 4 week period. At home call cannot be assigned on these free days.
   d. Residents should have 10 hours free of duty between any two shifts scheduled in the pharmacy and must have a minimum of 8 hours between scheduled duty periods.
   e. In the case of an emergency or an unusual circumstance/event, the department of pharmacy may require residents to work extended hours.

5. At-Home call must be reasonable and not interfere with residency program activities.

6. Program directors should be notified when residents are asked to work at home.

7. At-home hours are not included in the 80 hours a week restriction, unless the resident is physically calling into the hospital.

8. Documentation of scheduled hours, PTO, unexcused absences, and staffing shifts will be monitored and reviewed by the Assistant Director of Clinical Pharmacy Services for accuracy.

C. Moonlighting

1. Must not interfere with the ability of the resident to achieve the goals and objectives and requirements of the residency program.

2. Internal moonlighting must be approved by Department of Pharmacy administration and limited according to the aforementioned definitions/policies.

3. Moonlighting can only occur within the Department of Pharmacy at Johns Hopkins Bayview Medical Center. Off campus moonlighting is not permitted.

4. Moonlighting plus duty hours cannot exceed 80 hours per week.
Section 7: 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.

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 8: PGY 1 Pharmacy Residency Disciplinary and Dismissal Policy

I. Definitions:
   A. Probationary period is in effect during the first ninety (90) days of employment; this may be extended in writing for an additional thirty days.

II. Responsibility
   A. The Residency Program Director (RPD) and Director of Pharmacy will be responsible for determining the ability of the resident to complete the program if the requirements have not been met.
   B. Each resident must meet the minimum standards to complete the required elements of the PGY1 Pharmacy Residency Program at JHBMC. The following standards and skills must be met by applicable deadlines
      1. Maryland licensure received by September 1st, initial MPJE testing within sixty (60) days of employment. If the resident does not obtain licensure within the first 90 days, and if the resident is in good standing with the department and has met all other probationary requirements, the RPD and Director of Pharmacy may extend the deadline while ensuring that a minimum of 2/3 of the residency is completed as a pharmacist licensed to practice in Maryland.
      2. Resident must follow all local, state and federal laws within their scope of practice as a licensed pharmacist.
      3. Resident must be in good standing within the department.
      4. Completion of orientation and all accompanying material by the end of the probationary period.
      5. Demonstrate proficiency in order entry by the end of orientation period.
      7. Demonstrate proficiency in processing parenteral nutrition orders and preparing intravenous medications by end of the orientation period.
      8. Advanced Cardiac Life Support (ACLS) certification scheduled by ninety (90) days.
      9. Additionally, the resident has met the requirements defined in JHBMC’s required probationary period after the resident’s ninety (90) days of employment.
      10. Resident may be subject to dismissal for a leave of absence greater than 8 weeks.
      11. The RPD and Director of Pharmacy have the oversight to determine if program completion in not possible and may dismiss the resident from the program and terminate employment.

III. Procedure
   A. RPD will determine if resident completed hospital and department orientation materials and competencies in order review/entry, IV room testing/preparation, controlled substances and reviewed departmental policies and procedures.
   B. Resident is required to attend their employee probation review after three months of employment has been completed.
   C. RPD or designee will review and complete probation evaluation with the resident and determine if resident is eligible to maintain their employment status.
D. If the above requirements outlined in the policy and procedure manuals of the Department of Pharmacy or medical center have not been met after the extended probation period, the resident will be subject to the hospital disciplinary process, up to and including dismissal from the residency program.

E. Should there be any significant issue or event related to attendance when residents have been counseled on multiple occasions, both the Director of Pharmacy and RPD may decide program completion is not possible and a certificate may not be granted leading to program dismissal and termination of employment.

F. The resident will be notified of his/her dismissal according to the policies and procedures of the medical center’s human resource department.

