LEARNING EXPERIENCES

Block learning experiences, required:
- Orientation (4 weeks)
- Antibiotic Stewardship (4 weeks)
- Cardiology (4 weeks)
- Critical Care I (4 weeks)
- Critical Care II (6 weeks)
- Emergency Medicine (4 weeks)
- General Medicine I (4 weeks)
- General Medicine II (6 weeks)
- Psychiatry (4 weeks)

Block Learning experiences, elective (choose 2):
- Cardiology II (4 weeks)
- Emergency Medicine II (4 weeks)
- Oncology (4 weeks)
- Outpatient (4 weeks)
- Other at discretion of Residency Program Director (4 weeks)

Longitudinal experiences, required:
- Drug information (12 months)
- Leadership/Management (12 months, monthly workshop)
- Hope Dispensary (half day weekly x 12 weeks)
- Project (11 months)
- Staffing (12 months/44 shifts minimum)
  - Every 2nd weekend
  - The Monday after a scheduled weekend will be a scheduled day off
  - Holidays (2 major, 2 minor)

Professional meetings (travel/lodging/registration are supported):
- ASHP Midyear Clinical Meeting
- Eastern States Residency Conference
LEARNING EXPERIENCE DESCRIPTIONS

ANTIBIOTIC STEWARDSHIP
The antibiotic stewardship learning experience exposes the resident to the practice of antibiotic stewardship in hospitalized patients. The pharmacy resident will develop and strengthen clinical skills by performing antibiotic stewardship activities such as review of restricted antibiotics, automatic pharmacist antibiotic dosing and IV to PO conversions, restricted antibiotic request reviews, and antibiotic de-escalation. The resident will gain experience with running the vancomycin/gentamicin pharmacokinetic dosing and monitoring service. The preceptor will provide side-by-side instruction, modeling, and coaching during this rotation.

CARDIOLOGY
The cardiology rotation is a direct patient care learning experience exposing the resident to many cardiac disease states commonly seen in hospitalized patients. While working alongside the clinical cardiology pharmacist, the pharmacy resident will develop clinical skills as a competent practitioner by rounding with an interdisciplinary team on patients admitted to the cardiac units, with an emphasis on patients admitted with heart failure and/or myocardial infarctions. The resident is expected to evaluate patient specific data, assess current medication profile for appropriateness and collect pertinent data by utilizing patient work-up checklist provided on day one of rotation. The resident will also be responsible for monitoring antibiotics dosed by pharmacy (i.e. Vancomycin/Gentamicin), converting IV to PO medications per our hospital developed protocol, renally dosing medications, and monitoring parenteral anticoagulation (i.e. heparin/enoxaparin). The resident will present patient cases to preceptor and discuss any pharmacotherapy recommendations as well as the individualized plan of care for each patient prior to attending medical teaching rounds.

The resident will also help facilitate a smooth transition of care by helping to address access to medications and any medication related barriers to discharge. The resident will provide medication counseling prior to discharge focusing on patients started on new medications, patients with history of compliance issues, patients on multiple medications, or patients on high risk medications (i.e. anticoagulants). The resident will utilize effective written communication skills by documenting these patient interactions, as well as any pharmacotherapy recommendations made to physicians/residents/ APRN's in patient's electronic health record.

The preceptor will provide side-by-side instruction, modeling, coaching, and facilitating during this rotation. The resident will gain experience through both independent practice and structured learning activities. The resident will also improve written and verbal communication skills by leading topic discussions, journal clubs, in-service or patient case presentations, participating in HF/MI readmission prevention meetings and researching drug information.
LEARNING EXPERIENCE DESCRIPTIONS

CRITICAL CARE I
The Critical Care rotation is a direct patient care learning experience exposing the resident to many disease states and pharmacotherapy seen in the Intensive Care Unit (ICU). While working alongside the preceptor, the pharmacy resident will develop and strengthen clinical skills by performing daily patient work-up utilizing patient evaluation checklist, and patient monitoring forms provided on day 1 of rotation. The resident will become a member of the ICU teaching team for the extent of the rotation. The team will be composed of an Intensivist (the attending physician), medical residents and interns, and students. Other disciplines may consult with or round with the team, including, but not limited to pharmacists, pharmacy students, respiratory therapy, and nursing.

