



COMMUNITY
PHARMACY SERVICES

2009-2010



PGY1 Pharmacy Residency Manual



Community Medical Centers
Department of Pharmacy Services
Fresno, California

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SECTION A – RESIDENCY REQUIREMENTS

- **Orientation Program and Residency meetings.** A formal orientation program for all residents is scheduled in July of each year. Attendance is mandatory. The orientation is designed to introduce the incoming residents to CMC Pharmacy Services and to outline the expectations of the residency year. Residents must also attend the University of California, San Francisco (UCSF) Advanced Pharmacy Practice Experiences (APPEs) Preceptor Orientation, in order to serve as a co-preceptor
- **Effective communication.** Residents are expected to effectively communicate with other health care professionals in all methods of communication (e.g. verbal, phone, written, fax). Residents are expected to write progress notes in the medical record if they cannot reach the health care provider.
- **Drug Information.** Residents will become efficient in providing drug information through comprehensive literature searches. Residents will become familiar with various references to expedite information retrieval, including dosing, adverse effects, therapeutic classes and uses, formulary drugs and alternatives to non-formulary drugs.
- **Presentations.** Residents will participate in journal club, case presentations, and Resident Seminars to enhance presentation skills. A minimum of 3 presentations to the pharmacy department / year is required.
- **Teaching.** Residents will be involved in various teaching activities, including in-services for the medical, nursing, and/or pharmacy staff, case presentations, precepting students, and providing continuing education lectures.
- **Precept pharmacy students.** Residents will serve as co-preceptors with faculty members for University of California, San Francisco (UCSF) and University of the Pacific (UOP) pharmacy students.
- **Residency Research Project.** Each resident is expected to complete a research project, during their residency year, designed to improve pharmacy practice. A list of potential research projects will be provided to the residents. The residents can pick a project from the list or submit his/her research proposal to the Residency Program Director, and preceptors for approval. At least one preceptor must be chosen as a co-investigator for the project. All projects must be presented at the ASHP Midyear Clinical Meeting, Sierra Society of Health System Pharmacists (SSHP) and Western States Conference, presumed publishable in a peer reviewed journal, and a CMC “PDSA” must be submitted.

Project selection / Scope of projects/ Approval

- Each year a list of potential projects will be generated and distributed to the residents for selection. This will allow all residents an opportunity to review all potential projects. Projects may be submitted by Pharmacy Services staff members, Clinical Pharmacists, residents, and others, as appropriate.
- The Residency Committee will evaluate all project submissions for appropriateness and feasibility. The Residency Committee will approve the list of potential projects before it is distributed to the residents.
- Many of the projects will be conducted in support of the CMC Department of Pharmacy Services. Residents participating in service projects originating in the Department of Pharmacy Services will follow the policies and procedures of the department.
- Each resident must submit a written research project proposal and must be signed by the resident and preceptor and handed into the RPD. An electronic version must also be emailed to the RPD.

Status Reports

- The resident will complete a longitudinal project evaluation form (e-value) and status reports will be submitted at the end of each month to the project preceptor and RPD to be reviewed at the Residency Preceptor Meetings.

Project completion

- The project will be considered complete when the stated objectives have been met. A description or abstract of the results (manuscript) of the project must be written and submitted no later than the final quarterly Evaluation (**June 10th**) before the project is considered complete. A PDSA must also be completed. A residency certificate will not be awarded until the project is completed.
- Operations. All residents must participate in operational activities designed to ensure that residents gain operational experience and understand the distribution process. To achieve this, residents are scheduled 16 hours every three weeks, in the inpatient pharmacy. If a resident misses one or both days of the operations weekend due to illness or time off, then they must make up the time. The month of December (including ASHP Midyear) is excluded, as well as the weekend of CSHP Seminar, **October 1-4, 2009** is excluded.
- Journal Club and Case Presentation Discussions. Residents will present one Journal Club and one Case Presentation during each Core Clinical rotation. It is **mandatory** to attend all resident JC and CP. Topics and format are up to the discretion of the preceptor. See the specific guidelines in section F.
- Manuscript for publication. Residents will prepare a manuscript of their Research Project in a format acceptable for publication in a peer reviewed journal. The topic of this manuscript will be determined by the resident and his/her Preceptor / RPD based on the resident's background, experience and goals. Editorial assistance by a preceptor **is** required. Deadline is **June 10th** to email this in to the RPD.
- Pharmacy services documentation activities (Quantifi). Each resident will document his/her daily interventions on Quantifi. This is extremely important to the program to document a cost savings and improved patient care. Each resident must complete 85 interventions per rotation, for a total of 680 interventions, **minimum**. Please contact Alice Robbins, RPD if there are any questions.
- Certification for Basic Life Support (BLS) and (Advanced Cardiovascular Life Support (ACLS). Each resident is expected to successfully complete the BLS and ACLS curriculum within the first month of the residency. The goal is to ensure the resident is familiar with and capable of providing BLS, in the event of an emergency. ACLS is preferred prior to attending any Critical Care, or Emergency Medicine Rotations.
- Resident Meetings. Residents will attend mandatory scheduled resident meetings to discuss upcoming resident events, other issues pertaining to the residency program, and actions/recommendations made at residency committee meetings, etc. Meetings will be scheduled by the Chief Resident / RPD on a bi-monthly or monthly basis.
- Recruitment. Each resident will assist with the residency recruitment efforts of the department. Each resident is a valuable source of information and advice for potential candidates. These are **mandatory**.
 - **ASHP:** Each resident is required to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting. Residents will staff the residency showcase.
 - **CSHP:** Same as above.
 - **Interviews:** Time will be scheduled during the interview process for interviewees to interact with current residents. **Resident interviews will be 2/5/10 and 2/12/10. Dinner afterwards with candidates is optional, but beneficial to the recruitment process. Mark your calendars.**
 - **Western States Conference-** Residents will help staff the recruitment table.
- Pharmacy and Therapeutics (P&T). Residents are required to *attend, write a monograph and present* at selected P&T meetings. The Chief resident is required to attend monthly P&T and disseminate the information to the residents. (At Sequoia East Conference Room on the **4th Wednesday** of each month). The Chief resident is responsible for attending. Contact Amy Bower, PharmD, BCPS with any questions.

- Other Administrative Meetings. Residents are encouraged to attend all meetings that the current preceptor attends.
- Newsletter Articles. Residents will participate in writing for the CMC Pharmacy Newsletter. A minimum of **one** Newsletter per year is required. Resident will select topic, with advice from preceptors or Amy Bower. Submissions and editing of the Pharmacy Newsletter articles are completed by Amy Bower. Residents will choose a separate month for submission and inform the RPD of the dates.
- Resident Seminar. Each resident will present one formal seminar during the residency program. See Section F for more information. [Dates presenting are 2/18/10 and 3/4/10 from 1630-1830.](#)
- Chief Resident: Each resident will rotate through this position. See Section F for more details.

Requirements for the Completion of the Residency Program

- Residents are expected to satisfactorily complete all requirements of the CMC Residency Program as listed above. Residents who adequately complete the residency requirements will receive their Residency Certificate as evidence of program completion.
- Evaluation of the resident's progress in completing the requirements is done as part of the rotation and quarterly evaluation / review process.
- The Resident Preceptor, in combination with the Residency Program Director and the Director of Pharmacy Services, shall assess the ability of the resident to meet the requirements and work with the resident to assure their satisfactory completion.
- Completion of the Resident Research Project, subsequent manuscript, and PDSA.

SECTION B – RESIDENCY PROGRAM GENERAL INFORMATION

Residency Program Director (RPD): Alice Robbins, PharmD, BCPS

Preceptor: Individual assigned to train, educate, and evaluate the resident in their practice area of expertise. See Section G for more information.

Teaching Responsibilities

Purpose

Residents will participate in the teaching activities of the Department of Pharmacy Services. The purpose of such activities is to develop and refine the resident's communication skills, to build confidence, and to promote the effectiveness of the resident as a teacher.

Procedure

Teaching responsibilities may include clinical and didactic teaching for pharmacy students, medical staff and residents, hospital personnel, and pharmacy departmental staff. All residents act as co-preceptor for UCSF APPE's (pharmacy student rotations) and UOP students. In addition, teaching activities may involve formal lectures, in-service presentations, or discussion sessions. Specific responsibilities will vary by service.

Residency Evaluation Policies and Procedures

1. Resident's Self-assessment Evaluation

- Each resident will assess his or her progress for the rotation by completing the assigned electronic SELF Midpoint and Summative Evaluation form and completed online at E-Value, within 48 hours.

2. Resident's Evaluation of Preceptor and Rotation

- Each resident will complete a Resident's Self Evaluation of the Preceptor and Rotation before the end of each rotation. These evaluations will be completed on E-value.

3. Preceptor's Evaluation of the Resident's Rotation Performance

- Each preceptor will complete an electronic Midpoint and Summative form for each resident. The preceptor will discuss it with the resident to help improve their future performance.
- Evaluations will be completed and submitted to E-Value.

4. Quarterly Evaluations

Quarterly Longitudinal Evaluation Process for All Residents

- The following longitudinal activities will be evaluated at least once each quarter: Operational Pharmacy Experience, Clinical On-call, Residency Projects, and Administrative Experience. These are completed by the respective preceptors.
- Completed electronic evaluations must be completed on E-value by the following dates: **October 10, January 10, April 10, and June 10.** By submitting the evaluation on these dates the Residency Program Director can incorporate these comments into the resident's quarterly evaluation.

