

Mohawk Valley Health System
PGY-1 Pharmacy

RESIDENCY HANDBOOK



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Introduction

This manual complements the basic orientation of the PGY-1 Pharmacy Practice Residents and it is a source of reference. Residents are expected to know where to find it and should have an understanding of its contents. Although every attempt is made to make it as current and complete as possible, situations will undoubtedly arise which are not included in the manual. Preceptors, residents and staff will be notified by email of any changes. If a situation is not covered by a policy delineated in the manual, if the interpretation is ambiguous or if it conflicts with the ASHP standards, the program director, in consultation with the appropriate administrators, managers, preceptors and/or residents, will make the necessary decision or interpretation.

The PGY-1 Pharmacy Residency Program at the Mohawk Valley Health System (MVHS) builds on Doctor of Pharmacy (PharmD) education and training to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions.

It is a twelve-month, ASHP-accredited training program in a diverse healthcare practice setting. The program focuses on the core areas of practice specified by ASHP and offers the flexibility to design rotations to match the resident's individual interests. The Pharmacy Residency Program is designed to offer an individualized training plan for each resident based on their interests, goals, past experiences and identified areas for improvement. Upon completion, the resident will be eligible for board certification and for post-graduate year two (PGY-2) pharmacy residency training programs.

The Residency Program Director (RPD) and preceptors will actively encourage and assist the resident in the successful completion of the residency program. A certificate will be awarded upon successful completion of the program.

American Society of Health-System Pharmacists (ASHP)

ASHP Educational Standards

The MVHS PGY-1 Pharmacy Residency Program will follow the standards outlined in the publication titled ASHP Accreditation Standards for PGY-1 Pharmacy Residencies, available at this link: [ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Residency-Accreditation/Accreditation-Standards-for-PGY1-Pharmacy-Residencies](https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Residency-Accreditation/Accreditation-Standards-for-PGY1-Pharmacy-Residencies)

The program aspires to teach the knowledge, attitudes and skills necessary to provide the competent practice of Pharmacy in local and national communities. The program aims to model the attitudes, behavior and skills necessary for collecting, assimilating and articulating the vast amounts of information required to practice as a competent and sensitive pharmacist. This program strives to advance the program's facilities, clinical experience and academic program to achieve the vision of the department as well as meet the healthcare needs of the community it serves. We are committed

to producing graduates that will be able to lead the complex changing nature of healthcare through supporting research conducted by the residents and preceptors.

ASHP defines four core areas of competency which set the framework for which the curriculum is developed. Residents will be evaluated in these areas on a regular basis.

Resident must demonstrate competencies in the following four core areas:

- Patient care
- Advancing practice and improving patient care
- Leadership and management
- Teaching, education and dissemination of knowledge.

Evidence-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation as well as life-long learning.

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, families and health professionals.

Professionalism

Residents are expected to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

System-based Practice

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.

ASHP Accreditation Requirements

The policies governing the accreditation process and procedures for seeking and maintaining accreditation are described in the ASHP Regulations on Accreditation of Pharmacy Residencies.

Available at: [ashp.org/-/media/assets/professional-development/residencies/docs/accreditation-regulations-residencies.pdf](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/accreditation-regulations-residencies.pdf)

Organizational Structure and Personnel

Residency Program Director

David Jones, PharmD, BCPS, BCCCP, is the RPD. The program director has the authority and is accountable for the overall program, including compliance with all applicable ASHP program requirements.

RPD Responsibilities/Expectations:

- Meets ASHP qualifications for RPD.
- Ensures preceptors meet ASHP preceptor qualifications and are appointed/reappointed based upon criteria.
- Ensures adherence to National Matching Services rules.
- Ensures ongoing compliance with residency accreditation regulations and standards.
- Corresponds as necessary with ASHP Accreditation Services Division (ASD).
- Actively manages all residency program accreditation survey needs (submission of applications, pre-survey materials, survey reports, etc.) as requested by ASHP ASD.
- Oversees recruiting for program including regularly updating the ASHP online directory listing and pharmacy residency website.
- Represents program at Residency Advisory Committee (RAC).
- Actively participates in preceptor development.
- Oversees creation of all learning experience descriptions for the program.
- Identifies and assigns preceptors/advisors for all programmatic experiences (service, project, presentation, etc.)
- Creates initial and quarterly development plans for resident(s).
- Ensures resident schedule, evaluations, learning experience descriptions and development plans are entered into PharmAcademic™ (as required by the accreditation regulations).
- On an ongoing basis, tracks resident progress in meeting certificate requirements.
- Tracks employment, certifications, etc., for program graduates as required by the accreditation standard.
- Ensures resident(s) have adequate opportunities for quality project(s) and research project(s).
- Performs an annual program evaluation and implements changes as necessary.

Director of Pharmacy

Christopher Houle, PharmD, BCPS, BCGP, CDCES

Core Preceptors

Core preceptors for each learning experience are a foundational element of this program. The core preceptors teach residents how to manage pharmaceutical care for patients. Additionally, they support the program leadership in developing, implementing and assessing curriculum and in assessing residents' progress toward achievement of competence in the profession.