The resident is expected to evaluate patient specific data to make recommendations to optimize patient pharmacotherapy. All pertinent data will be collected by the resident and patient cases will be presented to the preceptor including a care plan prior to rounding with the ICU teaching team. The resident will attend daily teaching rounds with the ICU team after a thorough profile review of each patient on the teaching team utilizing the checklist provided. During rounds the resident is expected to effectively interact with the team in making appropriate interventions regarding optimization of medication therapy including renal and hepatic dose adjustments, assessing appropriateness of all medication therapy by ensuring an appropriate indication for each medication, evaluating use of all titratable infusions such as vasopressors and sedatives, performing antimicrobial stewardship, as well as responding to drug information questions presented during rounds. The resident will also respond to patient emergency calls (Cardiac Arrests/Medical Emergency Team calls) with the preceptor while on rotation.

The resident will also help facilitate transitions for patients to a lower level of care by participating in daily multidisciplinary rounds with the physicians, nurses, physical therapy, dietary, case management, social work and respiratory therapy. The resident will also utilize effective written communication skills by documenting therapeutic drug monitoring services for patients on their team in the patient chart. The resident will also write pharmacy consult notes as appropriate in the patient chart.

The preceptor will provide side-by-side instruction, modeling, coaching, and facilitating during this rotation. The resident will gain experience through both independent practice and structured learning activities. The resident will also improve written and verbal communication skills by leading topic discussions, journal clubs, in-service or patient case presentations, participating in critical care related committees, and researching drug information.
LEARNING EXPERIENCE DESCRIPTIONS

CRITICAL CARE II
The Critical Care II rotation is a direct patient care learning experience exposing the resident to more aspects of critical care medicine. This rotation will allow the resident to continue to improve their knowledge base and pharmacotherapeutic skills by assuming responsibility of providing pharmaceutical care to the patients on the team independently. Similar to Critical Care I, the resident will be assigned to the ICU teaching team for the rotation. The resident will independently participate in daily morning sign-out with the teaching team consisting of the night team discussing overnight events and new admissions to the day team.

The level of autonomy will increase during this rotation allowing the resident to take full ownership of the patients and be the primary pharmacist for the team. The resident will continue to participate in daily teaching rounds, perform clinical collaborative activities such as pharmacotherapeutic drug dosing and monitoring, renal dosing, and dose optimization, and research and answer drug information questions. The resident will respond to patient emergency calls (Cardiac/MET calls) while on rotation. Any interventions made will be documented in the EMR detailing changes recommended to improve patient's pharmacotherapy. Progress notes and/or consult notes will be written in the patient chart in order to enhance communication.

The resident will also continue to enhance skills in managing transitions of care by effectively and professionally communicating with healthcare professionals and patients. When a patient is transferred to another level of care, the resident will contact the appropriate pharmacist and share pertinent information that will improve patient care. When possible, if patients are discharged directly from the Progressive Care Unit or Cardiovascular Care Unit, the resident will assume the responsibility in providing patient counseling/education to both patient and families to ensure a safe and effective discharge. When discharge counseling is performed, the resident will place appropriate documentation in the chart and discuss any barriers discovered with the team. During Critical Care II the resident will also have the opportunity to teach, precept, and mentor a Critical Care APPE pharmacy student. The resident will select an appropriate preceptor role to meet the learner's needs. This may include leading topic discussions with the learner both formally and spontaneously on teaching rounds.