Resident Quarterly Progress Report

- All residents will complete a quarterly progress report detailing their residency activities for the designated time period.
- The report should address progress made toward meeting goals and objectives established at the beginning of the residency year.
- The quarterly report should also contain, in chronological order, a summary of the rotations completed by the residents in that quarter. Any comments the resident would like to make regarding their achievement toward these goals should also be included.
- Each resident is responsible for performing a self-evaluation on their Residency Research Project. The evaluation will include: What the project is, where they are in their process, any deadlines, etc.
- The resident will submit the quarterly progress report to E-Value by the dates designated below. The quarterly progress report will be reviewed by the RPD and applied towards the preparation of the resident's quarterly evaluation. The Residency Program Director has the option to add a summary of overall progress.

Residency Program Director Quarterly Evaluations

- The Residency Program Director will evaluate the resident quarterly based upon the resident's progress in their research project, teaching, and overall residency performance. This evaluation will also take into account the rotation evaluations from prior preceptors. This report should evaluate the progress towards meeting goals and objectives established by the resident and RPD at the start of the residency year.
- The quarterly report will be discussed with the resident and signed by both the Residency Program Director and the resident.

Resident Quarterly Progress Report and Quarterly Evaluation Submission Dates

<u>Quarter</u>	<u>Resident Quarterly Report Submission Date</u>
1st Qtr: July 1 - September 30	October 10
2nd Qtr: October 1 - December 31	January 10
3rd Qtr: January 1 - March 30	April 10
4th Qtr: April 1 - June 30	June 10

Compliance with the Evaluation Policy

- Residents must comply with the evaluation policy. This is essential for the advancement of the resident and the residency program. Failure to comply with this policy will be addressed and may result in disciplinary action by the RPD

Summary of Residency Evaluation Responsibilities

Residents-Submit all Electronically (E-value)

1. Rotation RLS-based **self**-assessment –midpoint and summative.
2. Rotation evaluation of the preceptor/rotation.
3. Quarterly progress report and Quarterly Longitudinal Evaluation on the Residency Research Projects.

Preceptors (Submit all Electronically) (E-Value):

1. RLS-based resident rotation evaluations –Midpoint and Summative.
2. Case presentations and Journal Club Evaluations–each preceptor is individually responsible for completing this on E-value. (If you attend a CP/JC, each preceptor must complete a evaluation online at E-value)
3. Quarterly longitudinal evaluations for those preceptors in: Operational (David Lennon), Clinical On-call (Amy Bower), Administrative Experience (Danny Vera, and Curtis Takemoto)

Residency Program Director

1. Quarterly evaluation of resident

Resident Disciplinary Action Summary

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant CMC and Residency Program policies.

Disciplinary action will be taken if a resident:

- Does not follow policies and procedures of CMC, Department of Pharmacy Services, or Residency Program
- Does not present him/herself in a professional manner
- Does not earn satisfactory progress on any of the residency goals or objectives
- Does not make adequate progress towards the completion of residency requirements (e.g. project, manuscript, lecture, seminar)
- Performs gross negligence

Resident Disciplinary Action Policy and Procedure

Please see Human Resources Policies and Procedures in Lucidoc

1. Separation Policy 1.85
2. Introductory Period Policy 4.01
3. Performance Evaluation 4.05
4. Corrective Action Policy 4.15

Exempt employees, RN's, LVN's and Pharmacists have an introductory period of 6 months from the date of employment. Failure of an employee to meet acceptable standards of performance and/or behavior during the introductory period will result in termination. Employees in their introductory period are not eligible to utilize the grievance procedure.

Other related and pertinent policies specific to the Residency Program are also found in Lucidoc under:

Human Resources Leave of Absence – Pregnancy Policy 3.21

Human Resources Leave of Absence – Medical Policy 3.22

Human Resources Family and Medical Leave Act / California Family Rights Act Policy 3.27

Resident Guidelines for Leave of Absence 18275

Resident Pharmacist Job Description, Job Code 9053 regarding resident licensure

Resident Candidate Selection

Process / Timeline

<p>July</p>	<ol style="list-style-type: none"> 1. Make arrangements for NAPLEX and CPJE exams (if not done already) 2. Apply for CA intern license (if not done already) 3. ACLS class 4. Residents choose a research project from an approved list, and 1 preceptor. 5. The resident, in conjunction with his/her potential project preceptor(s), will identify a research project from the list of possible projects provided to the residents. A written summary of the project's goals, methods, and anticipated impact on services, signed by the project preceptor must be submitted to his/her residency director no later than August 1st. Earlier submission is encouraged. 6. Planned "Research Day" where residents get Institutional Review Board (IRB) training. July 15th , CRMC pharmacy conference room from 2-3pm
<p>August</p>	<ol style="list-style-type: none"> 1. Residents make final decision on residency projects by August 1. 2. Choose a topic, date and mentor for Resident Seminar (2/18/10, 3/4/10) in Seq. East. 3. Finalize topic and date for Seminar by September 1st 4. Choose dates for submission of Newsletter article, P&T monograph submission and presentation to P&T.
<p>September</p>	<ol style="list-style-type: none"> 1. Topic and date for Seminar due on September 1st. 2. Residents present the following information for research projects: Background information, Hypothesis, Methods, Objectives / Outcomes, Statistics, Data collection tools, Timeline for completion 3. Start IRB submission forms (see Research Day in July) 4. Deadline for IRB submission: Completed by September 15th for IRB review on 1st Thursday of October
<p>October</p>	<ol style="list-style-type: none"> 1. ASHP Abstract Deadline (Aug 15 to Oct 1) (see www.ashp.org for details) 2. CSHP Seminar 10/1 – 10/4/10 3. Resident Seminar –Contact Grace Carlson to set up appointment for CE.
<p>November</p>	<ol style="list-style-type: none"> 1. Begin data collection following IRB approval 4. Prepare poster for ASHP Clinical Midyear Meeting 5. Present poster to preceptors as a lunch seminar
<p>December</p>	<ol style="list-style-type: none"> 1. Present posters at ASHP Clinical Midyear Meeting 12/6-12/11/10 2. Continue data collection 3. Reminder to work on Resident Seminar Draft and discuss with a preceptor
<p>February</p>	<ol style="list-style-type: none"> 1. Abstracts due for Western States 2. Start writing the manuscript of the Resident Research Project 3. Resident Seminars presented 2/18/10 and 3/4/10 4. Next residency class interviews –keep your schedule open (2/5/10 and 2/12/10)
<p>April/May</p>	<ol style="list-style-type: none"> 1. Finish data collection 2. Prepare statistical results 3. Present at the Sierra Society of Health-System Pharmacists (SSHP) continuing education dinner in preparation of Western States (1 week prior to Western States) 4. Present at Western States conference (May 25- May 28, 2010 at Asilomar Conference Grounds) 5. Prepare research manuscript
<p>June</p>	<ol style="list-style-type: none"> 1. Prepare for end of year 2. Submission of all required materials (Manuscript, PDSA, etc.)

Responsibilities and Expectations

Professional Conduct

It is the responsibility of all residents of Community Medical Centers (CMC), and the profession of pharmacy to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

Dress Code

All residents are expected to dress in appropriate professional attire when present in the institution or attending any function as a representative of CMC. Men are expected to wear a shirt and tie. All residents are expected to wear a clean, white, full length lab coat when in patient care areas (except the Emergency Department). Open-toed shoes are not to be worn within CMC facilities. **Attire should conform to the dress code stated in the CMC policy and procedures.** Any specific problems with dress attire will be addressed by the resident's Preceptor or Residency Program Director.

Patient Confidentiality

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the highest concern for the patients' and families' emotional as well as physical well-being. All residents will undergo Health Insurance Portability and Accountability Act (HIPPA) training during orientation and abide by HIPPA regulations during practice.

Employee Identification Badges

All employees (including residents) are required to wear his/her identification badge at all times within CMC facilities. If the employee badge is lost the resident must report the lost badge immediately to Human Resources, and render a \$5 fee for replacement. (see page 11)

Attendance

- Residents are expected to attend all functions as required by the Residency Program, the RPD, and preceptors. The residents are responsible for their assigned operational pharmacy practice and on-call duties, and for assuring that these commitments are met in the event of an absence.
- If a resident is scheduled for operational pharmacy practice for a weekend shift and calls in sick, he/she must make up the absence by working an additional weekend, or switch with a co-resident
- Residents are expected to complete all their work relating to patient care before leaving the facility. Residents are required to be on-site for a minimum of 8 hours per day.
- Days Off requests should be discussed in advance with the involved preceptor and the RPD to assure that residency responsibilities can be fulfilled.
- An excused absence is defined as a sick leave or professional leave. This must be discussed with and signed off by the rotation preceptor and RPD.
- Residents are encouraged to attend 5 UCSF pharmacy student presentations (Big Talks) scheduled at UCSF building.

Prior to licensure

Verbal Orders: Please be advised that under current pharmacy law, if a resident is NOT CA licensed or have a CA Intern license, they **cannot** take verbal orders, period. Only licensed personnel (whether it be CA licensed pharmacists or CA intern licensed) can take verbal orders. If a resident has a CA Intern License, then they can take verbal orders, but it **must be co-signed** by the preceptor, or a licensed pharmacist.

Notes in the Chart: In regards to notes in the chart, the residents can do so, but it must be **cosigned before** placing in the chart.