Preceptor(s)/Co-Preceptor(s)	Learning Experience (required)
<ul style="list-style-type: none"> • Matt Cavo, PharmD • Alicia Courtney, PharmD, BCPS • Lindsay Gymburch, PharmD, BCCCP • Melissa Ouellette, RPh 	Orientation/Pharmacy Operations
<ul style="list-style-type: none"> • Olga Naumenko, PharmD • Rebecca Kelly, PharmD, BCSCP 	Sterile Compounding
<ul style="list-style-type: none"> • Troy Brown, PharmD, BCPS • Sabina Kendic, PharmD 	Family Practice
<ul style="list-style-type: none"> • Bethanie Emerick, PharmD • Sabina Kendic, PharmD 	Internal Medicine-1/Hospitalist
<ul style="list-style-type: none"> • Andrea Kain, PharmD, BCPS • Matthew Jones, PharmD 	Internal Medicine-2/Hospitalist
<ul style="list-style-type: none"> • Alicia Courtney, PharmD, BCPS • Nicole Cough, PharmD • Dave Jones, PharmD, BCPS, BCCCP • Ryan Watson, PharmD, BCCCP, BCEMP 	Critical Care
<ul style="list-style-type: none"> • Melissa Howe, PharmD, BCPS, BCOP 	Oncology
<ul style="list-style-type: none"> • Andrea Kain, PharmD • Melissa Ouellette, RPh • Stephen Kiszewski, RPh 	Infectious Diseases/Antimicrobial Stewardship
<ul style="list-style-type: none"> • Nicole Cough, PharmD • Alicia Courtney, PharmD, BCPS • Ryan Watson, PharmD, BCCCP, BCEMP 	Emergency Medicine
Preceptor(s)	Learning Experience (Elective)
<ul style="list-style-type: none"> • Christopher Houle, PharmD, BCPS, BCGP, CDCES 	Pharmacy Administration (In Progress)
<ul style="list-style-type: none"> • Preceptors TBD 	Behavioral Health Pharmacotherapy (In progress)

Preceptor(s)/Co-Preceptor(s)	Learning Experience (Longitudinal)
• Nay Linn Aung, MD	Ambulatory Care – Diabetes Population
• Dave Jones, PharmD, BCPS, BCCCP	Teaching, Education and Dissemination of Knowledge
• Dave Jones, PharmD, BCPS, BCCCP • Lindsay Gymburch, PharmD, BCCCP	Advancing Practice and Improving Patient Care
• Troy Brown, PharmD, BCPS • Matthew Cavo, PharmD	Staffing
• Sabina Kendic, PharmD	Scholarly Activity

Non-Pharmacist Preceptors

Direct patient care experiences that take place in an area that does not have a full time pharmacist will be scheduled when evaluations conducted at the end of previous learning experiences reflect readiness to practice independently, the RPD and preceptors agree the resident is ready for independent practice, and the main role of the pharmacist preceptor is to facilitate resident learning experiences. Evaluations conducted at the end of previous learning experiences must reflect such readiness to practice independently.

A non-pharmacist preceptor and a pharmacist preceptor will be assigned for these learning experiences.

The RPD, or other pharmacist preceptor, works closely with the non-pharmacist preceptor to select the educational objectives and activities for this learning experience.

Non-Pharmacist preceptors (e.g., physicians, PAs, NPs, etc.) may be utilized as preceptors per the following requirements:

- Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice.
- Readiness for independent practice is documented in the resident's development plan.

During these learning experiences, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluations of the resident's progress toward achievement of the educational objectives assigned.

Mission

The mission of the MVHS PGY-1 Pharmacy Residency Program is to educate future health system pharmacists in evidence-based, accessible, high quality pharmaceutical care in order to deliver premier healthcare to our region, keeping our patients as the focus of all we do.

Program Goals

The goal of the program is to prepare the resident to assume independent clinical pharmacy practice by the end of their residency learning experiences. It will also prepare the resident to pursue a PGY-2 program, fellowship, or academic position, depending on their career aspirations and goals.

Supplementing the residents' clinical learning experiences will be journal club presentations, medication utilization evaluations, formulary drug reviews and teaching experiences. Residents will also have the opportunity to contribute to the education of PharmD students through co-precepting responsibilities, as well as teaching opportunities in the St. Elizabeth College of Nursing (SECON).

During their training, residents will engage in a dynamic clinical and operational schedule that will expose them to the core content of general Pharmacy practice as well as specialty areas and allow for progressive responsibility in the pharmaceutical care of patients; the supervision of PharmD students; the teaching of peers, medical students and residents, and in Pharmacy administration. Residents will learn to provide efficient, compassionate and cost-effective pharmaceutical care with the patient's best interest in mind. During their training, residents will participate in a scholarly endeavor, which may include activities such as a research project or becoming engaged in a substantial quality improvement project.

Number of Residents

The MVHS PGY-1 Pharmacy Residency Program is approved for two residents.

Resources

Online Drug Information Resources:

- Lexicomp® is the official drug reference site for MVHS.
- Access information is available at: online.lexi.com
- NeoFax® is the official pediatric/neonatal drug reference site for MVHS.
- Access information is available at: micromedexsolutions.com/micromedex2/librarian/cxnaccess?institution=institution^FAXTON^35914&action=neofaxDrugMonograph

Library

The MVHS library are your partners in practice, research and education. There are two full-time, ALA-accredited, professional medical librarians available to help you. They enjoy working with medical residents and seeing them succeed academically.

The medical library is available to support and service your academic needs. The medical library is located on the second floor of the Wynn Hospital, room 2070. Affiliated library users have in-library and remote access to the medical library's digital collections through the medical library's Library Resource page in Citrix. The medical library is open 24/7. There is also 24/7 study space available at the SECON Library.

The librarians provide the following services to the all MVHS affiliated users: database searching, research, reference, interlibrary loan, training on electronic resources, help with research, projects, presentations, references, publication, current awareness, mobile apps and CME if available for library resources.

The medical library has more than 1,500 e-books, over 4,300 full-text journals and eight databases to use for research and study. There are subject guides available that will assist in using library resources in your specialty.

To contact the librarians, please use email. Schedules are posted in the libraries and on the Library Resource page.

Halyna Liszczyński, BS, MLS, Director of MVHS Library Services: hliszczy@mvhealthsystem.org or 315-917-8231

Laura Dixon, BA, MLS, Medical Librarian: ldixon@mvhealthsystem.org or 315-917-8232

Resident Responsibilities

The "ASHP Accreditation Standard for Postgraduate Residency Programs (The Standard)" will be followed.