As the resident gains more autonomy the preceptors role will shift from modeling to coaching and facilitating the resident's independence during this rotation. The resident will gain experience through both independent practice and structured learning activities. The resident will also continue to advance their written and verbal communication skills by leading topic discussions, journal clubs, and participating in critical care related projects. The preceptor will be available for questions, and feedback will be given throughout the course of the rotation.
LEARNING EXPERIENCE DESCRIPTIONS

DRUG INFORMATION
Drug information rotation is a longitudinal learning experience which encompasses the longitudinal drug information needs of the Medical Center as well as activities related to functioning of the Pharmacy and Therapeutics committee. There are two basic components of this experience: 1) in-depth understanding, evaluation, and manipulation of the medication use system and related safety components, and 2) education of health-care professionals and patients. The resident will be able to demonstrate an understanding of the medication use system, demonstrate tracking and trending of medication errors and present this at the Pharmacy and Therapeutics Committee meetings, and identify potential improvements in the medication use system. The resident will construct and lead journal club presentations, author articles for the hospital newsletter, and prepare and present a formal seminar (described below). The resident may elect to precept pharmacy students and participate in a Teaching and Learning Certificate program offered through the University of Connecticut.

SEMINAR (PART OF DRUG INFORMATION)
A formal seminar presentation is required as part of the Drug Information learning experience. The formal seminar is an opportunity to develop speaking skills and a presentation that may be used in future job interviews. The resident may choose a topic in any clinical or professional practice area based on a needs assessment of the practice site. Topics are preferred to be in a clinical area where a current controversial issue exists and must be approved in advance by the residency program director.

The resident will prepare a 45-50 minute PowerPoint presentation, which will be followed by a 10-15 minute period of questions and answers. Prepared handouts are required.

Residents should plan ahead and allow appropriate time for the following:
1. Selection of seminar topic
2. Research using Medline and other resources
3. Preparation of handout and PowerPoint slide presentation

At least two weeks prior to the scheduled date of the presentation, the resident must show his/her formal seminar to the preceptor(s) for feedback. Revisions and subsequent presentations are at the discretion of the program director, resident’s advisor and resident.

EMERGENCY MEDICINE
The Emergency Department at St. Vincent's is a Level 2 trauma center comprised of 60 beds with a “Fast Track” emergency care area, critical care suite and separate behavioral health area. An average of 7000 patients are seen and treated each month by Emergency Medicine staff physicians, nurses and nursing students, internal medicine residents, medical students, respiratory therapists, psychologists, social workers, and pharmacists. The resident will work with the preceptor and multi-disciplinary team to perform medication histories and design, implement, and monitor optimal therapeutic medication regimens for patients and facilitate safe transfer to the next caregiver or home.
LEARNING EXPERIENCE DESCRIPTIONS

GENERAL MEDICINE I

The general medicine rotation is a direct patient care learning experience exposing the resident to many disease states commonly seen in hospitalized patients. While working alongside the preceptor, the pharmacy resident will develop and strengthen clinical skills by performing daily patient work-up (utilizing patient work-up checklist, and patient monitoring forms provided on day 1 of rotation). The resident will be assigned to the general medicine rounding team for the selected month. The team will be composed of an attending physician, various medical residents, interns, and/or students. Other disciplines may consult with or round with the team, including, but not limited to pharmacists, pharmacy students, respiratory therapy, and nursing.

The resident is expected to evaluate patient specific data to make recommendations to optimize patient pharmacotherapy (i.e. renal and hepatic dose adjustments, assessing appropriateness of all medication therapy by ensuring an appropriate indication for each medication, antibiotic de-escalation). All pertinent data will be collected by the resident and patient cases will be presented to the preceptor including a care plan prior to rounding with the academic team. The resident will attend daily teaching rounds with the medical team after a thorough profile review of each patient on the teaching team utilizing the checklist provided. During rounds the resident is expected to effectively interact with the health care team in making appropriate interventions regarding optimization of medication therapy including renal and hepatic dose adjustments, assessing appropriateness of all medication therapy by ensuring an appropriate indication for each medication, antibiotic de-escalation, as well as responding to any drug information questions presented during rounds.

The resident will also help facilitate a smooth transition of care by addressing any patient barriers prior to patient discharge, and providing medication counseling when necessary. The resident will sustain ownership of the patient by following them on a daily basis and providing detailed interventions to appropriate health care professionals regarding the patient. The resident will also utilize effective written communication skills by documenting therapeutic drug monitoring services for patients on their team in the patient chart. The resident will also write pharmacy consult notes as appropriate in the patient chart.