*Signing indicates receipt and understanding of the Disciplinary and Dismissal Policy*

Resident: ____________________________ Date: ______________

Residency Program Director: ____________________________ Date: ______________
**Section 9: Monitoring Plan for Residents’ Progress—Residency Advisory Committee**

The Residency Advisory Committee (RAC) is composed of the residency program director, coordinator, 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 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 and also review customized plan.
- 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 and coordinator will review the training plan with each resident and document the progress of achieving the goals and objectives of the program in PharmAcademic. This information will be discussed at a RAC meeting throughout the residency year.
Section 10: Education/Teaching Opportunities

Education and teaching are essential parts of the Pharmacy Practice Residency Program at JHBMC. Johns Hopkins Bayview Medical Center 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 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-accredited Pharmacotherapy Rounds Presentation
- Prepare and present three journal clubs
- Prepare and present three 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.

Teaching and Learning Certificate Program (TLCP)
The TLCP is offered through JHH, and it is an optional as part of the residency program. It involves intense teaching assignments, projects, and requires the resident to take additional required courses either offered weekly or monthly. Residents may participate if it’s in the best interest of the resident and aligns with their professional goals. Enrollment must be approved by
If the resident is interested in pursuing a TLCP they must inform the RPD & RPC, and submit a letter of intent to the director of the program.

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

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 by leading topic discussions, reviewing patient cases, assisting the student on rounds, and facilitating independence with 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

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 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 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/RPC 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.**

- 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

______________________________________                            ___________________
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, 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 in the file manager section.
Section 11: Meetings

Residents are required to attend and participate in a variety of meetings throughout their residency year. This may include 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 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.

**Departmental Staff Meetings**: Last week of the month, Location TBD. 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 if they on campus.

**Pharmacy and Therapeutics (P&T) and Pre-P&T**: Third Thursday of the month, Location TBD

**Pharmacist Shift Change**: Daily at 2:45 pm, main pharmacy.

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

**Residency Program Meeting**: TBD, Includes RPD, RPC 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.
Section 12: 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.

Role of the Residency Research Coordinator (RRC)
This role will facilitate the initiation and progression of the resident’s research projects throughout the completion of their year. The coordinator will act as a resource for research-related inquiries and will enforce the residency research timeline for each project. RRC will meet with each resident quarterly to discuss the progression of their research timeline.

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. Project ideas must be approved by the RRC. If the resident develops their own project it must be approved by the RPD/RPC/RRC. Residents should select projects with topics or patient populations of interest to them to ensure a successful outcome. Once the project is selected and 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 based on the provided template. The resident is expected to defend their proposal to the JHBMC Research Advisory Group 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**

<table>
<thead>
<tr>
<th>Month</th>
<th>Responsibility</th>
<th>Action Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Resident + RRC</td>
<td>Orientation to research</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Topic Selection</td>
</tr>
<tr>
<td>August</td>
<td>Resident</td>
<td>Development of project team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication with project team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Completion of proposal template</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preparation for proposal review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Approval of proposal by project team</td>
</tr>
<tr>
<td>September</td>
<td>Resident</td>
<td>Proposal presented to academic division</td>
</tr>
<tr>
<td></td>
<td></td>
<td>research group for feedback</td>
</tr>
<tr>
<td></td>
<td>Resident + Project team</td>
<td>Edit as needed with project team</td>
</tr>
<tr>
<td></td>
<td>Resident</td>
<td>Defend final proposal with JHBMC Clinical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Research Advisory Group</td>
</tr>
<tr>
<td></td>
<td>Resident</td>
<td>Remediation if needed</td>
</tr>
</tbody>
</table>

**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
- Eastern States Practice: April
- Eastern States: Early May
- Hershey, PA

**Manuscript Due: 2 weeks prior to last day of program**

**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”
   - Is it human research?
   - Is it Exempt, Expedited or Convened Review
   - 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
   - Exempt:
     - 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 13: 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 aim to attend meetings, special programs and contribute to the MSHP newsletter, if possible. Membership is funded by the department for the residency year.
3. Residents are also required to join the American Society of Health-System Pharmacists (ASHP) and attend the Midyear Clinical Meeting, as well as the visit to ASHP Headquarters for a resident program. Membership is funded by the department for the residency year.

Residents at JHBMC are required to attend the ASHP Midyear Clinical Meeting 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.

