PGY2 Critical Care Pharmacy Residency Manual

Wesley Medical Center
Wichita, Kansas

Updated 1/2017
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Welcome!

Congratulations on starting your Critical Care Residency with Wesley!

We are very pleased to welcome you as a new member of Wesley’s highly trained and dedicated pharmacy team. Your pharmacy residency is an exciting and unique time to focus on learning and refining clinical skills, and we are dedicated to providing you with a variety of high-quality learning experiences during your residency. We believe that your residency year should be designed to fit your specific needs and interests, so do not hesitate to discuss opportunities to tailor activities to your specific interests.

This year you will experience great professional growth that is directly related to the amount of commitment and dedication applied. At Wesley, it is our goal to partner with you to guide you on your journey to become a highly trained and independent clinical pharmacist.

Again, congratulations and welcome to the team!

Amber Meister, PharmD, BCPS, BCCCP
Residency Program Director, PGY2 Critical Care
Clinical Pharmacy Specialist, Critical Care
About Wesley
We are a tertiary-care, community teaching facility and Level 1 trauma center licensed for 760 beds and 102 bassinets. The main campus is comprised of Wesley Medical Center, which includes the Critical Care Building (CCU, MICU, SICU), Women’s Hospital, and the BirthCare Center, as well as Wesley Children’s Hospital. Also a part of Wesley are the off campus sites; Family Medicine Clinic, Wesley Woodlawn and Wesley West and Derby Emergency and Diagnostic Centers.

Wesley is one of the most experienced and comprehensive medical centers in Kansas. Our mission is to ensure quality healthcare, provide compassion, offer comfort and build trust with every patient, every time. Advanced technologies and services offered at WMC include state-of-the-art Neonatal ICU and Pediatric ICUs; advanced care for high-risk pregnancies; neurodiagnostics and stroke management, including the area’s only Gamma Knife Center; and numerous outpatient clinics.

Wesley has been a Hospital Corporation of America (HCA) facility since 1985.

Requirements for Application to the Program
1. Graduate from an accredited college or school of pharmacy; PharmD (preferred), or B.S. with equivalent clinical experience
2. Participation in the ASHP residency match program
3. Completion of residency program application and letter of interest
4. Curriculum vitae
5. Three (3) letters of recommendation.
6. College/University transcripts (mailed directly from the College/University)
7. On-site interview (for candidates progressing to the final step in the process)
8. Currently in process of completing or have completed ASHP accredited PGY1 pharmacy residency

Pharmacy Services at Wesley
The pharmacy department at Wesley has approximately 45 pharmacists and 35 technician support personnel. The pharmacy department strives to provide industry leading clinical and drug distribution services. Our focus is on patient safety, accomplished through a variety of drug use control and patient monitoring systems. Automation and bar code scanning systems help avoid potential errors and enable pharmacy staff to provide additional services that optimize patient outcome.

Mission
The pharmacy department will provide optimal pharmaceutical care through continuous improvement to achieve the desired outcomes of drug therapy for our patients and those we serve.

Core Services
Wesley pharmacy department provides a number of core services to all inpatient areas. Further information on the goals of clinical pharmacy services, drug distribution and research efforts may be found on the pharmacy department webpage.

The scope of core services includes:
- Management team (see Appendix A)
- Sterile products preparation
  - Central pharmacy
  - OR satellite
  - Pediatrics/NICU/Women’s Health satellite (LDR)
- Medication distribution and administration system
  - Inventory/purchasing - MedCarousel and Product Manager
  - Unit-dose distribution – Pyxis
  - Bar Code Medication Administration (BCMA)
• Electronic Medication Administration Record (eMAR)

• Clinical Pharmacy Specialists
  o Adult Medicine (Hospitalists, Ortho/Surgery, Telemetry, Trauma/Medical)
  o Anticoagulation
  o Critical Care – Medical, Surgical/Neuro, Cardiac, Pediatric
  o Drug Information/Formulary Management/Clinical Decision Support
  o Infectious Diseases
  o Pediatrics
  o Pediatric Oncology
  o Quality Improvement/Process Improvement

• Decentralized Services
  o Medication review
  o IV to PO conversions
  o Anticoagulation
  o Renal and hepatic dose adjustments
  o Pharmacokinetic and therapeutic drug monitoring and dosing
  o Patient counseling
  o Medication reconciliation
  o Antimicrobial streamlining
  o Adverse drug reaction detection, prevention and monitoring

• Pharmacists respond to Code Blues, Level 1 traumas and other massive blood transfusion emergencies

Commitment to Education
Wesley is a teaching site for many area schools of medicine and pharmacy. Some clinical pharmacy specialists hold various faculty positions with the Kansas University (KU) School of Pharmacy and School of Medicine.
Pharmacy Residency at Wesley
PGY2 Critical Care Residency

Purpose: Build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in the specialized area of critical care. Provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Ensure after completion of residency, residents possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in critical care.

Competency Areas:
- R1: Patient Care
- R2: Advancing Practice and Improving Patient Care
- R3: Leadership and Management
- R4: Teaching, Education, and Dissemination of Knowledge
- A1: Management of Medical Emergencies

Educational Goals:
- Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to critically ill patients following a consistent patient care process
- Goal R1.2: Ensure continuity of care during critically ill patient transitions between care settings.
- Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for critically ill patients.
- Goal 2.1: Demonstrate ability to manage formulary and medication-use processes for critically ill patients, as applicable to the organization.
- Goal 2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system related to care for critically ill patients.
- Goal 3.1: Demonstrate leadership skills in the provision of care for critically ill patients
- Goal 3.2: Demonstrate management skills in the provision of care for critically ill patients
- Goal 4.1: Provide effective medication and practice-related education to critically ill patients, caregivers, health care professionals, students, and the public (individuals and groups).
- Goal 4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in critical care.
### Patient care practitioners

**Adjunct faculty**

<table>
<thead>
<tr>
<th>R1: Patient Care</th>
<th>R2: Advancing Practice and Improving Patient Care</th>
<th>R3: Leadership and Management</th>
<th>R4: Teaching, Education, and Dissemination of Knowledge</th>
<th>A1: Management of Medical Emergencies</th>
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<td>ED</td>
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<td>MUE</td>
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**Pharmacy Residency Program Structure**

Residency Program Director (RPD): Amber Meister, PharmD, BCPS, BCCCP
**Resident Qualifications**

**Prerequisites**
Eligible candidates for the PGY2 Critical Care Pharmacy Residency Program must:

- Attain a Doctor of Pharmacy degree from an accredited college of pharmacy, or B.S. from an accredited college of pharmacy with equivalent clinical experience.
- Complete an ASHP PGY1 pharmacy residency
- Agree to take the Kansas Board of Pharmacy examination.

**Technical Standards**
Pharmacy residents at Wesley are held to the highest professional standards. Residents must practice the following:

- Critical thinking and problem-solving skills
- Sound judgment
- Emotional stability and maturity
- Empathy for others
- Physical and mental stamina
- Ability to learn and function in a variety of settings

Residents seeking exceptions to these standards or reasonable accommodations should initiate their request with the program’s director.