The preceptor will provide side-by-side instruction, modeling, coaching, and facilitating during this rotation. The resident will gain experience through both independent practice and structured learning activities. The resident will also improve written and verbal communication skills by leading topic discussions, journal clubs, in-service or patient case presentations, participating in multi-disciplinary disease-specific meetings and researching drug information.
LEARNING EXPERIENCE DESCRIPTIONS

GENERAL MEDICINE II

The General Medicine II rotation is a direct patient care learning experience exposing the resident to many disease states commonly seen in hospitalized patients. This rotation will allow the resident to continue to improve their knowledge base and pharmacotherapeutic skills by assuming responsibility of providing pharmaceutical care to the patients on the team independently. Similar to General Medicine I the resident will be assigned to the general medicine rounding team for the selected rotation block. The team will be composed of an attending physician, various medical residents, interns, and/or students. Other disciplines may consult with or round with the team, including, but not limited to, pharmacy students, respiratory therapy, and nursing. The resident will independently participate in daily morning sign-out with the teaching teams consisting of the night team discussing overnight events to the day team.

The level of autonomy will increase during this rotation allowing the resident to take full ownership of the patients and be the primary pharmacist for the team. The resident will continue to collect, interpret, and integrate relevant subjective and objective information in disease state management including but not limited to age, allergies, weight, past medical history. Obtain or review a medication history for selected patients, based on an assessment of need (i.e. those with possible drug-induced diseases or ADRs, drug interactions, complex regimens including high risk drugs, suspected non-adherence, etc.). Interpret and integrate relevant subjective and objective information in disease state management. When necessary, review articles or other information to enhance understanding of the data. Review, monitor, and modify therapeutic regimens considering the following components: adherence, interactions, adverse drug reactions, efficacy, toxicity, appropriate drug and dosing, and duplicate therapy, and make interventions to the team when necessary. The resident will prepare and maintain a monitoring system for each patient; and use this tool to monitor patients' drug regimens in a concise and organized manner. Any interventions made will be documented in the EMR detailing changes recommended to improve patient's pharmacotherapy. Progress notes and/or consult notes will be written in the patient chart in order to enhance communication; topics include but are not limited to pharmacokinetics and patient education.

The resident will also continue to enhance skills in managing transitions of care by effectively and professionally communicating with healthcare professionals and patients. When a patient is transferred to another service line, the resident will contact the appropriate pharmacist and share pertinent information that will improve patient care. When patients are discharged, the resident will assume the responsibility in providing patient counseling/education to both patient and families to ensure a safe and effective discharge. When discharge counseling is performed, the resident will place appropriate documentation in the chart and discuss any barriers discovered with the team. The resident will also have the opportunity to be engaged in
LEARNING EXPERIENCE DESCRIPTIONS

GENERAL MEDICINE II (continued)
teaching with a learner. The resident will select an appropriate preceptor role to meet the learners needs. This may include leading topic discussions with the learner both formally and spontaneously on teaching rounds.

As the resident gains more autonomy the preceptors role will shift from modeling to coaching and facilitating the resident's independence during this rotation. The resident will gain experience through both independent practice and structured learning activities. The resident will also continue to advance their written and verbal communication skills by leading topic discussions, journal clubs, in-service or patient case presentations, participating in multi-disciplinary disease-specific meetings and researching drug information. The preceptor will be available for questions and feedback will be given throughout the course of the rotation.

HOPE DISPENSARY

The HOPE Dispensary is located at the Department of Public Health, which is off-site from the main campus. The resident will practice with the preceptor one half-day per week for 12 weeks at this longitudinal learning experience. The main focus of this rotation is for the pharmacy resident to develop clinical skills as a competent practitioner in a charitable pharmacy serving low income, uninsured patients. Activities will include obtaining current medication history and evaluation for access and evidence based therapies. A medication therapy plan will be developed involving health care providers and the patient. Education of the patient, family and care-givers will include the disease states, medications, and tools to achieve the patient’s health goals. The resident will gain experience through both independent practice and structured learning activities. The resident will also enhance written and verbal communication skills by communicating with various health care providers as well as patients of many languages, cultures, and literacy levels.