The Standard, in its entirety, can be found at ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf. In addition to following The Standard, the following responsibilities of residents will be expected:

- To develop a personal program of self-study and professional growth with guidance from the preceptors and RPD.
- To participate in safe, effective and compassionate patient pharmaceutical care under supervision, commensurate with their level of advancement and responsibility.
- To participate fully in the educational activities of their program, and, as required, assume responsibility for teaching and supervising PharmD students.
- To participate in institutional programs and activities involving the pharmacy staff and adhere to established practices, procedures and policies of MVHS.
- To participate in institutional committees and meetings, especially those that relate to patient pharmaceutical care activities, such as:
 - Pharmacy and Therapeutics Committee
 - Medication Safety Committee
 - Antibiotic Stewardship Committee
 - Residency Advisory Committee, as needed.
- To apply cost-effective measures in the provision of patient pharmaceutical care.

As each resident progresses from one learning experience to the next, their level of competency and confidence will increase.

Staffing

Residents' weekend responsibilities will include, but are not limited to, clinical pharmacokinetics, antimicrobial stewardship and pharmacy operational services.

Residents are expected to cover one four hour evening shift per week, full shifts (eight hours) every-other-weekend and select holidays as deemed necessary by the Pharmacy department

Patient Confidentiality

All residents will maintain patient confidentiality. It is the expectation that the residents will not discuss patient-specific information with other patients, family members, or providers not directly involved in the care of the patient in accordance with HIPPA policies. Residents shall not leave sensitive or confidential documents in public spaces. Breaches to this policy may result in disciplinary action.

See Policies:

- HIPAA Acknowledgement and Notice of Privacy - MVHS, PAC-063
- HIPAA Manual – Automatic Logoff for Workstations and Applications - MVHS, MV-05-059

Reading List and Educational Materials

Required reading will be outlined for the residents in the syllabus prior to each learning experience. Additional reading materials may be distributed during the rotation based on the area of focus for the experience or need.

Duration and Scope

The training experiences will be built upon four, six, or eight-week learning experience blocks within the 52 week training program. Orientation will be followed by core required rotations and select elective rotations, based on availability of preceptors. The residents will also participate in year-long longitudinal experiences as part of their requirements for completion of the program. A four-week learning experience can be repeated as an elective if the resident wishes to gain more experience in that area, or if the resident did not successfully meet the goals and objectives of the learning experience in order to satisfy requirements for advancement.

Orientation

The purpose of orientation is to expose the residents to MVHS general policies, procedures and institutional standards. Residents will begin working clinically in the Pharmacy Department after their general hospital orientation.

Residents will complete both their hospital and department orientations. They will also need to complete BLS, ACLS and PALS as part of orientation.

There will be a required Pharmacy Operations/Orientation learning experience of four weeks at the beginning of the residency year.

Incident Reporting

Quality improvement and patient safety stand at the core of MVHS's clinical mission. Error and near-miss reporting are integral components of creating a safe, high-quality clinical learning environment.

The MIDAS incident reporting system enables hospital staff to submit anonymous incident reports of patient safety issues for analysis and improvement.

Residents are strongly encouraged to complete an incident report on any patient care or professionalism related problem.

PharmD Students

PharmD students frequently participate in Introductory (IPPE) and Advanced (APPE) Pharmacy Practice experiences at MVHS. These students from a variety of colleges and universities have specific goals and objectives to be learned during their rotations. The residents and preceptors may be responsible for completing evaluation forms of each student's performance and professionalism during their rotations.

PharmD students will be assigned to PGY-1 Pharmacy Residents and will be supervised by RPD, residency preceptors and/or other Pharmacy staff members. Precepting pharmacy students is expected as a component of the longitudinal rotation of Teaching, Education and Dissemination of Knowledge.

Didactic Programs

Residents will need to be certified in BLS, ACLS and PALS.

Family Medicine (FM) Residency Program Didactics

Residents will have the opportunity to lecture in monthly Pharmacology topic didactics. These sessions are led by a combination of Family Medicine faculty, attending specialists, senior residents and guest lecturers. The pharmacy resident will have coordinated and scheduled lectures to provide the FM residency program with pharmaceutical care topics throughout the residency year, in combination with precepting PharmD students.

Journal Club

On each learning experience, residents will provide a formal robust review of a peer-reviewed journal article of clinical importance to pharmaceutical care.

Simulation Program

Residents will learn leadership in critical situations through the simulation education program through SECON and FM Residency program. In this program, residents will respond to pre-programmed simulations developed from actual cases as well as cases they may encounter in the Emergency Department. They may work alongside nursing students, respiratory therapy students and other personnel. Residents will gain experience in guiding pharmaceutical care. Faculty will give feedback during a debriefing session with regards to the performance of the team. The residents rating will be using a mastery learning model, meaning that residents will continue to participate until it is clear that they have mastered the subject area.

Research/Scholarly Activity

Each resident is required to participate in a research project. These activities are to be discussed with core faculty members George Tegos, PhD; Sabina Kendic, PharmD and Nay Linn Aung, MD. Drs. Aung, Kendic, and Tegos will guide the residents through the research project.

All research projects are required to receive Investigations Review Board (IRB) approval prior to beginning the project.

Residents will have the opportunity to present findings at regional and national conferences, including ASHP Midyear Clinical Meeting and Eastern States Conference.

A final manuscript of the residency research project is required to be submitted to the RPD prior to the end of the residency year to be placed in the resident's individual file.

Residents have 24/7 access to the medical library to compile supporting data and similar research and have access to a biostatistician to assist them in study designs and analysis.

Dress Code

All residents are expected to dress in an appropriate professional manner whenever they are within the hospital or participating in or attending any function as a representative of MVHS. A detailed policy is found in PolicyStat™ on the intranet under MVHS Dress Code - MVHS, MV-06-049. Professional dress may include scrubs in certain professional environments such as the Emergency Department.

Duty Hours and Moonlighting:

The residency is a full-time obligation; hence the resident shall manage activities external to the residency so as to not interfere with the goals, objectives and obligations of the program.

Duty hours include the following: time spent at the practice site, time spent at home working on residency related activities, external moonlighting and patient care provided on a volunteer basis.