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Achieved: √ Preceptor/Faculty Sign, Date</th>
<th>RPD/Pharmacy Director Sign, Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete all 12 months of the residency program</td>
<td></td>
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<tr>
<td>Successfully completes both hospital and departmental orientation programs with licensure by August 1st</td>
<td></td>
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<tr>
<td>Achievement of ASHP/JHBMC required educational competencies, goals and objectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Completes all learning experiences</td>
<td></td>
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<tr>
<td>• Completes all required evaluations in PharmAcademic</td>
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<tr>
<td>• Required to achieve 80% of program competencies, goals and objectives by end of program by June 1st of graduation year</td>
<td></td>
<td></td>
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<tr>
<td>• NO outstanding Needs Improvements</td>
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<tr>
<td>Attend ASHP Midyear Clinical Meeting</td>
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<tr>
<td>Completion of research project (also known as a Medication Use Evaluation [MUE]) presented at a regional residency conference</td>
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<tr>
<td>Submission of a written manuscript to program director and coordinator 2 weeks before residency program end date</td>
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<tr>
<td>Completion of a drug class review</td>
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<tr>
<td>Submits 1 newsletter article per issue (Name, Issue)</td>
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<td>2.</td>
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<td>3.</td>
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<tr>
<td>Present a ACPE-accredited CE presentation at Pharmacotherapy rounds (Name, Date)</td>
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<tr>
<td>Present three case presentations (Name, Date)</td>
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<tr>
<td>3.</td>
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<tr>
<td>Present three journal clubs (Name, Date)</td>
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</tbody>
</table>
1. Present a minimum of two presentations or in-services outside of the department (Name, Department, Date)
   1. 
   2. 

2. Teach a minimum of four credit hours per semester at local College of Pharmacy (Name, Date)
   1. 
   2. 
   3. 
   4. 

3. Attendance at 6 JHHS Pharmacotherapy (PT) Rounds. Recommend attendance at one per month (Name, Month)
   1. 
   2. 
   3. 
   4. 
   5. 
   6. 

4. Attendance at four Professional Development Series (PDS) (Name, Date)
   1. 
   2. 
   3. 
   4. 
<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>Attendance at STATA course</td>
</tr>
<tr>
<td>Participate in one departmental/hospital committee</td>
</tr>
<tr>
<td>Participate in code responses</td>
</tr>
<tr>
<td>Completion of the Leadership Certificate Program</td>
</tr>
<tr>
<td>Maintain good standing with department of pharmacy with adherence to departmental policies and procedures.</td>
</tr>
<tr>
<td>Complete required service/staffing hours and required competencies</td>
</tr>
<tr>
<td>Receive acceptable performance evaluation</td>
</tr>
<tr>
<td>Attend required department and interdisciplinary meetings</td>
</tr>
<tr>
<td>Attend quarterly performance evaluation meetings with program director</td>
</tr>
</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 Printed Name  Residency Program Director
___________________________  _______________________
Resident Signature  Director of Pharmacy
___________________________
Date
Section 15: 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 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 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

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Article Due Date</strong></td>
<td>1st week of November</td>
<td>1st Week of February</td>
<td>1st Week of May</td>
</tr>
<tr>
<td><strong>Editor Review</strong></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>
</tr>
<tr>
<td><strong>Resident to Format</strong></td>
<td>Resident 3</td>
<td>Resident 2</td>
<td>Resident 2</td>
</tr>
<tr>
<td><strong>Resident to Review</strong></td>
<td>Resident 1</td>
<td>Resident 3</td>
<td>Resident 1</td>
</tr>
</tbody>
</table>
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.
Appendix A: Staff Development Evaluation Form

Presenter: __________________ Date: _____________ Pharmacist _____ Student _______

Program Topic: ____________________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Objective Statement</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>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td></td>
<td>Evaluate data / information appropriately (state the relevance and limitations of the data to the topic, explain conflicting information).</td>
</tr>
<tr>
<td></td>
<td>Formulate appropriate conclusions how this information should be used in clinical practice.</td>
</tr>
<tr>
<td></td>
<td>Produce well-written and aesthetically pleasing handout and slides that highlight the key points presented.</td>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td></td>
<td>Overall, this session was relevant to my practice and met my educational needs.</td>
</tr>
</tbody>
</table>