**Human Resources steps in the hiring process**
- Creating an account in ReadySet (our Employee Health records data base)
- Completing the assigned health surveys in ReadySet
- Two TB skin tests (one can be from within the past 12 months, the other needs to be near the time of hire)
- Current Tdap vaccine (bring record of one within the past 9 years or we will provide one)
- Two MMR vaccines (or titers showing immunity or we will draw titers and provide vaccines as needed)
- Three Hepatitis B vaccines (or titers showing immunity or we will draw titers and provide vaccines as needed)
- Two Varicella vaccines (or titers showing immunity or we will draw titers and provide vaccines as needed)
- Current Flu Vaccine during flu season (Nov 1 to approx. April 1) or we will provide.
- We will draw baseline labs (CBC w/Diff, BUN, Creat, Liver Panel and UA) on all employees working with Chemotherapeutic medications
- N-95 (mask) fit testing

Residents also must obtain a yearly influenza vaccine.

**Medical Insurance**
Resident medical insurance is a benefit of employment and thus can be purchased through Wesley.

You can also choose to have your medical insurance covered through other, non-Wesley plans (i.e., insurance held through a parent or spouse, or an independent commercial plan). Evidence of medical coverage must be provided when your educational program begins.

**Background Check**
Prospective residents must pass a criminal background check and/or drug screening required by state laws, prior to the start of the residency year.

**Resident Responsibilities**
Residents are required to exhibit professional and ethical conduct at all times.
Equal Opportunity
Wesley upholds all federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities or veteran’s status.
Requirements for Completion of the Residency

Established activities and projects are required to ensure achievement of the goals and objectives as dictated by residency accreditation standards.

- A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions and complete required competencies. Returning residents may be excused from many of the scheduled sessions. All required competencies must be completed (new or existing) prior to resident graduation.
- Successfully attain BLS, ACLS, PFCCS, and PALS certification when classes are available. The resident’s registration and textbook fees for attendance at BLS, PALS, PFCCS and ACLS will be covered.
- Research
  - Complete a longitudinal research project.
  - Present research at the Midwest Pharmacy Residents Conference. If unable to present at this meeting, the resident is required to present at an alternate professional conference (i.e. KCHP, ACCP).
  - Prepare a publishable manuscript.
- Medication Usage Evaluation
  - Complete a medication usage evaluation (MUE) to understand medication use policies and procedures.
- Communication Skills
  - Resident must give at least three (3) formal presentations to healthcare providers during the residency year. All presentations must be present in the resident’s portfolio.
- Teaching Commitment
  - A Teaching Certificate is available through the University of Kansas. PGY2 resident is required to participate in this program if not previously completed.
- Service
  - All residents have an operational pharmacy practice (staffing) component as required by the program.
- Evaluations
  - Resident is required to achieve 100% of patient care goals
    - R1, A1
  - Resident is required to achieve 50% of non-patient care goals and be at a minimum of satisfactory progress for the rest (i.e. no “needs improvement”)
    - R2, R3, R4
  - Achieved for residency can only be done by RPD and will be reviewed by RAC
    - For patient care goals: SP followed by ACH on consecutive patient care rotations or determined by resident development plan
    - For non-patient care goals: SP in first half of residency followed by RPD and mentor determination during resident development plan
- Maintain and complete a Residency Portfolio on the shared drive prior to graduation, the resident may copy their portfolio to take with them.
Resident’s Criteria for Completion of Residency Checklist

- Complete all orientation competencies by the second quarterly development plan
- Successfully attain BLS, ACLS, PFCCS, and PALS certification when classes are available
- Complete longitudinal research project, present research at Midwest Pharmacy Residents Conference and prepare publishable manuscript
- Complete medication usage evaluation
- Give at least three formal presentations to healthcare providers and have presentations available in resident’s portfolio
- Complete teaching certificate if not previously obtained
- Competently perform required staffing component
- Achieve 100% of patient care competency area and goals: R1 and A1
- Achieve 50% of non-patient care competency area and goals and be at a minimum of satisfactory progress for the rest (i.e. no “needs improvement): R2, R3 and R4
- Maintain and complete residency portfolio on the shared drive prior to graduation

Additional Residency Expectations

- Residents are encouraged to attend the following throughout the year:
  - Residency Core Lecture Series
  - Co-resident presentations at Midwest Pharmacy Residents Conference
  - Assigned committee meetings
    - Residency Advisory Committee
    - Pharmacy and Therapeutics Committee
    - Any other assigned committees. PGY2 residents participate in committees selected jointly by the RPD and the PGY2 resident to meet the objectives of the residency. Committee opportunities for the PGY2 Critical Care include Critical Care Collaborative, Trauma Collaborative, Stroke Collaborative and others.
  - Ten (10) medical conferences (i.e. Grand Rounds, noon conferences, etc.)
- Residents are required to complete twelve (12) hours of continuing education credit at ASHP Midyear Meeting.
- PGY2 resident coordinates city-wide journal club
- Present summary of topics from SCCM Annual Meeting.
- All residents are required to participate in recruitment events (ASHP Midyear)
- A precepting elective is offered. Residents would direct patient and topic discussion for the student and be involved in the evaluation of the student.
Orientation

- Residents will attend the one day general hospital orientation program prior to July.
- Residents will complete an orientation learning experience for their first rotation.
- Residents will complete the general pharmacy checklists during the orientation rotation.
- Residents will complete Human Subjects Training through CITI (Collaborative Institutional Training Initiative) Program online prior to end of their orientation rotation.
- Each resident will complete PALS and ACLS when classes are available.
- Residents will meet with RPD and preceptors to discuss research project. The project is to be decided on during the first week of orientation. A research advisor (determined by area of the project) will work with the resident and RPD.
- There will be an evaluation at the end of orientation. The general hospital pharmacy checklists and evaluation will be completed by the resident’s 2nd development plan meeting in order for residents to continue the residency.

Orientation to Learning Experience

- Orientation will be provided by the preceptor to the area in which the resident will be practicing for that time.
- The preceptor will provide a brief review of the learning experience and requirements for the learning experience. The learning experience description should be reviewed by the resident prior to meeting with the preceptor.
- All scheduled meetings, presentations, lectures, etc., will be outlined the first day of the learning experience.
- The preceptor will review the evaluation schedule with resident on the first day of learning experience.
Operational Pharmacy Practice (staffing)
The PGY2 resident will staff every six weekend and every sixth Friday evening in a clinical specialist position.

The PGY2 resident will staff one holiday, which will be assigned at the beginning of the year according to the current holiday staffing grid.
Research
Experience and training in research is gained through three main mechanisms: (1) Resident Research Project; and (2) Research lectures within the Core Lecture Series. Residents may refer to the ASHP Foundation’s Residency Research Tips website for further guidance.

Prior to starting the process of research, all residents are required to complete the HIPAA and Human Subjects Research Training.

Project selection / Scope of projects/ Approval
The purpose of completing a research project is for the resident to gain experience in all aspects of research: study design and conduct, data analysis, presentation of results, and submission of manuscript for publication. The process of generating resident research projects begins soon after the match process. Ideas for projects are solicited from incoming residents, RPD and preceptors.