General Information

Benefits

1. Resident Stipends: \$19.93/hr, approximately \$41,450/yr.
2. Paid time off (PTO): Accrued time includes 2 weeks vacation, 9 holiday and 6 discretionary days. PTO includes personal days, vacation days, sick days, and holidays.
3. Extended Sick Leave: accrued 6 days
4. Holidays: Residents are expected to work on some designated holidays.
5. Funds for Professional Meetings: There are adequate funds available to compensate the residents attending ASHP Midyear and Western States.
6. Health Insurance: Health insurance (medical, dental and vision) is effective Day 1 of the residency.
7. Long Term Disability: Coverage equal to 50% of your salary with elective for higher coverage
8. Term Life insurance: \$10,000 effective the first of the month following 30 days of employment

CMC Employee Identification Cards

- Identification of CMC employees is necessary in order to promote recognition and communications among employees, students, patients and visitors.
- While at CMC, all employees are required to wear identification cards in a manner such that name, picture, and department are clearly visible. The ID card issued by Human Resources is the official ID card for all employees, and the employee is the only individual authorized to wear his/her ID card.
- It is the responsibility of an employee losing his/her ID to have it replaced. The ID card is the property of CMC, and must be surrendered upon termination of employment.
- Residents are required to report the loss of their ID cards to Human Resources.
- Employee ID cards will be replaced by Human Resources at a cost of \$5.00. This cost will be paid for by the resident losing the card.
- Any employee reporting to work at CMC without his/her official I.D. card must punch out, go home and acquire it.
- Upon the employee's termination from CMC, his/her identification card must be returned to Human Resources.

Parking

- Each resident will be given a parking placard that allows parking in the CRMC and UMC parking lots.
- This must be returned to RPD upon completion of the residency.

Time Off Requests

Requests for Days Off

- Requests for days off must be **emailed** to the Preceptor, and Residency Program Director in advance and A PTO request form must also be filled out. **Both Preceptor and RPD must approve.**
- In order to maximize your learning experience in each rotation, residents are limited to **2 days off** per rotation, under the discretion of the preceptor (this includes sick, or personal time off).

Sick Leave

- If a resident needs to take sick time, the resident must **speak** directly to the preceptor and notify the RPD **in writing (via email).**
- If a resident is sick for 2 or more consecutive days, a doctor's note is required.

Resident Holidays (8)

The following are CMC holidays. Residents can work Holidays if requested, or specifically requested by their preceptor (and approved by the RPD). Residents may also choose to work to save their PTO by staffing the Inpatient Pharmacy. A resident may submit for time off on a holiday. The holidays are deducted from PTO.

New Year's Day President's Day Memorial Day Independence Day

Labor Day Thanksgiving Day Day after Thanksgiving Christmas Day

Photocopying

- Copies made are only for use in the residency program.
- Residents may use the Department of Pharmacy Services photocopy machines located at CRMC Pharmacy in the basement.

Pharmacy Licensure for Residents

- All residents must have a current and valid California intern license and have taken the NAPLEX and CPJE exams for California pharmacy licensure before the start of the residency.
- **For more information, please see policy on Lucidoc:**

Office

- Offices for residents are located at CRMC in the second floor annex. Please ask RPD for the code.

External Employment Policy (Moonlighting)

- The residency program is considered **the primary priority** of each resident.
- External employment is not encouraged, but if desired, may not interfere with the resident's responsibilities or requirements.
- The responsibilities of the resident **do not** correspond with the normal 9:00 AM to 5:00 PM scheduled forty-hour work week. At times, extra hours of coverage (weekends, evenings) are necessary to maintain residency requirements. Fluctuations in workload, unusual service demands or patient loads, or cross-coverage may all determine the hours of the resident service.
- Working additional hours for CMC in Operations is considered outside employment. All outside employment must be approved by the Residency Program Director.
- An External Employment Form must be filled out and sent to the RPD and Human Resources.
- You must comply with Accreditation council for graduate medical education (ACGME) Duty hours (4 days every 28 days off).

Pagers

- Residents will be held financially responsible for their assigned pagers (in case of loss, breakage due to neglect, etc.).
- Pagers must be turned in at the termination of the residency.

SECTION E – ROTATION GOALS/OBJECTIVES AND EXPECTATIONS

Expectations for PGY1 Pharmacy Residents

Ambulatory Care Rotation

Cedars Campus (aka UMC)

Preceptor Ogochukwu Molokwu, Pharm.D., MScMed

Objectives

1. Interview patient or patient's caretaker, and obtain pertinent information about their problem and drug therapy
2. Understand the basic pathophysiology of disease states and the mechanism of action of the involved medications.
3. Be familiar with current treatment guidelines of different disease states commonly encountered in ambulatory care setting
4. Be able to communicate effectively with patients and other healthcare professionals
5. Assess the stability of a patient's disease state; evaluate appropriateness of patient's therapy, and the need for altering or continuing therapy
6. Perform patient education as needed
7. Write eligible, concise, and accurate chart note
8. Provide drug information for various healthcare professionals at all the involved clinics

Resident responsibilities

1. Participate in the following clinics: Diabetes, Hepatitis C, Anticoagulation, Medication Refill, Hyperlipidemia, Primary Care, Pain Management, and Medication Consultation/Management
2. Will SOAP (Subjective. Objective. Assessment. Plan) out, and present one case per week, covering such topics as diabetes, anticoagulation, hypertension, hyperlipidemia, and CHF
3. Will give one case presentation on Ambulatory Care topic of choice to a small group of pharmacists, residents, students, and other healthcare professionals
4. Will give one journal club presentation of choice to a small group of pharmacists, residents, students, and other healthcare professionals
5. Will give one In-service on a pertinent pharmacy topic to the ambulatory care healthcare professionals.
6. Attend multi-disciplinary meetings and presentations at the clinics during rotation
7. Precept 4th year pharmacy student when on service

Evaluation

1. Midpoint and Final evaluation of Self and the Preceptor

Expectations for PGY1 Pharmacy Residents Burn / Surgery ICU Rotation

Preceptor _____, Pharm.D.,

Objectives:

- Become familiar with and manage pharmacotherapy issues relating to the surgery and burn patient.
- Be able to identify potential drug related problems, develop a plan of care, and any necessary monitoring parameters for each patient.
- Expand knowledge base in critical care topics.
- Learn how to interact as a part of the healthcare team

Daily Activities:

- You are expected to arrive in the morning at a time so that you are prepared for rounds with the Burn and Surgery ICU teams. You are free to leave once all your daily activities are complete. There is no “shift” assigned to this rotation, however, you will be expected to work at least 8 hours. Overtime will not be granted except in extreme cases.
- Rounding times vary with each day depending on the OR schedule. Be prepared for rounds to start approximately 8:30 in the AM.
- Attend Multidisciplinary rounds each week for both the Burn Unit and for the Surgery ICU - times to be announced
- Clinical responsibilities will include the following activities:
 - Interact with medical professionals regarding appropriate drug therapy in a critical care setting at a level I trauma center
 - Responsible for pharmacotherapy of critically ill patients and appropriate monitoring of drug therapy utilizing evidence based medicine
 - Respond to inquiries regarding appropriate usage of drug therapy
 - Screen for drug interactions
 - Perform pharmacokinetic monitoring when appropriate
 - Ensure continuity of care via communication of patient care plans to all interdisciplinary members of the health care team
 - Precept pharmacy students that may be on clinical rotation concurrently
- After rounds, you will be responsible to make sure that all pharmacy related issues are resolved.
- There will be daily patient presentations to the preceptor. This will include discussion of patient specific pharmacotherapy/disease state issues.
- In addition to topics that arise in the course of patient specific discussions, there will also be general topic discussions 3-5 times per week. Topics will include: core critical care topics, burn specific topics, and surgery specific topics.
- Any reading for topic discussions as well as patient specific readings will be expected to be completed in addition to daily patient activities (i.e.: if there is free time during the day, the resident will be expected to use that time for readings, otherwise this is expected to be done on the residents own time).
- You will be expected to document all interventions on the Pharmacy One Source system (Health Prolink).
- If desired, the resident may observe an operation in either general surgery or burn surgery.

Other Activities:

- You will lead a journal club discussion on an article relating to critical care once during your rotation.
- You will present a case presentation / topic discussion once during your rotation.
- You will present a nursing in-service on a pertinent pharmacy topic once during your rotation.
- You are expected to attend all other journal clubs and case presentations scheduled during your rotations unless you are rounding or other extenuating circumstances (i.e.: code situations)
- A mid-point self-evaluation will be done and presented to the preceptor per the residency guidelines

Critical Care Medicine

Expectations of PGY1 Pharmacy Residents

Preceptors:

Amy Bower, MS, Pharm.D., BCPS

Daniel Yousef, Pharm.D., BCPS

Practice Setting:

- Four adult, mixed medical-surgical intensive care units (ICU; 4North, CVU, 5South and 5North). Approximate medicine ICU (MICU) daily census of 12 patients per team (2 MICU teams – MICU Blue and MICU Gold).
- “Closed” ICU thus patients are cared for by an intensivist-run critical care medicine service with multidisciplinary input from nursing, pharmacy, respiratory therapy, dietary, physical therapy, social work and others.

Goals and Objectives:

- By the completion of this rotation, the pharmacy resident should be able to:
 - Understand and be able to effectively discuss ICU disease states and pharmacotherapy. Relevant topics include, but are not limited to:
 - Cardiovascular dysfunction (e.g. hypertensive emergency, shock syndromes, hemodynamics, acute coronary syndromes, heart failure, cardiac arrest);
 - Respiratory dysfunction (e.g. asthma exacerbations, chronic obstructive pulmonary disease, pulmonary embolism, acute respiratory distress syndrome);
 - Metabolic and endocrine derangement (e.g. fluid and electrolyte management, nutrition support, renal failure, diabetic ketoacidosis, adrenal insufficiency, acid/base disorders);
 - Infectious diseases (e.g. pneumonia, severe sepsis, others);
 - Gastrointestinal dysfunction (e.g. gastrointestinal bleeding, stress ulcer prophylaxis, liver failure and complications);
 - Nervous system (e.g. seizure disorders, intracranial hemorrhage, subarachnoid hemorrhages, pain and sedation, neuromuscular blockade).
 - Given a patient’s medical history,
 - Identify and prioritize active and inactive medical problems.
 - Identify non-pharmacologic and pharmacologic therapeutic options to manage medical problems. Taking into consideration efficacy data, safety data, patient co-morbidities and pharmacokinetic considerations, develop a pharmaceutical care plan to manage active medical problems.
 - Develop a monitoring plan to assess pharmacotherapeutic efficacy and safety.
 - Provide drug information to house staff, nurses and other health-care professionals as needed.