ASHP Duty-Hours Requirements for Pharmacy Residencies is followed. Please refer to this link for full details: [ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf)

Residents are expected to review scheduled shifts at the beginning of each month with their new preceptor. The resident tracks and reports to their preceptor if a concern for a duty hour violation arises. The RPD should be included in discussion if needed to adjust or make accommodations to prevent duty hours from being violated.

Moonlighting is defined as having a second job in addition to one's regular employment. Any work done outside of the residency program (including non-pharmacy work) is moonlighting. Residents picking up extra hours for MVHS is also referred to as moonlighting. Extra hours must be approved by the RPD and DOP before the resident commits to the additional hours. External employment is discouraged, but does not need to be approved by the RPD. Moonlighting is considered duty hours.

Under certain circumstances, a limited amount of outside work may complement and enrich the residency experience. Therefore, it is the policy of the residency program to allow a resident to work outside the residency program under the following conditions.

- The resident requests permission from the RPD before work commitments are made and justifies the reasons, type and amount.
- The outside work schedule and number of hours do not compromise any component of the residency.
- Work outside of the residency may be continued as long as the resident's performance is satisfactory as determined by the RPD.
- The resident will communicate with the RPD their intention to seek or continue outside employment at the first meeting of the residency year. The resident will be limited to no more than 16 hours per month of moonlighting.

- All duty hours must be documented in PharmAcademic™ and total hours must not exceed the ASHP residency standard (see below).
- As per ASHP standards, the maximum time allowed for duty hours (includes moonlighting) is 80 hours per week, averaged over a four-week period, inclusive of moonlighting. For specific details regarding maximum hours of work per week and duty free times see: [ashp.org/-/media/assets/professional-development/residencies/docs/duty-hourrequirements.pdf](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hourrequirements.pdf).

Residency Advisory Committee (RAC)

Oversight of the residency program will be accomplished by the Residency Advisory Committee (RAC).

Committee membership includes but is not limited to RPD, preceptors, and as applicable, pharmacy leaders.

Elements of the committee include but are not limited to recruitment and selection of residents; program requirements and policies; structure, design and conduct of the residency program; facilitation of communication between residents and preceptors; and ongoing program assessment. Residents will periodically have the opportunity to attend RAC meetings.

Development Plans and Required/Elective Experiences

The residency program is committed to maintaining a customized program that meets the needs of individual residents. All residents will be expected to meet the performance requirements of the residency as established by ASHP. In order to meet each resident's individual needs, aspects of residency, including elective goals and objectives, orientation, program structure, teaching strategies (modeling, coaching and facilitation) and evaluation strategies may be modified, or customized, to help the resident be successful and obtain the maximum value from the residency. The resident's customized plan will be re-evaluated and updated at least once each quarter of the program.

Components of Development Plan

- Entering Self-Evaluation and Self-Reflection – residents will be asked to both self-evaluate (taking a critical view of skills/abilities based on given standard) and self-reflect (global view of your learning and professional growth) by completing assigned activities prior to the start of the residency training year. Directions will be sent via email by the RPD with expected return date. Completed documentation will be distributed to program preceptors.
- Residents will be asked to answer entering interest questions as part of the Self-Evaluation and Self-Reflection form. These questions will provide preceptors background on the resident's training, desired preceptor interaction, organizational involvement and teaching interests. Responses will be sent to preceptors who will then use this information to customize orientation experiences.
- PharmAcademic™ Self-Evaluation: Residents will also be asked to review current ASHP Competency Areas/Goals/Objectives of the residency program and complete a self-evaluation in PharmAcademic™ (Entering Objective-Based Self-Evaluation) during orientation. Each resident will determine level of experience and ability to achieve the educational objectives of the residency program. For each goal, residents will review the criteria provided and select one of the following level of skills (and associated level of preceptor interaction). Comments are required for each objective and will be discussed at length during orientation

Level of Skill	Preceptor Interaction
Fundamental Awareness	Teaching/Role Modeling
Novice	Coaching
Intermediate	Experience with Coaching
Independent	Independent
Achieved	None needed

- Initial orientation activities – The RPD and primary preceptor will prepare the initial customized training for orientation based on the above collected information. Throughout orientation, the primary preceptor will also evaluate the resident based on the same criteria in the self-evaluation and adjust the plan as needed.
- Initial customized plan will be created with RPD during orientation month. This plan will include: strengths (personal and professional), areas for improvement (personal and professional), career goals/continuous professional development and learning interests. To help the resident develop, the plan may include additional assignments/learning experiences, increased/decreased repetition of activities, addition of new objectives, etc.
- Each quarter, the resident will meet with the RAC to evaluate progress and review/update customized plans including: strengths (personal and professional), areas for improvement (personal and professional), career goals/continuous professional development, learning interests, modifications to residency, readiness for independent learning, and assessment strategies.

Required Learning Experiences

All residents will complete unique learning experiences as part of the residency year. Details for each experience can be found in the learning experience documents in PharmAcademic™. The resident must successfully complete each of the following experiences:

Learning Experience (required)	Weeks *subject to change based on resident's dev. plan/interests
Orientation/Pharmacy Operations	4
Sterile Compounding	4
Family Practice	4
Internal Medicine/Hospitalist-1	4
Internal Medicine/Hospitalist-2	4
Critical Care	4
Oncology/Outpatient Infusion Center	4
Infectious Diseases/Antimicrobial Stewardship	4
Emergency Medicine	4
Learning Experience (Elective)	
Pharmacy Administration (TBD)	4
Behavioral Health Pharmacotherapy (In progress)	4
Learning Experience (Longitudinal)	
Research Project/Scholarly Activity	52 Weeks
Pharmacy department staffing	40 weeks; one evening per week, plus cover every-other-weekend.
Ambulatory Care - Diabetes Population	40 weeks; 1 clinic day per week.
Teaching, Education and Dissemination of Knowledge	40 weeks; In-services, SECON Pharmacology lectures
Advancing Practice and Improving Patient Care	40 weeks; Assigned committees

Elective Options/Shadowing Experiences

Based on the resident's interests and areas for improvement, elective learning experiences will be considered, based on availability. These experiences ideally will take place in latter half of the residency year. All elective experiences will be discussed/decided upon collaboratively by the RAC. It is the responsibility of the RPD to then organize/manage these experiences in conjunction with the preceptor(s). Core required rotations may be repeated as elective learning experiences.