Timeline
Each resident should develop a project timeline within the first month of residency that includes specific goals to attain throughout the year. These goals include, but are not limited to, identification of research project topic, methodology development, statistical support guidance, IRB approval attainment, completion of data collection and analysis and manuscript preparation. Residents are also encouraged to submit abstracts to a professional meeting (ACCP, ASHP, SCCM, etc.), therefore review of these abstract deadlines early in the research process is important. A detailed schedule of expectations will be provided to the residents in July with further information about Scientific Review Committee (SRC) and Investigational Review Board (IRB) meetings.

To keep on task with project completion, residents are encouraged to integrate research responsibilities into their daily activities. Reminders will be placed on each resident’s Outlook calendars to keep on task with the research project.

An example timeline is provided on the next page.
Month | Expectations
---|---
July | • Identify research topic and develop research question  
• Select research project advisor  
• Write specific aims and hypothesis  
• Obtain departmental support  
• Identify institutional partners  
• Review IRB requirements  
• Complete HIPAA and Human Subjects Research Training  
• Attend Scientific Review Committee and IRB Meetings  
• Arrange meeting with statistician during the beginning of August.
August | • Meet with statistician  
• Complete project proposal, including IRB application and data form  
• Obtain research advisor review and revise as necessary
September | • Submit to IRB and Scientific Review Committees for approval
October | • Resubmit to IRB if not approved
November | • Initiate study
December | • Data Collection  
• As pertinent to project, take ACCESS and/or EXCEL on-line tutorials
January | • Data Collection
February | • Prepare data for analysis (clean data)  
• Analyze data  
• Meet with statistician to review results  
• Submit abstract for presentation at Midwest Pharmacy Residents Conference
March | • Prepare presentation for Midwest Pharmacy Residents Conference  
• Practice presentation with colleagues
April | • Write manuscript  
• Present results to P&T, send copy of presentation to WMREF IRB
May | • Write manuscript
June | • Edit and submit manuscript  
• Submit final IRB report  
• Place patient specific information in a labeled manila envelope in the Investigational Pyxis

Status Reporting
Each resident should regularly discuss progress on the research project with his/her project mentor and RPD. Residents are expected to complete monthly status updates via PharmAcademic. Problems /roadblocks should be immediately addressed and a plan for resolution identified.

Presentations
• Wesley Department of Pharmacy  
  To prepare for Midwest Pharmacy Residents Conference and to meet requirements of the residency’s research objective, each resident will present their research findings to the pharmacy department and undergo rigorous review of content and presentation skills. A revised presentation will then be given prior to Midwest Pharmacy Residents Conference.
• Midwest Pharmacy Residents Conference  
  One presentation is given at the MPRC. This presentation has a 15-20 minute maximum (<5 minutes for background, with the rest of the time utilized for study design, results, and discussion). A 3-5 minute question and answer period will follow the presentation.
**Statistical Support**
Statistical support is provided by Jacob Morton or by resources available in talking to the RPD.

**Manuscript Writing**
Several resources are available to assist in writing a publishable manuscript. References are listed below:


Provenzale JM. Ten Principles to Improve the Likelihood of Publication of a Scientific Manuscript. *AJR*. 2007; 188: 1179-1182. DOI: 10.2214/AJR.06.1003

Medication Usage Evaluation

Purpose
The Medication Usage Evaluation (MUE) program is a structured, ongoing, organizationally authorized, process designed to improve quality of drug use by ensuring that drugs are used appropriately, safely, and effectively.

Policy
It shall be the responsibility of the Pharmacy and Therapeutics (P&T) Committee to oversee and make recommendations on the MUE outcomes brought to its attention. The P&T Committee shall be responsible for the development and implementation of the program. Findings and recommendations shall be forwarded to the Medical Executive Committee and each Medical Section for their consideration.

Procedure Guidelines
MUE project ideas are formulated by pharmacy management and clinical preceptors, in conjunction with the P&T committee, to identify important aspects of care by

- Review of the usage reports for drug classes by price or by quantity for trends of drug usage
- Review of the appropriateness of antibiotic usage which is monitored by monthly antibiotic tracking
- Assessment of potential problem areas as determined by pharmacy personnel in their ongoing screening of patient profiles
- Assessment as noted through the monitoring of adverse drug reactions
- Review of the drugs listed in the restricted/high-risk drug policy as approved by P&T

1. Indicator Identification: The resident and the MUE project mentor shall develop criteria for each of the drugs/disease states included in the plan. These indicators must reflect current knowledge, clinical experience, and relevant literature and meet the particular needs of this institution.

2. Threshold Evaluation: The resident and MUE project mentor shall develop criteria and establish thresholds for each of the drugs/disease states included in the plan.

3. Data Collection and Organization: The resident is responsible for collecting agreed upon data points to analyze for the purpose of process improvements.

4. Care Evaluation: The data gathered shall be evaluated and analyzed by the resident and MUE project mentor.

5. Problem Solving: The resident shall develop process improvement recommendations and educational measures for consideration and implementation. Any corrective actions will be taken by appropriate departments as needed.

6. Documentation and Communication of Improvement: The resident shall present all DUE outcome reports to the P&T Committee. The P&T Committee then steers what information that the resident should then communicate to Medical Staff, Nursing, Medical Executive Committee and appropriate Section Meetings and other departments when appropriate and as feasible. (Laboratory, QA, etc.).
Clinical Preceptors
Biographies of clinical faculty are available on the Wesley Pharmacy Residency Website.

Each rotation has one primary preceptor with or without additional co-preceptors. The primary preceptor is responsible for the resident's learning activities, experiences, evaluation, and scheduling for that rotation. The Friday prior to the start of each rotation, the resident is to contact the preceptor for the rotation and make the preceptor aware of other activities the resident will be completing during the rotation (presentations, projects, trips, etc.). The resident shall communicate directly with the primary preceptor if conflicts or concern arise with scheduling, performance, professionalism and/or personal issues. If additional resources are needed, the preceptor should contact the RPD.
# Learning Experiences

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<tr>
<th>Required Rotations</th>
<th>Preceptor(s)</th>
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<tr>
<td>Hospital/Residency Orientation (1/2 block)</td>
<td>Amber Meister, PharmD, BCPS, BCCCP</td>
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<tr>
<td>Medical Intensive Care (2 blocks)</td>
<td>Amber Meister, PharmD, BCPS, BCCCP</td>
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<tr>
<td>Pediatric Intensive Care [1 block]</td>
<td>Chris Durham, PharmD, BCPPS</td>
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<tr>
<td>Cardiology Intensive Care [1 block]</td>
<td>Joe Slechta, PharmD, BCPS, AQ-Cardiology</td>
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<tr>
<td>Surgical/Trauma Intensive Care (2 blocks)</td>
<td>Kathy Hall, PharmD, BCPS</td>
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<tr>
<td>Emergency Medicine - Adult [1 block]</td>
<td>Amber Meister, PharmD, BCPS, BCCCP</td>
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<tr>
<td>Infectious Diseases [1 block]</td>
<td>Stephanie Kuhn, PharmD, BCPPS, AQ-ID</td>
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<tr>
<td>Overnight ICU/ED (1 block)</td>
<td>Lanae Faires, PharmD, BCPS /Steven Le, PharmD, BCPS</td>
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<tr>
<td>Administration [1/2 block]</td>
<td>Jack Bond RPH, MPH</td>
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<tr>
<td>Program Development [1/2 block]</td>
<td>Amber Meister, PharmD, BCPS, BCCCP</td>
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**Elective Rotations**