Time and Attendance:

- The resident is expected to arrive in the morning to allow for adequate pre-rounding time before attending rounds. The resident may leave once all daily activities are complete. There is no “shift” assigned to this rotation. However, 8 hours a day is expected. Overtime will not be granted except in extreme cases

Daily Activities:

- Pre-rounding:
 - Collect patient data (from labs, microbiology, nursing flowsheets, medication administration records, medication profile, chart, etc) in order to be an effective contributor to MICU team rounds.
 - Touch base with medical residents, nurses and pharmacy preceptor about issues that need to be addressed during MICU team rounds.
 - If there is a pharmacy student on service with the resident, touch base with the student to assist in their preparation for MICU team rounds.

- Rounding:
 - MICU team rounds generally start at 9:30am and run until noon.
 - Take this time to make pharmacotherapeutic suggestions and gain an understanding of each patients' care plan.
 - Identify drug information questions that require research and follow-up with the team.
- Discussion:
 - The resident is expected to meet with the pharmacy preceptor on a daily basis to discuss patient care. The resident should be prepared to present patients in a complete, organized fashion, to identify pharmacotherapy issues and to justify their pharmaceutical care plan (preferably with literature support).
 - Approximately 3 times per week, the resident and pharmacy preceptor will discuss a critical care topic. In general, this will require the resident to read relevant literature in advance and be prepared to discuss the literature with the preceptor.
- Follow-up:
 - Confirm that all pharmacy related issues have been resolved before leaving for the day.
 - Follow-up with the medical team regarding drug information questions asked during rounds.
 - Document all interventions using Quantifi.

Additional Activities:

- In addition to daily clinical activities, the resident is expected to complete:
 - One journal club
 - One case presentation
 - Adverse drug reaction and medication use evaluation reporting as needed
 - Assist with precepting pharmacy students that are also on rotation
 - A midpoint evaluation to be discussed with your pharmacy preceptor

Trauma ICU Resident Expectations

Preceptor: Staci Anderson, Pharm.D., BCPS (Pager 488-0622 / Office 57068)

1. Objectives
 - a. Understand how to manage issues related caring for patients with trauma in the intensive care unit.
 - b. Learn to develop a plan of care for the patient
 - c. Improve ability to assert ideas and treatment plan for the patient
 - d. Become familiar with the literature on caring for patients in the intensive care unit
2. Time and attendance:
 - a. Resident is expected to arrive at work early enough to collect lab and microbiology information, vitals, chart review, and come up with recommendations in time for rounds
 - b. Resident will stay until patient issues have been resolved
 - c. Total day will be 8 hours, unless patient issues demand that a clinical pharmacist is needed beyond the previous eight hours worked
 - d. Overtime will not be granted except in extreme cases
3. Responsibilities
 - a. Rounding daily with the team
 - i. Interact with medical professionals regarding appropriate drug therapy in a critical care setting at a Level I Trauma Center.
 - ii. Responsible for pharmacotherapy and monitoring (including pharmacokinetics) of Trauma ICU and Transitional Care Area (TCA) patients using evidence based medicine.
 - iii. Follow-up on questions received regarding drug therapy.
 - iv. Examine patient medications for drug interactions.
 - v. Communicate plan of care with other health care professionals to ensure continuity of care.
 - vi. Precept pharmacy students that may also be on rotation.
 - vii. Discuss medication plans with nurses
 - b. Give case presentations to preceptor daily and discuss pharmacotherapy topics.
 - c. Interdisciplinary rounds Thursday afternoons at 1pm in the ICU.
 - d. Follow up on levels and other pharmacy related issues after rounds.
 - e. Topic discussions will occur 3-5 times during the week and will include general critical care topics as well as trauma-related topics.
 - f. Readings will be assigned related to topics to be discussed or patient-specific therapeutics. Resident will be expected to read on his/her own time.
 - g. Use Quantifi to document interventions.
 - h. One formal Power Point case presentation and Journal Club is required for all rotations.
 - i. Resident will attend all other Journal Clubs and Case Presentations.
 - j. Optional: attend 1 or 2 surgical procedures
4. Rounds:
 - a. Rounds are usually at 8am
 - b. Resident is expected to follow up on medications patient is on and discuss the therapeutic plan with the team.
 - c. Make the team aware of new developments or changes in the patient status as pertains to medication issues.
 - d. Be involved in answering medication-related questions and educating residents/students
5. Prerounding:
 - a. Prerounding will occur at 11am or 1pm depending on patient load.
6. Literature:
 - a. To be provided/suggested during rotation.
7. Evaluations
 - a. One self evaluation and one preceptor evaluation of the resident will be performed midway through the rotation and the end of the rotation.

Neonatal ICU Resident Expectations

Preceptor: Harlan Husted, Pharm.D

1. Objectives
 - a. Familiarize oneself with the overall medical management of the neonatal population based upon gestational age and birth weight
 - b. Develop care plans and discharge consultations for the patient
 - c. Understand the pharmacokinetic and pharmacodynamic parameters associated with the neonatal population in contrast to pediatric and adult populations
 - d. Further develop skills in research and literature review in devising drug therapy recommendations
2. Time and attendance
 - a. Resident is expected to arrive early enough to collect patient data prior to multi-disciplinary rounds and to review any recommendations with NICU pharmacist
 - b. Total time spent should be no more than 8 hours unless otherwise deemed by unusual increase in workload
3. Responsibilities
 - a. Daily rounding with NICU intensivist and/or ancillary personnel, including medical residents and pharmacy students
 - i. Review medication profile for interactions, therapeutic duplications IV to PO conversions and conventional monitoring parameters based on patient's organ function.
 - ii. Provide pharmacokinetic consultations on aminoglycosides and vancomycin utilizing patient specific parameters and manual calculation techniques.
 - iii. Research questions discussed on rounds and follow up in a timely manner with the team.
 - iv. Provide in-service presentations to the team as needed.
 - b. Review patient case presentations with NICU pharmacist daily and be prepared to discuss topics as time permits. These topics may include, but are not limited to:
 - i. Chronic lung disease
 - ii. Apnea of prematurity
 - iii. Respiratory distress syndrome
 - iv. Persistent pulmonary hypertension of the neonate
 - v. Necrotizing enterocolitis
 - vi. Gastroesophageal reflux
 - vii. Omphalocele
 - viii. Gastroschisis
 - ix. Hypotension/shock
 - x. Anemia of prematurity
 - xi. Fluid, electrolyte and nutritional support
 - xii. Hyperbilirubinemia
 - xiii. Congenital heart diseases
 - c. Assist NICU pharmacist with pharmacokinetic consultations and follow-up lab monitoring
 - d. Assist NICU pharmacist with devising discharge plan and educate both nursing staff and patient caretakers
 - e. Assist NICU pharmacist at code blue to provide pharmacy support
 - f. Provide Power Point case presentation and journal club for inpatient pharmacy staff, including residents and pharmacy students
 - g. Review topics and readings as supplied by NICU pharmacist
 - h. Follow up on miscellaneous topics which may include:
 - i. Weekend monitoring of pharmacokinetic consults during On-Call shifts
 - ii. Collecting data for any ongoing studies being conducted in the NICU
 - iii. Assist NICU pharmacist in developing drug use and procedural protocols
 - iv. Provide ongoing education for pharmacy, nursing and medical resident staff as needed
 - i. Document all interventions utilizing Quantifi
4. Evaluation -Resident will complete Final self-evaluation and NICU pharmacist will provide resident evaluation at the midpoint (praise/concern card) and at the endpoint.

Emergency Medicine Resident Rotation

Goals/Objectives/Expectations

Preceptors:

Michelle Chang, Pharm.D.

Gillian Pineda, Pharm.D.

Goals & Objectives of Rotation:

To familiarize the resident with the emergency department (E.D.) clinical activities/duties. In doing so, the resident will learn to develop a pharmacotherapeutic plan to manage emergency department patients.

To gain an understanding of approaching medical care to acutely ill patients in an emergency department setting.

Enable the resident to monitor an emergency department patients' drug therapy. This includes monitoring the benefits and/or adverse events associated with various treatments provided to emergency department patients. Additionally, the resident will actively participate in assuring compliance with hospital protocols and cost-effective therapeutic alternatives where applicable.

The resident will be an active participant in the continuing education of the entire emergency department and pharmacy staff.

Activities:

Monitor all E.D. patients, regardless of whether drug therapy has been initiated. This includes a complete review of current medication orders, medication history, pertinent past medical history and chief complaint.

Daily interactions with E.D. physicians, residents, nurses, and ancillary staff as required by a given clinical situation.

Attend morning rounds conducted by physicians and medical residents.

Attend weekly E.D. conferences that pertain to pharmacy.

Provide an E.D. staff/nursing in-service (topic TBA).

Daily case presentations (topics TBA) with preceptor (*see expectations*).

Journal club presentations (number, dates and topics TBA).

Major formal presentation to pharmacy staff (topic, date TBA).

Toxicology presentation to E.D. pharmacists (topic, date TBA).