Evaluations, Feedback and Assessment of Performance

For each required/elective learning experience, the resident's skills/ability will be assessed using formative and summative evaluations, self-evaluation and self-reflection. The resident will also assess the preceptor, learning experience and the RPD. The timing of these assessments are listed in the syllabi of each learning experience. PharmAcademic™ will be used for documentation of scheduled evaluations. Evaluations will be signed in PharmAcademic™ following a meeting between the preceptor and resident.

Formative Feedback: This type of assessment is ongoing, frequent, immediate, specific and constructive to help the learner identify the strengths and weaknesses by providing immediate feedback. Effective formative feedback follows the acronym FAST: F – Frequent; A – Accurate; S – Specific; T – Timely.

Examples of formative feedback include:

- a. Observation and dialogue about a specific performance.
- b. Reviewing and commenting on drafts of manuscripts/presentations.
- c. Receiving student feedback on a specific learning experience.

Summative Feedback: This type of feedback evaluates the resident's performance at the end of a learning experience (example: Orientation) or at defined time intervals during a longitudinal learning experiences (example: Academic and Teaching). This type of feedback compares the resident's performance to defined goals/objectives of the residency. Summative evaluations must be completed within one week of the conclusion of a learning experience and is required for residency graduation.

Examples of summative feedback include:

- a. PharmAcademic™ quarterly learning experience evaluation conducted by preceptor.
- b. Final report on quality improvement project.
- c. Final manuscript for research project.

Summative Evaluations of the Resident by the Preceptor

Evaluations should be written so the resident knows what they did well and what they can improve upon. The evaluation should not list what the resident did, but how well they did it.

The following elements should be included for objectives evaluated:

- Specific examples of how the resident is working to meet the objective. Describe what is it about the activity that indicated the resident is on track to achieving the objective.
- If the resident has not yet achieved the objective, list what specifically the resident should do to achieve the objective.

Evaluations that do not include the above comments will be returned to the preceptor through the "send back for edits" feature in PharmAcademic™.

Summative Evaluations of the Preceptor by the Resident

As our part of our commitment to lifelong learning and growth, preceptors welcome feedback from the residents as to how they can continue to challenge and guide residents through the residency.

At a minimum, residents should address the following as part of the preceptor evaluations:

- What were the preceptor roles that the preceptor most frequently utilized (from the 4 ASHP preceptor roles)?
- What are the preceptor's strengths?
- What did I learn from this preceptor?
- What could the preceptor do to make future experiences more valuable?

Preceptor-evaluations that do not include the above comments will be returned to the resident through the "send back for edits" feature in PharmAcademic™.

Summative Evaluations of the Learning Experience by the Resident

In order to provide challenging and valuable learning experiences, the preceptors welcome feedback regarding the experience.

At a minimum, the resident should address the following as part of the learning experience evaluations:

- What was the most valuable aspect of this experience?
- What did I learn from this experience?
- What could be done in the future to make the learning experience better?

Learning experience evaluations that do not include the above comments will be returned to the resident through the "send back for edits" feature in PharmAcademic™.

Self-Assessment: The ability to accurately self-evaluate one's skills/abilities is a critical skill for any professional. To help residents develop, the residency program will ask for quarterly self-assessments.

Quarterly, residents will self-evaluate their performance compared to the criteria-based goals/objective statements for each learning experience.

- This evaluation is found in PharmAcademic™
- Each evaluation must be completed by the due date or within 7 days.
 - Failure to either complete the evaluations on time or failure to complete evaluations as detailed in the assessment strategy will result in disciplinary action as described in the remediation/disciplinary/performance policy found below.

Summative Self-Evaluations by the Resident

Self-reflection is an important skill for ongoing growth and lifelong learning. It is also a valuable tool for assessing agreement between resident and preceptor perception of progress toward reaching goals and objectives.

At a minimum, residents should discuss the following as part of self-evaluation:

- What did I do?
- How well did I do it?
- What did I learn?
- What will I do differently next time?

Self-evaluations that do not include the above comments will be returned to the resident through the “send back for edits” feature in PharmAcademic™.

While formal self-evaluations are not a required component of all learning experiences, preceptors may choose to require they be completed in PharmAcademic™ for specific rotations.

Advancement/Promotion

The resident will receive a formal evaluation with the program director quarterly via the Resident Development Plan to make sure the resident is on-track for graduation.

Failure to Attain Promotion to Next Learning Experience

Failure to demonstrate adequate progression should be identified at an early stage and is handled with individual intervention and counseling. Persistent failure to progress may prevent advancement to the next Learning Experience. Residents who are at risk for failure of promotion are informed by the program director as early as possible in consultation with the preceptor/co-preceptor. At the time of being informed of the risk for failure of promotion, a corrective action plan will be outlined in writing and provided to the resident and placed in the resident’s file. The corrective action plan is individualized, addressing the resident’s deficiencies, and specifies objectives. The opportunity to repeat the Learning Experience will be discussed.

Resident Evaluation Concerns

If the resident does not agree with the evaluation from a preceptor(s), the resident is encouraged to discuss the evaluation with the preceptor(s) to achieve a satisfactory resolution.