May repeat or choose elective to fill remaining blocks

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<th>Preceptor(s)</th>
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<tbody>
<tr>
<td>Neuro Critical Care</td>
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<td>Emergency Medicine – Pediatric</td>
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<td>Nephrology</td>
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**Longitudinal**

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<th>Preceptor(s)</th>
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<td>Clinical Staffing</td>
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<td>Research Project</td>
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<td>Medication Usage Evaluation</td>
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<td>Teaching Experience</td>
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<td>Code Blue/Level 1 Trauma Response</td>
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**Concentrated Experiences**

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<th>Preceptor(s)</th>
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<tr>
<td>Advanced Cardiac Life Support (ACLS)</td>
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<td>Pediatric Advanced Life Support (PALS)</td>
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<tr>
<td>Pediatric Fundamentals of Critical Care Support (PFCCS)</td>
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### Learning Experience Schedule Example:

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<th>Block</th>
<th>CC Resident</th>
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<tr>
<td>1 (1/2 block)</td>
<td>Orientation</td>
</tr>
<tr>
<td>2</td>
<td>Surg/Trauma ICU</td>
</tr>
<tr>
<td>3</td>
<td>MICU</td>
</tr>
<tr>
<td>4</td>
<td>MICU</td>
</tr>
<tr>
<td>5</td>
<td>ID</td>
</tr>
<tr>
<td>6</td>
<td>Transition</td>
</tr>
<tr>
<td>7</td>
<td>EM</td>
</tr>
<tr>
<td>8</td>
<td>CCU</td>
</tr>
<tr>
<td>9 (1/2 block)</td>
<td>Administration</td>
</tr>
<tr>
<td>10 (1/2 block)</td>
<td>Program Development</td>
</tr>
<tr>
<td>11</td>
<td>PICU</td>
</tr>
<tr>
<td>12</td>
<td>Elective</td>
</tr>
<tr>
<td>13</td>
<td>Overnight ICU</td>
</tr>
<tr>
<td>14</td>
<td>Surg/Trauma ICU</td>
</tr>
<tr>
<td>15 (1/2 block)</td>
<td>Elective</td>
</tr>
</tbody>
</table>
### Example Residency Core Lecture Series Topics

**Wednesdays 1100-1200**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research design/methods*</td>
<td>TBD</td>
</tr>
<tr>
<td>Trauma*</td>
<td>TBD</td>
</tr>
<tr>
<td>Pharmacokinetics*</td>
<td>TBD</td>
</tr>
<tr>
<td>Core Measures*</td>
<td>TBD</td>
</tr>
<tr>
<td>Patient Education*</td>
<td>TBD</td>
</tr>
<tr>
<td>Drugs for Bugs</td>
<td>TBD</td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td>TBD</td>
</tr>
<tr>
<td>Biostatistics</td>
<td>TBD</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>TBD</td>
</tr>
<tr>
<td>Communication</td>
<td>TBD</td>
</tr>
<tr>
<td>Heart failure</td>
<td>TBD</td>
</tr>
<tr>
<td>VTE/Anticoagulation</td>
<td>TBD</td>
</tr>
<tr>
<td>Critical literature evaluation</td>
<td>TBD</td>
</tr>
<tr>
<td>Nutrition/TPN</td>
<td>TBD</td>
</tr>
<tr>
<td>Medication Safety</td>
<td>TBD</td>
</tr>
<tr>
<td>Hypertension</td>
<td>TBD</td>
</tr>
<tr>
<td>Asthma</td>
<td>TBD</td>
</tr>
<tr>
<td>AMI/ACS</td>
<td>TBD</td>
</tr>
<tr>
<td>Vasopressors/Shock</td>
<td>TBD</td>
</tr>
<tr>
<td>Pain Management</td>
<td>TBD</td>
</tr>
<tr>
<td>Acid/Base</td>
<td>TBD</td>
</tr>
<tr>
<td>Dysrhythmias</td>
<td>TBD</td>
</tr>
<tr>
<td>Pediatric ADME</td>
<td>TBD</td>
</tr>
<tr>
<td>CVA</td>
<td>TBD</td>
</tr>
<tr>
<td>Toxicology</td>
<td>TBD</td>
</tr>
<tr>
<td>Skin and Soft Tissue Infections</td>
<td>TBD</td>
</tr>
<tr>
<td>Diabetes Management</td>
<td>TBD</td>
</tr>
<tr>
<td>CRRT</td>
<td>TBD</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>TBD</td>
</tr>
<tr>
<td>Sedation/Analgesia/Delirium</td>
<td>TBD</td>
</tr>
<tr>
<td>Fungal infections</td>
<td>TBD</td>
</tr>
<tr>
<td>Financial Planning</td>
<td>TBD</td>
</tr>
<tr>
<td>Preceptor Development</td>
<td>TBD</td>
</tr>
<tr>
<td>Preceptor Development</td>
<td>TBD</td>
</tr>
<tr>
<td>Financial planning</td>
<td>TBD</td>
</tr>
<tr>
<td>Starting your new job</td>
<td>TBD</td>
</tr>
</tbody>
</table>

*Will be taught in July if possible. All others will be taught throughout remainder of the year. Literature may be provided prior to the discussion and resident expected to have read the articles prior to discussion. Preceptors are responsible for trading lecture dates for which they may have a conflict.
Clinical Rotation Core Standards for Pharmacy Residents
The goal of our pharmacy resident education programs at Wesley is to provide a positive environment where the self-learner can acquire the knowledge and skills necessary to provide patient-centered care as an independent practitioner. This goal is primarily accomplished through resident membership on the team providing direct care to patients.

Residents are expected to provide optimal patient care by identifying a patient's potential and actual drug therapy problems, resolving actual drug related problems and by preventing potential problems from becoming actual problems. It will be necessary for the resident to review disease state management and drug therapy topics to effectively care for patients. It is primarily the responsibility of residents to review these topics through self-study and through attendance at pharmacy department and clinic-wide conferences. Residents should not hesitate to ask their preceptors to help clarify drug therapy issues/problems.

Hours and Attendance
- The resident will be on-site during the hours and days as set by the preceptor.
- The resident participates in patient care and other rotation responsibilities Monday through Friday unless an exception is approved by the preceptor.
- The resident will contact the team and/or preceptor if he/she will be late or absent from patient care activities or scheduled meetings.