OUTPATIENT

Outpatient pharmacy is a direct patient care learning experience that will take place in the discharge pharmacy located within the hospital. This learning experience will expose the resident to the medication challenges patients face following discharge from the hospital. The resident will be involved in performing medication therapy reviews by assessing prescriptions the patients present with, as well as additional home medications that will be obtained through patient interviews. Patient education will be a critical aspect of this rotation, and the resident will be expected to provide patients with a personal medication record when needed and counsel patients on the purpose, administration, side effects, and monitoring parameters for their medications. The resident will develop clinical skills by assessing patients' medication regimens for
LEARNING EXPERIENCE DESCRIPTIONS

OUTPATIENT (continued)
appropriateness and making interventions when needed. Communication skills will also be enhanced by providing education to patients and caregivers, as well as communicating with other healthcare professionals. A portion of this learning experience may be completed in an ambulatory setting with a pharmacist performing annual well medication visits in an emerging practice.

LEADERSHIP
The Leadership/Management experience is a longitudinal learning experience that occurs over the course of the 12-month residency year. Meetings with the preceptor will occur once or twice monthly, as needed for each learning activity. During these meetings, the resident will learn about various issues pertaining to leadership in health care through direct instruction or hands-on application of case studies. Some activities will require preparation prior to the meeting, including but not limited to reading articles, completing self-evaluations, or surveys, and some activities will be completed after the meeting. Pharmacy operations, human resources, fiscal responsibility, quality monitoring, and safety will also be addressed. The primary goal is to gain an understanding of the Pharmacy enterprise and then to apply this knowledge in real life situations. A key objective is to realize the “big picture,” recognize the forces that affect Pharmacy and to be able to build ideas that motivate and benefit all parties involved.

ONCOLOGY
The Oncology rotation is a 4-week required rotation offered to the Pharmacy Practice resident. The practice area includes a 22 bed inpatient oncology unit and a 15 bed outpatient infusion center. The goal of this rotation is for the resident to understand and perform the expected duties of an oncology clinical specialist. The role of the preceptor in this practice area is to review patient medication regimens (including chemotherapy and supportive care), participate in daily discharge rounds, make appropriate patient care interventions and perform discharge medication counseling. In addition, the preceptor reviews non-formulary requests for biologic and chemotherapeutic agents perform discharge medication counseling and oncology related medication error reports. The resident will be expected to independently perform all the above tasks by the end of this rotation. In addition to the above responsibilities, the resident will verify medication orders for all oncology patients and all pharmacokinetic monitoring (vancomycin and aminoglycosides).
LEARNING EXPERIENCE DESCRIPTIONS

PROJECT
The residency research project is a required, longitudinal learning experience for all Pharmacy Residents. This rotation offers the learner the opportunity to conduct practice-related investigations using effective project management skills, as well as design and implement quality improvement changes to the organization's medication-use system. Projects are often but not always research in nature. In general, the resident is presented with ideas for projects that meet the needs of the hospital. The RPD and preceptors work closely with the resident to select the project that most closely supports the resident's learning needs and area of interest.

PSYCHIATRY
The psychiatry learning experience provides an introduction to the field of psychiatry in an acute inpatient hospital setting. The pharmacy resident will have the opportunity to be a part of a multidisciplinary team consisting of psychiatrists, nurses, treatment coordinators, and mental health workers. The resident will have direct exposure to patient care and will observe and evaluate various mental health conditions. The resident will provide medication regimens including monitoring plans, document clinical activities, evaluate patients' progress, and lead patient education classes including patient one on one consultation. The resident will also provide educational feedback to providers upon request and lead an educational classroom type session with nurses involving a selected medication topic.

STAFFING
The resident will gain hands-on experience with the clinical and operational duties of a staff pharmacist. Responsibilities will include order verification, performing product final checking, answering drug information questions, making formulary recommendations, overseeing sterile and non-sterile compounding, drug dosing, monitoring, and therapeutic interchange per protocol, and overseeing filling of automatic dispensing cabinets. Departmental workflow and day to day issues as well as teamwork and cooperation among the professional and support staff will be practiced.