1. If the resident is not satisfied with consequent evaluation discussions, the resident should notify the RPD to discuss. The RPD will make every attempt to mediate the concerns of both the resident and preceptor in a face-to-face meeting.
2. If either party is dissatisfied with the outcome of the face-to-face meeting, the resident and/or preceptor may submit a written request to present his/her justification of the performance to the RPD within seven days of the evaluation. The RPD will review the evaluations and investigate the situation. The RPD will attempt to resolve the situation within 14 days of the request. The resolution will be presented to the concerned party in writing.
3. If the resident is not satisfied with the resolution, he/she may submit a written request for review by the RAC within seven days of notification of the RPD's decision. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the resident's performance. The resident will also have the opportunity to present to the RAC verbally. The resident may request that the preceptor involved not be present. However, the RAC may deem it appropriate to have the preceptor involved also present information to the committee. The RAC will also review all written documentation of performance and discussions. The RAC may also ask the resident to demonstrate the ability to perform functions in question through a case presentation and questions or other appropriate means based on the skills involved in the evaluation. All preceptors will be permitted to participate in the evaluation of the resident's performance in this circumstance. The RAC decision with the concurrence of the RPD is final.
4. This entire process will be coordinated by the RPD. In the case that the RPD is the preceptor involved in the evaluation in question, the RAC will select another preceptor to coordinate the process.

Graduation

The decision to grant a resident a residency certificate will be collaborative amongst the RAC. Residents must have attained the requisite clinical, administrative and educational skills in order to attain certification.

Residents are considered graduates of the program when they have successfully completed all aspects of education as outlined in the program curriculum and have satisfactorily attained the required goals and objectives. Active participation in a scholarly activity or research project and attendance of residency didactics per requirements of the program curriculum are necessary to meet eligibility. The program director makes the determination of graduation when a resident has met the residency training requirements as outlined by the ASHP Standards.

Refer to Residency Certificate Requirements, GME-RX-006 policy for complete details.

Residency Grievances/Due Process

The GME policy for grievances (GME-003) and appeal of disciplinary action (GME-008) can be found on PolicyStat.

Fatigue Management

Fatigue risk management for residents is critical to maintain safe patient care and the integrity of liability, personal safety and wellbeing. The program director and preceptors work with residents to provide ongoing fatigue management strategies to monitor, assess and minimize the effects of fatigue for the health and safety of residents and the patients they care for as well as supporting academic success. Residents will be educated to recognize the signs of fatigue and sleep deprivation through didactics, computer based learning modules, group discussion, on the job training and one-on-one experiences with staff. For more information, please see policy GME-GS-008; Fatigue Management and Mitigation.

Resident Health

Due to the nature of the populations served and requirements established by each practice site, proof of immunization history is required for every resident in accordance to MVHS's Employee Health Policies.

Refer to Employee Health Policies in PolicyStat.

Resident Wellness

It is important to us that our residents thrive and not just survive. While all of these options will be available here, our focus will be on developing resilience. We believe that resilience is not something you are born with, but something that is developed over time through wellbeing activities, coping mechanisms, mentoring and support.

Here at MVHS, we have already put into place many of these resources. We have a full time psychologist on staff, dedicated to residency wellbeing. We offer links to free meditation and mindfulness apps, a confidential physician support line, discounts to local gyms and events and suggestions on personal development reading. MVHS is also a member of the MSSNY Peer-to-Peer Program, a peer support program joint effort between SUNY Upstate, The Bassett Healthcare Network and MVHS. Overseen by family medicine physicians, the program is designed to train clinicians to become peer supporters by connecting clinicians of similar backgrounds (inpatients, outpatient, residents, medical students, etc.) for support, mentoring, encouragement and offering referrals to psychiatry/psychology if/when needs are recognized.

MVHS Wellness Resources can be found on the intranet under "Teams."

List of Policies

All Institutional and Program level policies are stored on the MVHS intranet via PolicyStat. PolicyStat is a web-based document management tool for managing policies, procedures and other important documentation. Residents are required to verify that they have reviewed each policy upon entering the program and whenever a revision of the policy occurs. Training for PolicyStat will occur during orientation.

Refer to Appendix A on pages 21-23 for a complete list of Pharmacy-owned MVHS policies.

Refer to PGY-1 Pharmacy Practice-specific GME Policies:

GME-RX-001, Licensure	GME-RX-006, Resident Certificate Requirements
GME-RX-002, Absences from Training	GME-RX-007, Educational Program
GME-RX-003, Fatigue Management and Mitigation	GME-RX-008, Resident Formative Evaluation
GME-RX-004, Clinical and Educational Work Hours	
GME-RX-005, Resident Appointment and Selection	

Refer to Pharmacy Department-specific Policy:

RXY-B-03: Pharmacy Department PGY-1 Pharmacy Residency Program - Residency Certificate Requirements

Curriculum

Our clinical Learning Experiences curriculum exposes residents to a wide array of patients and conditions in multiple training environments. Patient safety is always at the forefront, with appropriate supervision by outstanding preceptors. Residents will gain graduated responsibility and autonomy over the course of training.

- Advancing Practice and Improving Patient Care (Longitudinal)
- Ambulatory Care - Diabetes Population (Longitudinal)
- Pharmacy Operations/Staffing (Longitudinal)
- Research Project (Longitudinal)
- Teaching, Education and Dissemination of Knowledge (Longitudinal)
- Orientation: Pharmacy Operations/Staffing Sterile Compounding
- Antimicrobial Stewardship
- Infectious Disease
- Internal Medicine/Hospitalist Service-I
- Internal Medicine/Hospitalist Service-II
- Family Practice
- Critical Care
- Emergency Medicine
- Oncology
- Pharmacy Administration (elective/TBD)
- Behavioral Health Pharmacotherapy: (elective/In progress)

See page 14 for the duration of each learning experience.

Through these Learning Experiences, residents will also receive exposure to and experience in: cardiology, clinical pharmacokinetics, committee participation.