Preparation for Rounds and Meetings with the Preceptor
- The resident will complete all required readings according to the timelines established by the preceptor and will be prepared to lead and/or actively participate in the discussion of these topics. The resident needs to "study" the information well in advance and not just complete the readings before the meeting with the preceptor.
- The resident will be prepared to discuss patient care issues with the service for all patients during morning rounds.
- The resident will review all pertinent information on a daily basis, unless otherwise indicated by the preceptor. This review should be made prior to rounds.
- The resident will be prepared to present all patients to the team and preceptor. This goal may need to be modified at the beginning of a rotation and/or when there are a large number of patients on service. It may be adequate to cover only those patients with significant pharmacy issues. The "quality" of the patient presentations is more important than the number of patients presented.
- The suggested format for presenting a patient is:

<table>
<thead>
<tr>
<th>Initials</th>
<th>is a _____ year old</th>
<th>race, sex</th>
<th>who enters the hospital with a chief complaint of ______.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPI:</td>
<td>Chronological history; include medications, other therapies, surgery relating to problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMH:</td>
<td>Significant past medical, surgical history, and social history; medication history (include medications on admission); allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Course and ROS:</td>
<td>Problem List (by disease state) relating assessment of drug therapy appropriateness, vital signs and significant physical findings to each disease state, along with a monitoring plan and response to drug therapy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Resident Documentation and Communication with Decentralized Pharmacists
The resident will follow department policy to document all clinical interventions and outcomes follow-up in Meditech/PDOC/Vigilanz, including recommendations and discussions held during rounds. Documentation expectations within Meditech/PDOC/Vigilanz will be outlined by preceptors at the start of each rotation.

The resident is to communicate any follow-up requests with pharmacy team members covering evening shifts. These requests include reviewing pertinent clinical issues not fully clarified in the PDOC patient note and/or intervention history (e.g. only pertinent positives, pending drug levels, aPTT monitoring, etc). These communications should take place before the end of the resident’s work day whenever possible.

Participation in Patient Care Activities
The resident will take the initiative to communicate with team members for patient care issue follow-up. Team membership requires active participation.

Other Core Resident Responsibilities
- The resident will perform all duties as requested by the medical team unless otherwise directed by the preceptor.
- The resident will attend all meetings as scheduled by the preceptor.
- The resident will stay current with the pertinent medical literature and, whenever possible, make evidence-based recommendations to the team.
- The resident will write notes in the patient’s chart as per department policy for all pharmacists.
Resident Evaluation

Evaluation Rating Scale Definitions:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Improvement (NI)</td>
<td>• Deficient in knowledge/skills in this area</td>
</tr>
<tr>
<td></td>
<td>• Often requires assistance to complete the objective</td>
</tr>
<tr>
<td></td>
<td>• Unable to ask appropriate questions to supplement learning</td>
</tr>
<tr>
<td>Satisfactory Progress (SP)</td>
<td>• Adequate knowledge/skills in this area</td>
</tr>
<tr>
<td></td>
<td>• Sometimes requires assistance to complete the objective</td>
</tr>
<tr>
<td></td>
<td>• Able to ask appropriate questions to supplement learning</td>
</tr>
<tr>
<td></td>
<td>• Requires skill development over more than one rotation</td>
</tr>
<tr>
<td>Achieved (ACH)</td>
<td>• Fully accomplished the ability to perform the objective</td>
</tr>
<tr>
<td></td>
<td>• Rarely requires assistance to complete the objective; minimum</td>
</tr>
<tr>
<td></td>
<td>supervision required</td>
</tr>
<tr>
<td></td>
<td>• No further developmental work needed</td>
</tr>
<tr>
<td>Achieved for Residency (ACHR)*</td>
<td>• Resident consistently performs objective at Achieved level, as defined above, for the residency.</td>
</tr>
</tbody>
</table>

Resident Responsibilities

- Complete ALL PharmAcademic evaluations for all rotations prior to meeting with the preceptor at the end of each rotation or prior to due date if for a longitudinal experience.
- Residents must schedule the learning experience evaluation with their preceptor via outlook calendar for 1-2 days prior to the last day of the rotation.
- Send meeting request by day 1-2 rotation. Meeting should be scheduled 2-3 days prior to the end of the rotation.
- Evaluations not completed by above stated expectations without prior approval from the preceptor will be considered a missed deadline. Please refer to Guidelines for Dismissal for consequences of missed deadlines.

Resident Advisory Committee

- Purpose: Oversight of all aspects of the residency program
- Members: RPD, director of pharmacy, pharmacy manager, three preceptors and residents. RAC preceptors serve two year terms.
- Meeting Time: Third Tuesday of every month at 1300.

Resident Development Plan

- The resident will complete the pre-residency interest and self-evaluation with the required and elective residency goals.
- The Resident, RPD and mentor will complete a resident development plan at the end of July and then quarterly thereafter. These development plans will be reviewed at RAC and the specialists meeting quarterly.
- Prior to each meeting the resident will be prepared to discuss the development plan. The development plan will consist of but not be limited to: criteria listed below:
  - % goals achieved, also going over any needs improvement goals
  - Updates to development plan
  - Areas for improvement
  - Career goals
  - Licensure status
  - Criteria for completion of residency progress
  - Other relevant topics
• The RPD, RAC and the resident will develop and document the initial development plan as a variation to the original program plan. Variations include additions or deletions of goals and objectives, changes in the structure of the year (electives/required rotations/rotation length), changes in preceptor ship and/or changes in the assessment strategy.
• The mentor will be responsible for organizing information (except % goals achieved) prior to resident development plans.
• See Appendix A

Resident Progress
• The RPD and RAC will review overall resident performance at quarterly RAC meetings including formative/summative evaluations, projects, presentations, staffing numbers, etc.
• The RPD and RAC will determine effectiveness of the quarterly development plan and with the resident will determine the subsequent quarterly plan which can include the same variations stated above
Resident Portfolio

**Purpose:** To standardize resident’s folder on the shared drive and allow for easy retrieval of documents.

**Contents:**

- **CV folder:**
  - Updated version of CV

- **DI folder:**
  - MUE final draft
  - MUE data collection
  - MUE final results and recommendations
  - Other DI documents (if applicable)

- **Presentations / Projects folder:**
  - Final drafts of any formal presentation / educational document
  - Topic discussion handouts
  - Preceptor presentation feedback
  - Completed Presentation Assessment Forms
  - Midyear abstract
  - Midyear poster
  - Midwest Residency Conference applications materials
  - Midwest Residency Conference PowerPoint presentation

- **Research folder:**
  - Final draft of research proposal
  - Completed / signed research proposal
  - Approval documents from IRB/ QI department
  - Data collection sheet
  - Final draft of manuscript

- **The resident may customize the remaining content in the portfolio**
  - Folder examples:
    - Rotations
    - Statistics
    - Teaching Certificate
Resident Duty Hours

- **Duty Hours**: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.

- Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

- Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all inhouse call activities and all moonlighting.

- Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
  - Moonlighting will be limited to 3 shifts in a rolling 3 week period.
  - Residents must inform and obtain approval from the residency program director of any moonlighting hours outside the facility.

- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).

- Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

- Residents must attest on a monthly basis that they are meeting the above requirements.
Communications

Paging System
Residents are assigned a personal alphanumeric pager. Pagers should be carried and turned on at all times when you are at work and outside work as requested by the preceptor. When you receive a page, it should be answered within 10 minutes unless it will interfere with patient care. If your pager malfunctions or is left at home, contact the preceptor as soon as possible.