Participation during "code" emergencies or trauma cases.

Expectations:

Upon the completion of the emergency medicine rotation at Community Regional Medical Center, the resident should have detailed knowledge of the following topics (but not limited to):

Cardiovascular

ACS (AMI vs. unstable angina)
Acute CHF
CPR/ACLS
Dysrhythmias
Hypertensive urgency/emergency

CNS

CVA/TIA (Thromboembolic vs. ischemic)
Elevated intracranial pressure
Meningitis
Seizures
Spinal cord injury

Endocrine

Adrenal insufficiency
DKA
Myxedema
Thyrotoxicosis

GI

Appendicitis
Cholecystitis
Constipation
Diarrhea
Obstruction
Pancreatitis
Ulceration

Pulmonary

Asthma
COPD
Pneumonia (Aspiration vs. CAP vs. HAP)
Pulmonary edema
Pulmonary embolus
Rapid sequence intubation

Renal

UTI vs. pyelonephritis
Renal calculi

Toxicology

Acetaminophen
Alcohol
Aspirin
Opiates
Sympathomimetics/Hallucinogenics (amphetamines/phencyclidine/cocaine)
Tricyclic antidepressants
Antidotes
Decontamination

Other expectations include:

Identification and management of drug-drug interactions including their significance, impact, and suggestions for alternative therapy if appropriate

Development of counseling skills in the ambulatory patient

Documentation of clinical interventions

General understanding of commonly used diagnostic, therapeutic, and monitoring procedures used in the emergency department.

Michelle Chang, Pharm.D. Clinical Pharmacist – Emergency Medicine Community Regional Medical Center Department of Pharmacy PO Box 1232 Fresno, CA. 93715	Gillian Pineda, Pharm.D. Clinical Pharmacist – Emergency Medicine Community Regional Medical Center Department of Pharmacy PO Box 1232 Fresno, CA. 93715
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Preceptor: Marisa Mendez, PharmD, BCPS
Rotation: Infectious Diseases
Practice site: Community Regional Medical Center

Overview: The Infectious Diseases (ID) Service is a consulting service. Hospitalized patients are seen at the request of the primary physicians (private or teaching service). Patient population includes adults and pediatrics located in an area of CRMC - rehabilitation floor, medical/surgery units; step down units, intensive care units. Consultations are provided by the residents and students on the ID service under the guidance and supervision of the ID attending physician.

Resident Responsibilities

1. Monitor assigned patients on ID Medical Service.
2. Formulate a drug regimen and appropriate monitoring parameters based on patient specific characteristics.
3. Identify adverse effects associated with drug therapy and make necessary interventions. Complete online Incident Reporting Intranet System (IRIS) report on all medication errors, adverse drug reactions resulting from medication administration or causing admission to the hospital (minimum of one per week).
4. Arrange time to pre-round on patients with preceptor.
5. Attend daily rounds and present therapeutic recommendations.
6. Precept pharmacy students when on service.
7. Provide patient education and drug information to ID service. A one page handout should be prepared, including references, for all formal drug information questions presented to the ID service. Send an electronic version of the document to preceptor for review.
8. Assist in providing pharmacokinetic monitoring for services without a designated clinical pharmacist and document recommendations appropriately. If unlicensed, all notes must be reviewed and co-signed by preceptor prior to inserting in medical chart. A photocopy of the note is to be provided to the preceptor.
9. Assist in review of daily antimicrobial utilization report and contact primary service to present recommendations. Monitor patient as appropriate.
10. Select discussion topic and arrange time for discussion/review with preceptor.
11. Present one journal club during rotation per residency guidelines.
12. Present one 30-minute case presentation on ID topic of choice per residency guidelines.
13. Notify all pertinent individuals of journal club and case presentation location, date, and time.
14. Document interventions in Quantifi (HPL) database.
15. Schedule appointment to review mid-point and final evaluation at least one week prior to due date.

Time and Attendance

1. The resident is expected to arrive in the morning to allow for adequate pre-rounding time with preceptor before attending ID rounds. The resident may leave once all daily activities are complete; however, an 8 hour day is expected.
2. Overtime will not be granted except in extreme cases.
3. Preceptor should be notified of all time off requests/meetings during rotation as soon as possible per residency guidelines. Meetings should not be scheduled during patient care activities.

Internal Medicine Rotation

Resident Expectations and Responsibilities

Preceptors:

Julius Chang, Pharm.D.

Alice Robbins, Pharm.D., BCPS

Expectations and Responsibilities:

- Participation in Daily Rounds: Starts between 9-10am. You must be here in time to prepare for rounds.
- Your team is on-call every 4 days-you must allot enough time to look up your patients on post-call days.
- Obtain patient medication history
- Responsible for checking the MAR's (medication administration records) for patients and Flow Charts for Vital signs (BP, HR, Temp, In/Outs).
- Perform Pharmacokinetics for patients on vancomycin and aminoglycosides.
- Perform warfarin monitoring / consults for patients on your team.
- Check the POMS clarification queue to see if there are any issues on your patients.
- Pre-round to go over patient issues with preceptor in the morning.
- If you have a student, you are responsible for acting as a co-preceptor, and be ready to go over patient issues with them before rounds. You are also responsible for helping them prepare for the Journal Club presentation and Big Talk (case presentation).
- Interact and make appropriate pharmacotherapeutic recommendations to the members of your team.
- Daily patient presentations to the preceptor.
- Perform follow up on pharmacy issues in the afternoon.
- Perform discharge counseling on your patients.
- Participate in topic discussions with preceptor.

Activities:

- One topic presentation, **Minimum**, to the medical team
- One formal Journal Club (JC) presentation
- One formal Case Presentation (CP) in power point format
- Topic Discussions with UCSF pharmacy students (if applicable)
- Review patients with students (if applicable)
- Entering Interventions on Quantifi (minimum of 85- per residency requirements)
- Documenting ADE's/Med Errors on IRIS
- Attendance of fellow residents' Journal Club and Case presentations
- Attendance of Student JC and CP
- Perform a midpoint self-evaluation
- Perform a final self evaluation.

IM Resident Expectations and Responsibilities continued.

Other Responsibilities:

- Set up a time and date for Journal Club (JC) and Case Presentations (CP), and email preceptors, fellow residents and pharmacy staff. This must be done one week in advance.
- Journal Club Articles must be sent via email as a pdf. This must be done 1 week in advance.

Time and Attendance

- The resident is expected to arrive in the morning to allow for adequate pre-rounding time with preceptor before rounds. The resident may leave once all daily activities are complete; however, an 8 hour day is expected.
- Overtime will not be granted except in extreme cases.
- Preceptor should be notified of all time off requests/meetings during rotation as soon as possible per residency guidelines. Meetings should not be scheduled during patient care activities.

Operational Pharmacy Responsibilities, Expectations, and Evaluation

Preceptor: David Lennon, R.Ph., FCSHP

The goal of the operational pharmacy practice experience is to ensure that the residents can function autonomously as a pharmacist.

Responsibilities

- All residents are required to have an active pharmacy license in the state of California.
- Each resident will train with an assigned preceptor. Basic training will take place during the first month of the residency.
- At the conclusion of the basic training period, the preceptor and the resident will mutually determine if the resident is ready to function independently as a pharmacist.
- If the resident is not ready to function independently at the conclusion of the training period, the following actions will occur:
 1. A list of deficiencies will be developed by the preceptor.
 2. A specific plan will be outlined by the preceptor and the RPD to provide additional training/experience in the area(s) of weakness in which the preceptor and the resident will agree.
 3. A copy of this plan will be forwarded to the Manager of the area as well as the RPD.
 4. Progress will be re-evaluated on a weekly basis.
- Once the resident is deemed competent, he/she will return to the designated pharmacy to function in that facility for the remainder of the residency.
- Residents will be evaluated by their Operational Pharmacy Experience preceptors on a quarterly basis.
- Each resident will gain pharmacy operations experience 16 hours every third weekend, or the equivalent during the year as a pharmacist in the inpatient pharmacy. Operational Pharmacy Experience will be scheduled on weekends. Residents will work 12 days in a row and will be paid OT. Residents will not receive time off during the week for their weekend shift. If a resident missed one of the operations weekend due to illness or time off, then they must make up the time.

The following weekends will be excluded from the resident staffing schedule:

- The weekend of CSHP Seminar in October
 - the weekend before and after the ASHP Midyear Clinical Meeting
 - the month of December
-
- Residents are permitted to work additional shifts within the Department of Pharmacy Services. These shifts **may not** interfere with any of the resident's rotation **OR** residency requirements. If a resident chooses to work additional shifts, he/she should inform his/her Residency Program Director and complete a moonlighting form. Residents may not work additional shifts when they are primary clinician on-call for any service.

SECTION F – FORMS AND GUIDELINES

Residency Guidelines for Journal Club and Case Presentations

****These are guidelines and may be changed under the discretion of the preceptor****

- Topic to be chosen *1 week* PRIOR to presentation, and announced *1 week* by the resident before the presentation.
- Journal Club and Case Presentations will be held on the 4th and 5th week of the core rotation on Tuesday or Wednesday from 12:30-1:30 pm. If there is a resident on Ambcare rotation, then time will change to 12-1.
- **Due to time constraints, please do not go over your 30 minute allotted time (20 minutes to present and 10 minutes for Questions)*******

Journal Club (JC) (Total Time = 30 minutes)

- Article must be from a peer-reviewed journal.
- Article must be published within the **last 3 months**.
- Topic must be related to the current rotation.
- Copy of the article and email to RX_CP with the date/time, and must be available 1 week before presentation.
- A handout must accompany the presentation—**optional per preceptor**.
- One journal club to be presented per **Core** clinical rotation.