Title	Training Section	Policy Area	Applicability	Owner	Attachments
Dispensing Medications to MVHS Clinics for Prenatal Patients: RXY-I-01	Checking	Pharmacy - RXY-I	MVHS	Heaton, Tracy: Assistant	No
Electronic Bar-coding, RXY-D-01	Checking	Pharmacy - RXY-D	MVHS	Heaton, Tracy: Assistant	No
Emergency and Procedure Kits-- SEMC, MV-20-087	Checking	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	No
EMS Controlled Substance Box Exchange RXY-L-03	Checking	Pharmacy - RXY-L	MVHS	Heaton, Tracy: Assistant	Yes
Floor Stock Medication Dispensing, RXY-J-03	Checking	Pharmacy - RXY-J	MVHS	Heaton, Tracy: Assistant	No
Medication Dispensing, RXY-J-04	Checking	Pharmacy - RXY-J	MVHS	Heaton, Tracy: Assistant	No
Medication Labeling Guidelines--SEMC, MV-20-086	Checking	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	No
Medication Labeling, RXY-H-01	Checking	Pharmacy - RXY-H	MVHS	Renzi, Angela: Assistant	No
Medication Management: Dispensing and Storage, MV-20-174	Checking	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	No
Neuromuscular Blockers-Safe Management Strategies: RXY-J-10	Checking	Pharmacy - RXY-J	MVHS	Heaton, Tracy: Assistant	Yes
Non-Sterile Pharmaceutical Compounding, RXY-K-01	Checking	Pharmacy - RXY-K	MVHS	Kelly, Rebecca: PharmD,	Yes
Pharmaceutical Recall Process, RXY-E-07	Checking	Pharmacy - RXY-E	MVHS	Renzi, Angela: Assistant	Yes
Pyxis ES Medstation Policy - FSLH, MV-20-091	Checking	20 Treatment and Care	MVHS	Heaton, Tracy: Assistant	Yes
Chemotherapy/Leucovorin/Immunotherapy Fluid Dilution Protocol - MVHS, MV-20-164	Chemo	20 Treatment and Care	MVHS	Howe, Melissa: Register	Yes
Chemotherapy/Leucovorin/Immunotherapy/Biologic Dose Rounding Protocol, RXY-O-13	Chemo	Pharmacy - RXY-O	MVHS	Howe, Melissa: Register	No
High Dose IV Cytarabine Dexamethasone Ophthalmic Protocol, RXY-O-14	Chemo	Pharmacy - RXY-O	MVHS	Howe, Melissa: Register	No
Pharmacy Long Acting AntiEmetic Standardization Protocol RXY-O-16	Chemo	Pharmacy - RXY-O	MVHS	Howe, Melissa: Register	No
Rasburicase Fixed Dosing Policy (Adult), RXY-O-21	Chemo	Pharmacy - RXY-O	MVHS	Gymburch, Lindsay: Pha	No
Antimicrobial Stewardship Program - MVHS, MV-20-137	Clinical	20 Treatment and Care	MVHS	Gymburch, Lindsay: Pha	Yes
Pharmacy Department Clinical Services, RXY-O-01	Clinical	Pharmacy - RXY-O	MVHS	Jones, David: Pharmacy	Yes
Adult Extended Infusion (Meropenem) Merrem Protocol, MV-20-171	Desk/Orders	20 Treatment and Care	MVHS	Jones, David: Pharmacy	Yes
Adult Extended Infusion Piperacillin/Tazobactam (Zosyn®) protocol, MV-20-170	Desk/Orders	20 Treatment and Care	MVHS	Jones, David: Pharmacy	Yes
Allergy Reconciliation Management Plan, MV-20-084	Desk/Orders	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	No
Aminoglycoside Pharmacist Dosing Guidelines for the Adult Patient, RXY-O-06	Desk/Orders	Pharmacy - RXY-O	MVHS	Jones, David: Pharmacy	Yes
Anticoagulation Policy - MVHS, MV-20-056	Desk/Orders	20 Treatment and Care	MVHS	Gymburch, Lindsay: Pha	Yes
Automatic Discontinuation of Critical Care Medications, RXY-O-09	Desk/Orders	Pharmacy - RXY-O	MVHS	Jones, David: Pharmacy	Yes
Automatic Intravenous to Oral Conversion (IV – to – PO), RXY-O-03	Desk/Orders	Pharmacy - RXY-O	MVHS	Gymburch, Lindsay: Pha	Yes
Bevacizumab Administration Policy - RXY - O - 18	Desk/Orders	Pharmacy - RXY-O	MVHS	Howe, Melissa: Register	No
Biosimilar Interchange Policy, RXY-O-19	Desk/Orders	Pharmacy - RXY-O	MVHS	Gymburch, Lindsay: Pha	No
Brown Bagging, White Bagging, and Clear Bagging - MVHS, RXY-C-14	Desk/Orders	Pharmacy - RXY-C	MVHS	Gymburch, Lindsay: Pha	No
Carefusion / Alaris Pump Control - MVHS, MV-20-041	Desk/Orders	20 Treatment and Care	MVHS	Heaton, Tracy: Assistant	Yes
Drug Shortages, RXY-C-03	Desk/Orders	Pharmacy - RXY-C	MVHS	Renzi, Angela: Assistant	No
Electrolyte Replacement Protocol, MV-20-175	Desk/Orders	20 Treatment and Care	MVHS	Gymburch, Lindsay: Pha	No
Formulary Management, RXY-O-07	Desk/Orders	Pharmacy - RXY-O	MVHS	Gymburch, Lindsay: Pha	Yes
High Risk Medication Management - MVHS, MV-20-089	Desk/Orders	20 Treatment and Care	MVHS	Gymburch, Lindsay: Pha	Yes
Hypertonic Saline 3% Utilization - MVHS, MV-20-082	Desk/Orders	20 Treatment and Care	MVHS	Gymburch, Lindsay: Pha	Yes
Insulin Management, RXY-C-09	Desk/Orders	Pharmacy - RXY-C	MVHS	Renzi, Angela: Assistant	No
IV Acetaminophen Ordering Guidelines, MV-20-179	Desk/Orders	20 Treatment and Care	MVHS	Jones, David: Pharmacy	No
Medication History Documentation - Pharmacy, RXY-O-12	Desk/Orders	Pharmacy - RXY-O	MVHS	Jones, David: Pharmacy	Yes
Medication Management: Orders, MV-20-168	Desk/Orders	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	Yes
Monoclonal Antibody Treatments for COVID 19, MVHS, MV-20-111	Desk/Orders	20 Treatment and Care	MVHS	Jones, David: Pharmacy	Yes
Neonatal and Pediatric Patient Dispensing-Non Intravenous, RXY-J-08	Desk/Orders	Pharmacy - RXY-J	MVHS	Heaton, Tracy: Assistant	Yes