A physician, pharmacist or other staff member may be paged in several different ways.

1. Call the hospital operator at 2-3030 and request the physician or staff member be paged to your phone number.
2. Go to the Wesley Intranet website. Under “Support,” choose SDC Paging. Login to the SDC system using “RXUSER” and password “VALIUM”
   • If they carry a personal pager, you may search for the person by last name.
   • If you are searching for a decentralized pharmacist, search under Department  “rx” and select the location they are working that day.
   After selecting the person to page, choose ‘Alpha’ and text page them. If they do not have an alphanumeric pager, simply enter your callback number and hit send.
3. If the pager number is known you may page them via telephone. Dial 123- and then the four digits of the pager number. When you hear the beep, dial your callback number and hang up.

E-mail
The resident is responsible for reading and acknowledging all e-mail messages in Outlook from faculty and staff in a timely manner. Failure to review email at least daily could result in the resident missing valuable information such as schedule changes, meetings and policy announcements.

Residents are also required to be proficient in Microsoft Outlook and maintain an up-to-date calendar.

Telephone
- To make an internal phone call, dial the last number of the prefix and then the four numbers of the telephone, example 2-5435
- To make an outgoing call, it is necessary to dial “9” to connect to the outside system
- To make a long distance call Dial 9 - 1 – area code - phone number.
- Keep personal phone calls to a minimum. If you need to make a call that will be lengthy or possibly disruptive, please remove yourself from the resident office for the call.

Pharmacy Phone/Fax Numbers
Pharmacy department phone numbers, including the pharmacy office, central and satellite pharmacy and clinical specialist phone numbers may be found on the Wesley Pharmacy Intranet page or the shared drive. Decentralized pharmacists’ Spectralink phone numbers are available daily in PxyisConnect.

The pharmacy department fax number is (316) 962-2568.

Internal and External Mail System
Resident mailboxes are located within the resident office. Mailboxes should be checked routinely.

Internal mailing can be placed in an envelope (normal or confidential) and placed in the outgoing mail basket on the outside of the administrative assistant’s office. The envelopes can be found near the copy room. See the administrative assistants for official external mailings. Personal external mailing needs to have appropriate postage and placed in any of the US postal service drop boxes located campus-wide.
Mailing address: 550 N. Hillside, Wichita, KS 67214-4976
Professional Meetings and Travel

Professional Membership and Fees Paid
Pharmacy residents are required to be members of the American Society of Health-System Pharmacists (ASHP). ASHP membership dues are reimbursed for all residents.

<table>
<thead>
<tr>
<th>Month</th>
<th>Conference</th>
<th>Location</th>
<th>Required</th>
<th>Subsidized</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>ACCP Annual Meeting</td>
<td>Varies</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>December</td>
<td>ASHP Midyear Meeting</td>
<td>Varies</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Jan / Feb</td>
<td>SCCM Meeting</td>
<td>Varies</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>May</td>
<td>Midwest Pharmacy Residents Conference</td>
<td>Omaha, NE</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Reimbursement
All reimbursement is processed through Concur or WMREF. Training will be provided to residents as needed.

ASHP Midyear Meeting
Website: www.ashp.org
Deadlines – please see website for updates and actual dates:
- Abstract submission: late September to early October
- Hotel reservation: mid-July – reserve early please
- Registration: by mid-October

Midwest Pharmacy Residents Conference
Website: http://www.mprconference.com/
Deadlines – please see web site for updates and actual dates:
- Abstract submission: late February to mid-March
- Hotel reservation and registration: February or March – reserve early please
- Travel expenses for Midwest will be reimbursed after
Salary and Benefits

The salary for the PGY2 pharmacy specialty resident is $47,480.

Residents will be paid every two weeks for the previous two weeks of work. There are a total of 26 pay periods a year. Your stipend will be divided equally among the 26 pay periods. Direct deposit to your financial institution is required. Pay days are every other Friday and the timing of your first paycheck will be discussed during orientation.

Residents are provided with an excellent benefit package that includes day1 medical, prescription, dental and vision coverage. Additional benefits include but are not limited to:

- 401K participation
- Benefits Continuation (COBRA)
- Jury Duty Leave
- Life Insurance
- Military Leave
- Short-Term Disability
- Bereavement
- Medical and Daycare flexible spending accounts
- Corporate discounts (cell phone, shopping, rental car, electronics etc.)
Vacation and Leave

Vacation
Residents are considered benefits-eligible as other full-time employees are at Wesley. Paid time off (PTO) will begin accruing immediately and is based on productive hours worked. Vacation time will be limited to ten (10) days unless other arrangements are made with the RPD.

Personal Appointments
Appointments for personal issues (physician, dentist, banking, etc.) should have minimal impact on rotation activities. Appointments must be approved by the preceptor at least two days prior to the appointment, and ideally, prior to the start of the rotation.

Sick Leave
Weekday: Residents must contact their current preceptor and the pharmacist in charge (PIC) if they are going to be out sick and absent from rotation by 7 a.m.

Weekend staffing: If the resident is going to be out sick for a weekend staffing shift, he/she must contact the pharmacist in charge (PIC) at least two hours prior to the start of the shift when possible. The resident is required to make up the shift at a later date.

Emergency Leave
Preceptors and the RPD are aware that certain life emergencies or life events may occur and that residents may need to be away or request to be away. Attempts will be made to accommodate the resident should this situation arise during the residency year, not exceeding 12 weeks. Approval must be granted by the RPD.

Professional leave
Professional leave is allowed for approved conferences per hospital policy (see Travel).

Maternity / Paternity Leave / Extended Leave of Absence
The resident may have the residency extended by an appropriate amount of time to compensate for time away from the residency program. If the leave is greater than 12 weeks or if residency requirements cannot be met, the members of the Residency steering committee may dismiss the resident from the program.
Resident Disciplinary Process
Guidelines for Dismissal from the Program

- Residents must meet agreed upon and documented deadlines for projects and presentations. If a preceptor feels that an agreed upon deadline has been missed, a snapshot should be completed and reviewed with the resident. A snapshot should also be completed by the preceptor for any unprofessional conduct. The RPD and RAC will review the conduct deemed unprofessional and determine if the snapshot shall go in the resident’s PharmAcademic file. If three snapshots are completed due to missed deadlines or unprofessional conduct during the residency year the resident must go before the RAC and explain the issues and complete an action plan. The RAC will then determine, based on the circumstances, whether one more missed deadline or episode of unprofessional conduct will result in review with Human Resources and a subsequent final warning. Immediate dismissal from the program can result with any additional missed deadline or unprofessional conduct following the final warning.

- It is not recommended that residents miss more than 3 consecutive days of training. However, there may be times when an extended leave of absence is required. Any time away from the program following an initial 5 consecutive days should be made up prior to receiving the residency certificate. The RAC will make the final determination based upon circumstances.

- Two failed attempt to pass Kansas law exam or failure to obtain licensure as a pharmacist in the State of Kansas within 60 days of program start date.