Case Presentations (CP) or New Drug presentation –Power Point presentation (Total Time--30 minute presentation)

(Think of the presentation as “The use of ____ in the treatment of ____ , or like “clinical pearls”)

- 3 - 5 minutes for patient case.
- 15 minutes on topic/disease state and a literature review.
- 10 Minutes for questions.
- ****Topic to be approved by rotation preceptor and reviewed prior to the actual presentation*****
- Short handout (Power Point) for pertinent information (lab values, drugs, etc...) **AND** Topic/Disease state.
****Do not read from your handout****
- One case presentation OR new drug presentation per **Core** clinical rotation.

Choice of cases: must be a narrow topic

1. Rare or interesting disease states – Broad disease states are NOT appropriate (Examples: Lung cancer, hepatic encephalopathy, Community Acquired Pneumonia, Pulmonary Embolism). Broad disease states must have a focus.
 - If disease states are chosen, then focus on the evaluation of the treatments available or treatment-induced side effects. Examples are:
 - Lung Cancer: Non-standard of care treatment or severe chemotherapy induced side effects
 - Hepatic Encephalopathy: Treatment controversies or lactulose versus antibiotics.
 - Pulmonary embolism: Treatment with LMWH vs. unfractionated heparin or thrombolytic therapy.
 - Narrow topic examples are: Pulmonary hypertension, cryptococcal meningitis, tetanus, disseminated histoplasmosis, ethylene glycol overdose, heparin induced thrombocytopenia with thrombosis.
2. New or Controversial Treatments
 - Examples are: Midodrine and octreotide for hepatorenal syndrome, N-acetylcysteine for the prevention of contrast-induced nephropathy, use of hypertonic saline for the treatment of increased ICP, use of Xigris in the morbidly obese.

Literature Evaluation

- The best 2 – 3 studies from primary literature should be presented
- Resident should evaluate the articles and formulate conclusions for each and then apply those to the patient case.
- Articles should be clinically relevant to the case.

Upon discretion of the preceptors, case presentations or journal club will be repeated with a new case or new article if done inadequately.

Other Information:

- Residents will send an email out to all preceptors, residents and other pharmacists to attend the presentation (send email to RX_CP)
- Copies of the journal club articles will be made available to preceptors and guests at least 1 week prior to the presentation. (pdf attachments are appreciated)
- All residents and preceptors are expected to complete the evaluations and submit them electronically on E*Value.

****Example only – will be completed on line at E-value******

**COMMUNITY MEDICAL CENTERS
CLINICAL PHARMACY
EVALUATION OF PRESENTATIONS
FOR JOURNAL CLUB AND CASE PRESENTATIONS**

Speaker _____ **Date** _____

Topic _____

Speaker (s):	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
1. Was audible, articulate and spoke at an appropriate rate	5	4	3	2	1	N/A
2. Did not display any distracting mannerisms	5	4	3	2	1	N/A
3. Demonstrated good eye contact and body language	5	4	3	2	1	N/A
4. Presented the information in an interesting manner	5	4	3	2	1	N/A
5. Was knowledgeable about the topic	5	4	3	2	1	N/A
6. Was organized in presenting the information	5	4	3	2	1	N/A
7. Encouraged discussion/clarification to verify understanding	5	4	3	2	1	N/A
8. Responded precisely and appropriately to questions	5	4	3	2	1	N/A
9. Presented information in self-assured manner	5	4	3	2	1	N/A
10. Exhibited interest and enthusiasm for topic	5	4	3	2	1	N/A
11. Topic was focused	5	4	3	2	1	N/A
Content:						
12. Was appropriate for the topic (fit the title)	5	4	3	2	1	N/A
13. Was appropriate for the time allotted	5	4	3	2	1	N/A
14. Was relevant and timely	5	4	3	2	1	N/A

15. Patient presentation was appropriate for the topic	5	4	3	2	1	N/A
16. Patient-specific therapeutics were considered	5	4	3	2	1	N/A
17. Included critical evaluation of the literature	5	4	3	2	1	N/A
18. Was accurate, thoroughly researched and well referenced	5	4	3	2	1	N/A
19. Good understanding of literature/studies and clinical application of article.	5	4	3	2	1	N/A
Format:						
20. There was a smooth introduction to the presentation	5	4	3	2	1	N/A
21. The case was well-integrated into presentation	5	4	3	2	1	N/A
22. Handout and/or AV material complemented presentation	5	4	3	2	1	N/A
23. Presentation came to an appropriate conclusion and closure	5	4	3	2	1	N/A
OVERALL RATING	5	4	3	2	1	

Please provide complimentary and constructive remarks on the bottom of this page

Resident Seminar Guidelines

Each resident will present one formal seminar during the residency program. The goal of the seminar is to expand the resident's communication skills, critical evaluation of literature, and formal presentation techniques. The seminar topic will be chosen by the resident, with guidance from a Preceptor/Mentor, (who will ensure the integrity of the seminar is intact), and should involve a therapeutic or practice management controversy, new/developing clinical or practice management research, or therapeutic area. The resident will be responsible for identifying and requesting a preceptor for their seminar. Together, the preceptor and resident will choose a timeline for seminar completion. The location of the seminar will be at the discretion of the RPD.

The CE seminar will be in conjunction with the UCSF School of Pharmacy, and the resident will work with the UCSF PEP for CE accreditation of their seminar. Please contact Grace Carlson to schedule an appointment for requirements **in October**.

Grace Carlson

Administrative Assistant
UCSF Fresno Pharmacy Education Program
155 N. Fresno St., Ste. 251
Fresno CA 93701
(559) 499-6528
(559) 499-6513 fax
carlson@pharmacy.ucsf.edu

The objectives of the Resident Seminar include the following:

1. Critical evaluation of the literature.
 2. Advancement of presentation, teaching and communication skills.
 3. Provision of continuing education for pharmacists and other health care professionals.
 4. Development of skills in responding to audience questions and comments.
 5. Familiarization with different audiovisual equipment and techniques.
-
- The length of the Resident Seminar will be approximately 45 minutes, with 15 minutes afterwards reserved for questions and/or comments from the audience. Alternatively, the presentation may be 50 minutes in length with 10 minutes for questions/answers. The entire length of the seminar will not exceed 60 minutes.
 - Each Seminar will incorporate a patient case to exemplify the objectives of the seminar.
 - Each resident will receive a critique of the seminar from a minimum of two preceptors who will evaluate the presentation on the basis of content, presentation style, and overall quality. The resident must request the preceptors at least one day in advance of the seminar. The evaluations will be handed to the preceptors picked by the resident, and will be discussed with the resident immediately after the presentation.
 - The critique will be discussed with the resident **immediately following** the seminar. The audience will also be encouraged to submit written comments to the resident using the seminar evaluation form provided. Preceptors will complete evaluations via E-value.
 - The title of all the Resident Seminars will be submitted to the RPD by September 1st of each year.
 - Residents will present their seminars during the month of February. The RPD will schedule the time.
 - All residents are required to attend all of the Resident Seminar series.

After the seminar:

1. Review the audience evaluation forms with your seminar preceptor.
2. The RPD will make copies of the evaluations (one for the residents, one for RPD, and one for UCSF for CE accreditation).
3. RPD will interoffice Mail the copies of the evaluations to Grace Carlson

Research projects for 2009-2010

Administrative:

1. Development and implementation of comprehensive medication safety plan for pharmacy services. Preceptor: Curtis Takemoto
2. Development and implementation of medication reconciliation pharmacists. Preceptor: Curtis Takemoto
3. Development and implementation of providing clinical pharmacist services to a hospitalist physician group. Preceptor: Amy Bower (AB) and Alice Robbins (AR)
4. Development and implementation of a cardiology clinical pharmacist service. Preceptor Amy Bower
5. Development and implementation of decentralized staff pharmacist services. Preceptors: AB and AR
6. Enhancing the transition between inpatient and outpatient warfarin therapies. Preceptor: Amy Bower.
7. Development of a process to survey and improve patient medication education provision and satisfaction. Preceptor Jennifer Trytten.
8. Development of an Epogen pharmacy consult policy and service at Clovis CMC. Preceptor Jennifer Trytten.
9. Cost effectiveness of Sevoflurane vs. Desflurane in the operating rooms: Preceptor Tim Lopez.
10. Development and implementation of a pharmacy technician check technician program in an inpatient pharmacy: Preceptor Tim Lopez.
11. Development of a pass medication procedure for a rehabilitation center within a general acute-care hospital setting: Preceptor Tim Lopez.
12. From implementation to practice: Optimizing the use of a pharmacy advisory group within a general acute-care hospital: Preceptor Tim Lopez.
13. Development and implementation of an intravenous to oral conversion program: Preceptor Tim Lopez.
14. Meeting the challenges of continuous compliance: Surgical care improvement project (scip) and the venous thromboembolism (vte) prophylaxis measures: Preceptor Tim Lopez.
15. The impact of pharmacist counseling in preventing adverse drug events after hospitalization: Preceptor Tim Lopez.
16. The impact of a pharmacist on physician rounds in preventing adverse drug events in general medicine units: Preceptor Tim Lopez.