Strengths:

Weaknesses/Suggestions for Improvement:

Return evaluation to presenter for review and filing in record
Appendix B: Resident Alumni List

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)
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)
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)
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: 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):
   Background Information:
   Available data:
   Summary and conclusion:
   Recommendations and alternatives to recommendations:
Reference:
Appendix E: Hospital Agreements/Affiliations PGY1
Pharmacy Residency School of Pharmacy Affiliation

Johns Hopkins Bayview Medical Center has an affiliation with the following Colleges of Pharmacy: Notre Dame University of Maryland, Shenandoah University, University of Maryland and University of Puerto Rico with regards to the experiential learning program. Both Introductory and Advanced Practice experiences are provided on this campus in a wide range of clinical, administrative and distributive rotations.

Residency Program preceptors have appointments at the above mentioned Colleges of Pharmacy as Clinical Assistant Professors. This appointment is given to pharmacists who precept 3rd and 4th year students. Residency preceptors are employed by the Johns Hopkins Bayview Medical Center as members of the pharmacy department.
<table>
<thead>
<tr>
<th>Due Date/Month</th>
<th>Program Requirement</th>
<th>Completed</th>
</tr>
</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>See schedule</td>
<td></td>
</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>
<td></td>
</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>
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<tr>
<td></td>
<td>• Focus on content</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Formatting</td>
<td></td>
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<tr>
<td>3-4 weeks prior to PT rounds</td>
<td>Second practice session with more preceptors in Carroll auditorium.</td>
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<tr>
<td></td>
<td>• Focus on presentation style</td>
<td></td>
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<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>
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<tr>
<td>3 days prior</td>
<td>Submit audience response questions, print packets, etc.</td>
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<tr>
<td>July-August</td>
<td>Select research project topic</td>
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<td></td>
<td>• Discuss with project advisor</td>
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<td></td>
<td>• Start IRB training</td>
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<td></td>
<td>• Create project team and communicate proposal</td>
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<td></td>
<td>• Complete research proposal</td>
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</tr>
<tr>
<td>September</td>
<td>• Defend research proposal to JHBMG Clinical Research Advisory Group. Submit research project to IRB</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>• Determine how your data will be collected/data</td>
<td></td>
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<tr>
<td></td>
<td>• Submit Data Request Form</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>• Work on IRB recommendations</td>
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<tr>
<td></td>
<td>• set up data collection form</td>
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<tr>
<td></td>
<td>• determine how to run your statistics</td>
<td></td>
</tr>
<tr>
<td>November-January</td>
<td>Project data collection</td>
<td></td>
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<tr>
<td>December-March</td>
<td>• PT rounds slides</td>
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<td></td>
<td>• PT rounds practice</td>
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<tr>
<td>February</td>
<td>• Work on PT slides</td>
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<tr>
<td>Month</td>
<td>Tasks</td>
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<tr>
<td>March</td>
<td>Register for Eastern States Conference (ESC)</td>
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<td></td>
<td>Submit abstract</td>
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<td>Roommate selection</td>
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<tr>
<td></td>
<td>Data analysis for project via STATA</td>
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<tr>
<td></td>
<td>Early/March submit draft slides to 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>Recommend scheduling practice presentations with project advisor and team</td>
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<tr>
<td></td>
<td>Final practice Carroll Auditorium with full preceptor group and all residents</td>
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<tr>
<td></td>
<td>Final slides due to RPD/RPC/DOP/Project advisor 3 days before ESC</td>
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<tr>
<td>Early/mid May</td>
<td>ESC Hershey PA</td>
<td></td>
</tr>
<tr>
<td>First week of June</td>
<td>Manuscripts due</td>
<td></td>
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<tr>
<td>Second week of June</td>
<td>Graduation checklist completed</td>
<td></td>
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</tbody>
</table>