- If extended leave extends 12 weeks from Residency end date (July 15th)

Resident Impairment

- Residents perform their educational and assigned duties unimpaired by alcohol, drugs, and psychological, medical, or behavioral disorders.
- Residents will not engage in unlawful or unethical acts in relation to drugs and alcohol.
- Residents are not under the influence of, nor consume alcohol or drugs while engaged in work or educational activities.
Miscellaneous
Confidentiality
Maintaining confidentiality of patient, employee, and business information is critical and pertains to all information (oral, paper-based, and electronic).

Identification Cards
Wesley identification badges must be worn by all employees while on duty. The badge must be worn above the waist and name and picture must be clearly visible. Residents may not wear non-professional insignia such as pins or buttons not related to Wesley or the health care profession while on duty unless pre-approved by the Pharmacy Department Director.

Professional Dress and Decorum
All residents are expected to maintain a professional appearance while delivering services to patients and their families. Standardized professional scrubs are allowed when the resident is on Trauma Call or rotating through the Emergency Department.

If dressed improperly, the resident may be instructed to return home to change clothing or take other appropriate action. Subsequent infractions may result in disciplinary action.

Trauma/Code Pagers
Residents are designated to carry the trauma pagers and respond to all Level 1 Traumas on a rotating basis.

Workspace and Supplies
Residents have a designated work space that will include, at a minimum, a desk, desktop computer and printer, telephone, bookshelf, and a file cabinet. Residents have access to a copy machine, scanner and a fax machine that can be used for official business associated with the residency.

Licensure
Newly hired, unlicensed pharmacy graduates are expected to have a scheduled appointment to sit for the NAPLEX and Multistate Jurisprudence exam prior to their start date and obtain licensure as a pharmacist in the State of Kansas within 60 days of program start date with no more than 2 attempts. Licensing fees are not reimbursed.

Liability Insurance
All pharmacists at Wesley are required to carry professional liability insurance. Suggested insurers include Pharmacists' Mutual or through ASHP via Marsh Affinity Group Services. Proof of insurance must be provided to the administrative assistants by July 31st of the residency year. Liability insurance is not reimbursed.

Parking and Transportation
Residents will receive information about parking on the one-day hospital orientation in July. Residents are allowed to park in the Rutan Parking Garage, the V-Lot (behind Ronald McDonald House) and the P-Lot (behind Wesley Inn). The vehicle must be registered with Wesley security office and the Wesley parking permit must be displayed while parking on campus.

Housing
Wesley does not provide housing for the pharmacy resident. The RPD can help direct residents interested in finding housing to various resources, as well as current residents for advice.
**Preceptor and Mentor of the Year**

Each spring, the resident class selects a Preceptor of the Year and Mentor of the Year. This preceptor excels in teaching, clinical skills, dedication to the pharmacy profession and mentoring. The Mentor has gone “above and beyond” to help guide his/her resident through residency.
As a resident in the Critical Care Residency Program at Wesley Medical Center, I agree to the following:

1. I am participating in a one (1) year training program in critical care pharmacy that is scheduled to begin on July 15, 2017 and scheduled to end on July 14, 2018.
2. I will provide my PGY1 residency certificate of completion to the RPD on or before day one of my residency and upload a copy into my resident portfolio.
3. I will be considered benefits-eligible as other full-time employees are at Wesley Medical Center. Paid time off (PTO) will begin accruing immediately and is based on productive hours worked. Vacation time will be limited to 10 days unless other arrangements are made with the Residency Program Director.
4. I will receive a salary of $47,480/year, paid on a two-week pay period basis.
5. I understand that I will be required to work one of every six (6) weekends and one of every six (6) Friday evenings in a Clinical Specialist role (total of 3 days every 6 weeks) as well as a one holiday.
6. I will avoid engaging in any activities that compete with my duties and responsibilities with the residency program. If I wish to work extra hours as a pharmacist, I will discuss this (and receive approval) with the Residency Program Director and will generally work those hours (for pay) at Wesley Medical Center by signing up for available overtime shifts.
7. I will follow ASHP Duty hours as outlined in the Residency Manual.
8. I understand that I must sit for the Kansas law exam prior to July 15th of this year and notify my residency director of my test date. If I fail to pass the Kansas law exam after two attempts or fail to obtain licensure as a pharmacist in the State of Kansas within 60 days of my start date, I understand that I will not be able to continue in the program.
9. I understand that I must obtain, and provide proof of, adequate professional liability insurance prior to beginning residency training.
10. I will take full advantage of what the residency program offers me; I understand that this will typically require more than 50 hours per week.
11. I will accept the responsibility placed on me, insofar as my knowledge and experience allow; I am aware that my rotation preceptors, Resident Mentor and Residency Program Director will be available for assistance.
12. I will accept constructive criticism and act on it.
13. I will strive to complete all assignments on time, including learning experience evaluations.
14. I understand that I must satisfactorily complete all of the competencies and requirements outlined in the Residency Manual in order to earn an ASHP-accredited PGY2 Critical Care residency certificate.
15. By signing this, I attest that I have read and reviewed the PGY2 Critical Care Pharmacy Residency Manual.

Print Name:_______________________________
Resident Signature:____________________________  Date:___________________
Resident Checklists

Resident Beginning of the Year Checklist

☐ Complete pre-residency survey
☐ Provide proof of PGY1 residency completion by uploading PGY1 certificate into PharmAcademic and into your file on the shared drive
☐ Complete HIPAA and Human Subjects Research Training
☐ Complete required competencies
☐ Become a licensed pharmacist in Kansas within 60 days of program start date with no more than 2 attempts
☐ Provide a photocopy of your license to the pharmacy department secretary
☐ Obtain professional liability insurance and provide proof of insurance to pharmacy department secretary
☐ Join American Society of Health-System Pharmacists (ASHP) if not already a member
☐ Register for ASHP Midyear Meeting
☐ Reserve hotel room for ASHP Midyear Meeting
☐ Coordinate City-Wide Journal Club schedule
Resident End of Year Checklist

Name ___________________________ Date ____________

Program __________________________

The following must be completed to successfully finish the residency and receive your completion certificate:

☐ Present MUE and research results to P&T
☐ Provide research manuscript ready for publication submission
☐ Submit completed IRB Report
☐ Place all patient-specific information from research project into the Investigational Pyxis
☐ Complete all required competencies
☐ Complete all PharmAcademic tasks and evaluations
☐ Complete Residency Portfolio in the shared drive
☐ Turn in ID card, car parking tags, and pager to residency director
☐ Clean out workspace, including wanted files on computers and network drives
☐ Arrange healthcare insurance (you have 45 days from termination date to sign up for COBRA)
☐ Change address with respective Board of Pharmacies
☐ Update forwarding address with Human Resources
☐ Complete post-residency survey

Submit completed checklist to program director.