Internal Medicine: –Preceptor Julius Chang

- Comparison of UFH vs Lovenox for DVT prophylaxis-a chart review study in administration errors /ADEs
- Pain management in CPCU-education for RNs and patient counseling

Critical Care:

1. Analysis of appropriate Procrit use and adverse events (DVT) study. Preceptor: Dan Yousef
2. Precedex vs. propofol on time to extubation and ICU length of stay. Preceptor: Dan Yousef
3. Cost effectiveness of pamidronate vs zometa. Preceptor: Dan Yousef
4. Cost effectiveness of albumin vs plasmanate. Preceptor: Dan Yousef
5. Evaluate the safety and efficacy of a revised ICU insulin infusion protocol. Preceptor Amy Bower
6. Evaluated the safety and efficacy of therapeutic hypothermia after cardiac arrest. Preceptor Amy Bower and Dan Yousef
7. Implementation of a standardized ICU delirium assessment and management tool. Preceptor Amy Bower
8. Incidence of fungemia associated with TPN usage at CRMC. Preceptor Amy Bower.
9. Guidelines for PPN usage at CRMC. Preceptor Amy Bower.

Research projects for 2009-2010 continued...

Infectious Diseases: - Preceptor Marisa Méndez

1. Implementation of extended-infusion piperacillin-tazobactam and evaluation of appropriate administration.
2. Evaluation of Candida species and antifungal sensitivities – outcomes and susceptibilities.
3. Evaluation of appropriate use of restricted antimicrobial agents (i.e. linezolid, daptomycin, tigecycline, etc).
4. Use of order sets/trigger tools to comply with community-acquired pneumonia core measures.
5. Evaluation of appropriate aminoglycoside/vancomycin use throughout CRMC.
6. For alternative research projects see preceptor.

Emergency Medicine:

- Please see Michelle Chang or Gillian Pineda for research project suggestions

Neonatal Intensive Care Unit – Preceptor Harlan Husted

- | | |
|--|---|
| 1. Cost savings analysis of monitoring Synagis usage in a NICU during RSV season | Retrospective analysis of patients receiving Synagis (palivizumab) in 2007-2008 compared to those 2008-2009 |
| 2. Erythropoietin use in neonates <8 days of life: Benefits versus risk | Retrospective analysis evaluating risks (retinopathy of prematurity) and benefits of erythropoietin use in neonates <8 days of age |
| 3. Analysis of the usage of calcium gluconate in a NICU | - Evaluate dosing preference (mg versus meq) and ease of conversion among health care professionals.
- Evaluate incidence of adverse effects (e.g. extravasation, tissue necrosis) with specific concentrations of calcium administered via peripheral lines versus central lines. |

Example only – will be completed on line at E-value***

PRECEPTOR AND LEARNING EXPERIENCE EVALUATION

Resident:	Preceptor:
Learning Experience:	
Evaluation Period: _____ through _____	

Please check one of the following for each category.

1 - ALWAYS 2 - FREQUENTLY 3 - SOMETIMES 4 - NEVER

Part 1 - Evaluation of the Preceptor		1	2	3	4
1.	The preceptor was a pharmacy practice role model.				
2.	The preceptor gave me feedback on a regular basis.				
3.	The preceptor's feedback helped me improve my performance.				
4.	The preceptor was available when I needed him or her.				
5.	When possible, the preceptor arranged the necessary learning opportunities to meet my objectives.				
6.	The preceptor displayed enthusiasm for teaching.				
7.	The preceptor gave clear explanations.				
8.	The preceptor asked questions that caused me to do my own thinking.				
9.	The preceptor answered my questions clearly.				
10.	The preceptor modeled for me, coached my performance, or facilitated my independent work as appropriate.				
11.	The preceptor displayed interest in me as a resident.				
12.	The preceptor displayed dedication to teaching.				
Comments:					

Please check one of the following for each category.

1 - CONSISTENTLY TRUE 2 - PARTIALLY TRUE 3 - FALSE

Part II: Evaluation of the Learning Experience		1	2	3
1.	I understood the objectives for this learning experience prior to beginning.			
2.	The learning opportunities afforded me during this learning experience matched the objectives specified for this experience.			
3.	Resources I needed were available to me.			
4.	I feel that the preceptor's assessment of my performance on the objectives was fair.			
5.	I was encouraged to further develop my ability to self-assess during this learning experience.			
6.	This learning experience provided me opportunities to provide pharmaceutical care in a responsible way to my patients.			
What were the strengths of this learning experience?				
What were the weaknesses of this learning experience?				
What suggestions can you make to improve this learning experience?				

Resident's Signature/Date

Preceptor's Signature/Date

Forward completed evaluation to Residency Program Director

Chief Resident Responsibilities:

Each resident will rotate through this role. The Chief Resident role will encourage leadership and responsibility for the residency program. The Chief Resident will act as the liaison between the residents and the RPD to help clarify issues and understand all policies and procedures of the residency program. Responsibilities will vary depending on the period.

General Responsibilities-All year:

- Coordinate changes in the resident rotation schedule with the RPD and resident
- Coordinate and schedule Resident and Student JC and CP-**please email RX_CP and RPD the dates and topics.**
- Prepare agenda, take minutes and schedules monthly resident meetings with the RPD
- Assure fellow residents are on time for deadlines, attendance sheets at all functions (JC, CP, lunch seminars and Big Talks) and helps with E-value issues.
- Order office supplies as needed, and keep resident office orderly.
- Coordinate which residents are attending P&T each month

Period 1 (July 1 –October 31): Specific Responsibilities will include:

- Encourage all residents take the NAPLEX and CPJE in a timely manner
- Order business cards for residents (coordinate with Alice)
- Coordinate and take group and individual photos for website in July.
- Ensure residents choose a research project and submit to IRB
- Ensure residents choose a Seminar topic and date
- Prepare a lecture list, schedule for lunch seminars, until end of November (and email RX_CP)
- Schedule residents to present Midyear posters to preceptors before end of November.
- Ensure that all residents submit their ASHP abstract on time
- Help coordinate training for E-value / HPL
- Help plan recruitment, and responsible for CSHP Seminar resident showcase (see Midyear below)
- Make appointment for UCSF CE accreditation of the Resident Seminar with Grace Carlson.

Period 2 (November 1-February 28) Specific Responsibilities will include:

- Ensure all residents prepare their posters for Midyear.
- Help RPD with residency recruitment activities before Midyear.
- Prepare and coordinate residents to decorate and coverage for ASHP Midyear residency showcase
- Responsible for Midyear residency showcase-decorations, folders, advertisements for residency program. Arranges delivery of material, set up and breakdown of showcase, and reshipment.
- Responsible for taking or ensuring there are photos of each resident with their poster, and residency showcase for website.
- Ensure all residents are/must be members of ASHP, registered to go to ASHP and to coordinate travel plans with RPD
- Prepare a lecture list, schedule for lunch seminars, for lunch from January to June (please coordinate with period 3 chief resident for date of pre-WSC presentation)
- Ensure residents are ready for their Resident Seminars in February
- Help planning and coordinating the Resident Seminar

Period 2 (November 1-February 28) Specific Responsibilities continued:

- ASHP Match: Help RPD coordinate the schedules of incoming resident candidates for interviews, and provide the tour of CMC facilities. Responsible for coordinating residents and interviewees' travel to and from interviews, and dinner. Help coordinate dinner plans with RPD, candidates, and current residents.
- Responsible for coordinating and collating data from residents regarding residency candidates (meet as group and summarize your comments and scores to =1 vote for candidates)
- Ensure WSC abstract submissions
-

Period 3 (March 1-June 30th) Specific Responsibilities will include:

- Coordinate WSC registration and travel plans with RPD
- Schedule a "pre WSC" presentation to the preceptors by the end of April (lunch seminar) (work with Chief resident for period 2)
- Coordinate SSHP CE program with CMC resident "pre WSC" presentation in May
- Ensure all deadlines and requirements have been met for residents before end of year
- Responsible for "end of resident year" items (responsible for gathering all pagers, badges, parking passes, empty all desks, take all personal belongings, scheduling exit interviews, working with human resources, etc.)
- Help plan end of year (graduation) party.
- Help RPD with tasks needed for next year's class

SECTION G – CLINICAL PHARMACY SERVICES

Preceptor Information

Staci A. Anderson, Pharm.D., BCPS

Dr. Anderson is a clinical pharmacist in critical care trauma. She serves as a preceptor for pharmacy practice residents, pharmacy students at the Thomas J. Long School of Pharmacy and Health Sciences at the University of Pacific, and serves as an assistant clinical professor for University of California, San Francisco pharmacy students. Dr. Anderson completed her pharmacy practice residency at Community Medical Centers in 2003. She practiced as a Clinical Pharmacist at the Veterans Affairs Central California Health Care System in Fresno, CA until 2006. Dr. Anderson received her doctor of pharmacy from University of the Pacific School of Pharmacy and Health Sciences in 2002. Dr. Anderson was awarded the UCSF Apple for Excellence in Teaching Award in 2009. sanderson2@communitymedical.org

Amy N. Bower, M.S., Pharm.D., BCPS

Dr. Bower is the clinical manager and a clinical pharmacist in critical care medicine. She serves as a preceptor for pharmacy practice residents, and is an assistant clinical professor for University of California, San Francisco pharmacy students. Dr. Bower received her bachelor of science in biochemistry and cell biology and her master of science in biomedical science at University of California, San Diego. She received her doctor of pharmacy at University of California, San Francisco. She completed a general pharmacy practice residency at University of Arizona and a critical care pharmacy practice residency at Mayo Clinic. Dr. Bower was honored with the Longs Foundation Prize for Excellence in Teaching Award ("Teacher of the Year") for the UCSF Fresno site in 2006. The Longs Award is the highest teaching award given by the UCSF School of Pharmacy. Dr. Bower also contributes to departmental research goals and has presented research posters at the Infectious Diseases Society of America Annual Meeting (2004) and the Society of Critical Care Medicine Annual Congress (2007). She currently has memberships with Society of Critical Care Medicine and American College of Clinical Pharmacy. abower@communitymedical.org

Julius Chang, Pharm.D.

Dr. Chang is a clinical pharmacist in internal medicine. He serves as a preceptor to pharmacy practice residents, University of California, San Francisco pharmacy students and Thomas J. Long School of Pharmacy and Health Sciences at the University of Pacific pharmacy students. Dr. Chang received his bachelor of science in pharmacological chemistry from University of California, San Diego, in 2003 and doctor of pharmacy from University of Pacific, Thomas J. Long School of Pharmacy in 2006. He completed a PGY1 residency at Community Medical Centers in 2007. Dr. Chang was awarded the UCSF Apple for Excellence in Teaching Award in 2009. He currently has memberships with American Society of Health-System Pharmacists and California Society of Health-System Pharmacists. jchang2@communitymedical.org

Michelle Chang, Pharm.D.

Dr. Chang is a clinical pharmacist in emergency medicine. She serves as a preceptor for pharmacy practice residents and University of California-San Francisco pharmacy students. Dr. Chang received her bachelor of science from California State University, Fresno in 2000 and doctor of pharmacy from University of California, San Francisco School of Pharmacy in 2005. She completed a pharmacy practice residency with Community Medical Centers in 2006. She currently has memberships with American Society of Health-System Pharmacists and California Society of Health-System Pharmacists. mchang@communitymedical.org

Janie Hatai, Pharm.D., FCSHP

Dr. Hatai is the Pharmacy Information Services (IS) specialist. She serves as a preceptor for pharmacy practice residents. Dr. Hatai received her doctor of pharmacy at the Thomas J. Long School of Pharmacy and Health Sciences at the University of Pacific. She completed a pharmacy practice residency with the VA Medical Center at San Francisco. She currently has memberships with American Society of Health-System Pharmacists and California Society of Health-System Pharmacists. jhatai@communitymedical.org

Harlan M. Husted, PharmD

Dr. Husted is a clinical pharmacist in the neonatal intensive care unit. He serves as a preceptor for PGY1 pharmacy residents, adjunct professor for the Thomas J. Long School of Pharmacy and Health Sciences at the University of Pacific, and serves as an assistant clinical professor for University of California, San Francisco pharmacy students. Dr. Husted completed his Pediatric Pharmacy Practice Residency Children's Hospital, Central California in 2006. He practiced as a Pediatric Clinical Pharmacist at Children's Hospital in Madera, CA until 2008. Dr. Husted received his doctor of pharmacy from University of the Pacific School of Pharmacy and Health Sciences in 2005. He currently has memberships with American Pharmacists Association, American Society of Health-Systems Pharmacists, California Society of Health-Systems Pharmacists – Sierra Society Chapter, Pediatric Pharmacy Advocacy Group and Society of Critical Care Medicine. hhusted@communitymedical.org

Ronald M. Imoto, Pharm.D., FCSHP

Dr. Imoto is the Education Coordinator for the Community Regional Medical Center Pharmacy Department. He serves as a preceptor for pharmacy practice residents, and for Advanced Pharmacy Practice Experience (APPE) pharmacy students. He is Adjunct Clinical Faculty, Thomas J. Long School of Pharmacy and Health Sciences at the University of Pacific in Stockton, California. Dr. Imoto received his doctor of pharmacy at University of California, San Francisco. He has served as Director of the Drug Information and Analysis Center at Valley Medical Center prior to the facility changing to University Medical Center. His current professional memberships include the American Society of Health System Pharmacists and the California Society of Health System Pharmacists. rimoto@communitymedical.org

David B. Lennon, RPh, FCSHP

Mr. Lennon is a clinical pharmacist in Oncology Services and the Inpatient Pharmacy Supervisor at Community Regional Medical Center. He serves as preceptor to pharmacy practice residents and is an Assistant Clinical Professor for the Thomas J. Long School of Pharmacy and Health Sciences at the University of Pacific. Mr. Lennon received his pharmacy degree at University of Houston. He also serves as a member of Community Medical Center's Investigational Review Board and coordinates inpatient and outpatient investigational drug studies for Community Medical Centers. His current professional memberships include American Society of Health System Pharmacists and California Society of Health System Pharmacists. dlennon@communitymedical.org

Timothy M. Lopez, Pharm.D,

Dr. Lopez is a clinical pharmacist in internal medicine, and the inpatient pharmacy manager. He serves as a preceptor for pharmacy practice residents, assistant clinical professor for University of California, San Francisco pharmacy students, and adjunct professor for Thomas J. Long School of Pharmacy and Health Sciences at the University of Pacific pharmacy students. Dr. Lopez received his bachelor of arts in chemistry at California State University, Fresno, and his doctor of pharmacy at University of California, San Francisco. He completed a pharmacy practice residency at St. Joseph's Medical Center in Stockton, Calif., in 2001. Dr. Lopez was honored with the Longs Foundation Prize for Excellence in Teaching Award ("Teacher of the Year") for the UCSF Fresno site in 2005 and 2008. The Longs Award is the highest teaching award given by the UCSF School of Pharmacy. tlopez2@communitymedical.org

Marisa Mendez, Pharm.D., BCPS

Dr. Mendez is a clinical pharmacist in infectious diseases. She serves as a preceptor for pharmacy practice residents, University of California-San Francisco and Thomas J. Long School of Pharmacy and Health Sciences at the University of Pacific pharmacy students, and Sunnyside High School Doctors Academy students. Dr. Mendez received her doctor of pharmacy at the University of Michigan College of Pharmacy in Ann Arbor and completed a pharmacy practice residency and infectious diseases specialty residency at the University of California at San Francisco. mmendez@communitymedical.org

Ogochukwu C. Molokwu, Pharm.D., MScMed

Dr. Molokwu is a clinical pharmacist in ambulatory care. He serves as a preceptor to pharmacy practice residents and University of California-San Francisco pharmacy students. Dr. Molokwu received his doctor of pharmacy from University of California at San Francisco- School of Pharmacy, and received his master of science in medicine for pain management from the University of Sydney, Australia. He completed an ambulatory care specialty residency from VANCHCS. He currently has memberships with the American Pharmacists Association. omolokwu@communitymedical.org.

Gillian Pineda, Pharm.D.

Dr. Pineda is a clinical pharmacist in emergency medicine. She serves as a preceptor for pharmacy practice residents and University of California-San Francisco pharmacy students. Dr. Pineda received her bachelor of science in biological sciences from University of California, Irvine, in 2000 and doctor of pharmacy from University of Southern California, School of Pharmacy in 2007. She completed a PGY1 pharmacy residency at Community Medical Centers in 2007. She currently has memberships with American Society of Health-System Pharmacy, and California Society of Health System Pharmacists. gpineda@communitymedical.org

Alice Ung-Robbins, Pharm.D., BCPS

Dr. Ung-Robbins is the residency program director and a clinical pharmacist in internal Medicine. She serves as a preceptor for pharmacy practice residents, Assistant Clinical Professor for University of California-San Francisco pharmacy students and Adjunct Clinical Faculty, Thomas J. Long School of Pharmacy and Health Sciences at the University of Pacific, Stockton California. Dr. Robbins received her bachelor of science and doctor of pharmacy from Rutgers, the State University of New Jersey-College of Pharmacy. Dr. Robbins is also a Board Certified Pharmacotherapy Specialist. She currently has memberships with American Society of Health-System Pharmacy, American College of Clinical Pharmacy, and California Society of Health System Pharmacists. arobbins@communitymedical.org

Curtis Takemoto, Pharm.D., FCSHP

Dr. Takemoto is the Medication Safety Specialist at Community Medical Centers. He serves as a preceptor for pharmacy practice residents. Dr. Takemoto received his doctor of pharmacy from University of California, San Francisco. He currently has memberships with California Society of Health System Pharmacists, Sierra Society of Health System Pharmacists, American Society of Health System Pharmacists. He served as President of the Sierra Society of Health System Pharmacists in 1995 and 2003. ctakemoto@communitymedical.org

Jennifer Trytten, Pharm.D., BCPS

Dr. Trytten is the Clinical Coordinator at Clovis Community Medical Centers. She serves as Assistant Clinical Professor for University of California-San Francisco pharmacy students. Dr. Trytten received her bachelor of arts in Liberal Arts at California State University- Fresno, CA, and her bachelor of science and doctor of pharmacy from Midwestern University, Downers Grove IL. She completed a pharmacy practice residency at University Hospital, Health Alliance of Cincinnati, Cincinnati, OH. She currently has memberships with Society of Critical Care Medicine, American College of Clinical Pharmacy, and California Society of Health System Pharmacists. jtrytten@communitymedical.org

Danny Vera, Pharm.D.

Dr. Vera is the Director of Pharmacy Service at Community Regional Medical Center. He serves as a preceptor to pharmacy practice residents. Dr. Vera received his bachelor of arts in chemistry with a minor in microbiology from California State University Stanislaus and his doctor of pharmacy from University of California, San Francisco. He currently has memberships California Society of Health System Pharmacists, Sierra Society of Health System Pharmacists, American Society of Health System Pharmacists. He serves as the 2008 President of Sierra Society of Health System Pharmacists. dvera2@communitymedical.org

Daniel Yousef, Pharm.D., BCPS

Dr. Yousef is a clinical pharmacist in critical care medicine. He serves as a preceptor for pharmacy practice residents. Dr. Yousef received his doctor of pharmacy at Northeastern University -Bouve College of Health Sciences in Boston, MA. He completed a PGY1 residency and a critical care specialty residency at Jackson Memorial Hospital in Miami, FL . He currently has memberships with the American Society of Health System Pharmacists and Society of Critical Care Medicine. dyousef@communitymedical.org