_________________________________________ Date
Residency Director signature
Appendix A
Resident Development Plan

Resident: ____________________________
Evaluator: ____________________________
Mentor: ______________________________
Date/Time: ____________________________

Career Goals:

Interests:

Evaluations/% patient care goals achieved/% non-patient care goals achieved/any needs improvement goals

Licensure status

Strengths:

Areas to Improve:

Criteria for completion of residency progress
☐ Complete all orientation competencies by the second quarterly development plan
☐ Successfully attain BLS, ACLS, PFCCS, and PALS certification when classes are available
☐ Complete longitudinal research project, present research at Midwest Pharmacy Residents Conference and prepare publishable manuscript
☐ Complete medication usage evaluation
☐ Give at least three formal presentation to healthcare providers and have presentations available in resident’s portfolio
☐ Complete teaching certificate if not previously obtained
☐ Competently perform required staffing component
☐ Achieve 100% of patient care competency area and goals: R1 and A1
☐ Achieve 50% of non-patient care competency area and goals and be at a minimum of satisfactory progress for the rest (i.e. no "needs improvement"): R2, R3 and R4
☐ Maintain and complete residency portfolio on the shared drive prior to graduation

Plan:

Program Director: ________________________  Resident: ________________________
## Appendix B: Landmark Trial Checklist

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<tr>
<th>Check</th>
<th>Trial</th>
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<tr>
<td>Low-Dose DA</td>
<td>Holmes CL, Walley KR. CHEST. 2003; 123:1266-75</td>
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<tr>
<td>MENDS</td>
<td>Randharipande PP, et.al. JAMA 2007; 298: 2644-53</td>
<td></td>
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<tr>
<td>Meduri 2</td>
<td>Meduri GU, et.al. CHEST. 2007; 131: 954-963.</td>
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### Cardiology

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<th>Check</th>
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### Surgical/Trauma

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<tr>
<td></td>
<td><strong>Early vs Late PN</strong> Casaer MP, et.al. N Engl J Med. 2011;</td>
<td></td>
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<tr>
<td></td>
<td><strong>8 vs 15 days for PNA</strong> Chastre J, et.al. JAMA 2003; 290: 2588-98.</td>
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<tr>
<td><strong>Pediatrics</strong></td>
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Appendix C. Disease States to be Reviewed

The resident will demonstrate an understanding of the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to the diseases and conditions and have the ability to design appropriate treatment regimens and treat and assess outcomes.

For some diseases and conditions, direct patient care is required. For other diseases and conditions, a case-based, didactic approach may be substituted. In these cases, the resident will demonstrate understanding of the diseases and condition via didactic instruction, case-based application, simulation, or other appropriate approach.

For these diseases and conditions, the resident will demonstrate an understanding of signs and symptoms, epidemiology, risk factors and etiology, pathogenesis, pathophysiology, clinical course, and a comprehensive pharmacotherapy treatment plan.

In the list, an asterisk (*) indicates that direct patient care is required. The other items are required but may be covered in the case-based, didactic approach described above.

**Pulmonary**
1. *Acute respiratory distress syndrome*
2. *Severe asthma exacerbation*
3. *Acute COPD exacerbation*
4. *Acute pulmonary embolism*
5. *Acute pulmonary hypertension*
6. *Drug-induced pulmonary diseases*
7. *Mechanical ventilation*
8. Chronic severe pulmonary hypertension
9. Pneumothorax and hemothorax
10. Chest tubes
11. Cystic fibrosis
12. Inhaled medication administration

**Cardiovascular**
1. *Advanced cardiac life support*
2. *Arrhythmias (atrial and ventricular)*
3. *Acute decompensated heart failure*
4. *Acute coronary syndromes*
5. *Hypertensive emergencies and urgencies*
6. *Shock syndromes*
7. Acute aortic dissection
8. Pericardial tamponade
9. Mechanical devices (e.g., intra-arterial balloon pumps, ECLS, ECMO)
10. Invasive and non-invasive hemodynamic monitoring
11. PALS
Renal
1. *Acute kidney injury
2. *Acid-base imbalance
3. *Fluid and electrolyte disorders
4. *Contrast-induced nephropathy
5. *Drug-induced kidney diseases
6. Rhabdomyolysis
7. Syndrome of inappropriate antidiuretic hormone
8. Continuous renal replacement therapies/hemodialysis

Neurology
1. *Status epilepticus
2. *Ischemic stroke
3. *Subarachnoid hemorrhage
4. *Intracerebral hemorrhage
5. *Critical illness polyneuropathy
6. Intracranial pressure management
7. Traumatic brain injury
8. Spinal cord injury
9. Central diabetes insipidus
10. Cerebral salt wasting
11. Encephalopathy in coma
12. EEG or bispectral monitoring for level of sedation
13. Ventriculostomies
14. Targeted temperature management/induced hypothermia

Gastrointestinal
1. *Acute upper and lower gastrointestinal bleeding
2. *Acute pancreatitis
3. Fistulas
4. Ileus
5. Abdominal compartment syndrome

Hepatic
1. *Acute liver failure
2. *Complications of cirrhosis
3. *Drug-induced liver toxicity

Dermatology
1. Burns
2. Stevens-Johnson syndrome
3. Toxic epidermal necrolysis
4. Erythema multiforme
5. Drug Reaction (or Rash) with Eosinophilia and Systemic Symptoms (DRESS)

Immunology
1. Acute transplant rejection
2. Graft-versus-host disease
3. Management of the immunocompromised patient
4. Acute management of a solid organ or bone marrow transplant patient
5. Medication allergies/desensitization

**Endocrine**
1. *Relative adrenal insufficiency*
2. *Hyperglycemic crisis*
3. *Glycemic control*
4. Thyroid storm/ICU hypothyroid states

**Hematology**
1. *Acute venothromboembolism*
2. *Coagulopathies*
3. *Drug-induced thrombocytopenia*
4. *Blood loss and blood component replacement*
5. Anemia of critical illness
6. Drug-induced hematologic disorders
7. Sickle cell crisis
8. Methemoglobinemia

**Toxicology**
1. *Toxidromes*
2. *Withdrawal syndromes*
3. Drug overdose
4. Antidotes/decontamination strategies

**Infectious Diseases**
1. *CNS infections*
2. *Complicated intra-abdominal infections*
3. *Pneumonia*
4. *Endocarditis*
5. *Sepsis*
6. *Fever*
7. *Antibiotic stewardship*
8. *Clostridium difficile associated diarrhea*
9. Skin and soft-tissue infection
10. Urinary tract infections
11. Wound infection
12. Catheter-related infections
13. Infections in the immunocompromised host
14. Pandemic diseases
15. Febrile neutropenia
16. Acute osteomyelitis

**Supportive Care**
1. *Pharmacokinetic and pharmacodynamic alterations in critically ill*
2. *Nutrition (enteral, parenteral nutrition, considerations in special patient populations)  
3. *Analgesia  
4. *Sedation  
5. *Delirium  
6. *Sleep disturbances  
7. *Rapid sequence intubation  
8. *Venous thromboembolism prophylaxis  
9. *Stress ulcer prophylaxis  
10. Pharmacogenomic implications  
11. Oncologic emergencies  
12. Other devices 1. Intravascular devices  
2. Peripheral nerve stimulators  
3. IV pumps

**Related Topic**

The resident will be able to describe key landmark events in the evolution of critical care pharmacy as a specialty and summarize the findings from key studies documenting the association of critical care pharmacy services with favorable health care outcomes.