Off-Label Use of Medications (Uncommon Use), MV-20-036	Desk/Orders	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	No
Outpatient Prescription Process - Hardship Circumstances, RXY-I-02	Desk/Orders	Pharmacy - RXY-I	MVHS	Renzi, Angela: Assistant	No
Patient's Own Medications - MVHS, MV-20-024	Desk/Orders	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	Yes
Pertuzumab and Trastuzumab Administration Policy, RXY-O - 17	Desk/Orders	Pharmacy - RXY-O	MVHS	Howe, Melissa: Registrar	No
Pharmacist Drug Monitoring Protocol for Narrow Therapeutic Index Drugs - MVHS, MV-20-127	Desk/Orders	20 Treatment and Care	MVHS	Jones, David: Pharmacy	Yes
Pharmacist Initiated Rapid Diagnostic Test Ordering - MVHS, MV-20-129	Desk/Orders	20 Treatment and Care	MVHS	Gymburch, Lindsay: Pha	Yes
Pharmacist Order Entry and/or Verification of CPOE Entered Orders, RXY-G-01	Desk/Orders	Pharmacy - RXY-G	MVHS	Heaton, Tracy: Assistant	No
Pharmacist Vancomycin Dosing and Monitoring Process, MV-20-169	Desk/Orders	20 Treatment and Care	MVHS	Jones, David: Pharmacy	Yes
Processing of Medication Orders - Clinical Alerts, RXY-G-02	Desk/Orders	Pharmacy - RXY-G	MVHS	Renzi, Angela: Assistant	No
REMS (Risk Evaluation and Mitigation Strategies), RXY-C-02	Desk/Orders	Pharmacy - RXY-C	MVHS	Heaton, Tracy: Assistant	Yes
Renal Dosing Medication Adjustment Guidelines, RXY-O-02	Desk/Orders	Pharmacy - RXY-O	MVHS	Gymburch, Lindsay: Pha	Yes
Scheduled Medications: Administration Guidelines, MV-20-085	Desk/Orders	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	No
Therapeutic Interchange, RXY-O-05	Desk/Orders	Pharmacy - RXY-O	MVHS	Gymburch, Lindsay: Pha	Yes
Use of Investigational Medications, RXY-C-13	Desk/Orders	Pharmacy - RXY-C	MVHS	Renzi, Angela: Assistant	Yes
Environmental Monitoring of the Sterile Compounding Areas, RXY-M-08	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	Yes
Gloved Fingertip and Thumb Sampling, RXY-M-09	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
IV Product Exchange Process / Re-use of Compounded Sterile Products, RXY-M-19	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
Mini-Bag Plus Process, RXY-M-15	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
Neonatal and Pediatric Sterile Compounding, RXY-M-14	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	Yes
Pharmaceutical Compounding-General, RXY-M-01	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
Pharmacy Dispensing of Blood Derived Products, RXY-M-20	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
Primary Engineering Control Maintenance, Cleaning and Use, RXY-M-07	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	Yes
Secondary Engineering Control Maintenance and Cleaning, RXY-M-06	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	Yes
Sterile Compounding - Finished Product Verification, RXY-M-17	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
Sterile Compounding Hand Washing and Garbing Procedure, RXY-M-11	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
Sterile Compounding Labeling, RXY-M-13	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
Sterile Compounding Media-Fill Aseptic Technique Testing, RXY-M-10	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
Sterile Compounding Product Waste and Documentation, RXY-M-16	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	Yes
Sterile Compounding Quality Assurance, RXY-M-04	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
Sterile Compounding Risk Levels and Beyond use Dating, RXY-M-05	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	No
Sterile Compounding Standard Operating Process, RXY-M-02	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	Yes
Sterile Compounding Training and Credentialing, RXY-M-03	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	Yes
Sterile Product Batch Compounding and Maintaining Stock Levels, RXY-M-12	IV Room	Pharmacy - RXY-M	MVHS	Kelly, Rebecca: PharmD	Yes
Automated Dispensing Cabinet (Omniceil) Policy - SEMC, MV-20-166	Omniceil	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	Yes
Automated Dispensing Cabinets RXY-J-01	Omniceil	Pharmacy - RXY-J	MVHS	Renzi, Angela: Assistant	Yes
Controlled Substance Inventory Process: RXY-L-04	Omniceil	Pharmacy - RXY-L	MVHS	Heaton, Tracy: Assistant	Yes
Controlled Substance Management Plan, RXY-L-01	Omniceil	Pharmacy - RXY-L	MVHS	Renzi, Angela: Assistant	No
Active Shooter Response Plan - Pharmacy Department, RXY-A-04	Orientation	Pharmacy - RXY-A	MVHS	Heaton, Tracy: Assistant	No
Chempack Program (SEMC), MV-03-085	Orientation	03 Environment of Care	MVHS	Renzi, Angela: Assistant	No
Community Pharmaceutical Take Back Program- MVHS, MV-03-058	Orientation	03 Environment of Care	MVHS	Renzi, Angela: Assistant	Yes
Controlled Substance Diversion: Prevention, Detection, and Monitoring - MVHS, MV-20-092	Orientation	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	Yes
Dispensing Medications from Pharmacy, RXY-C-10	Orientation	Pharmacy - RXY-C	MVHS	Renzi, Angela: Assistant	Yes
Dispensing of Medications From the Emergency Department, EDS-021	Orientation	Emergency Dept. - EDS	MVHS	Renzi, Angela: Assistant	No

Downtime Instructions for SEMC Pharmacy, RXY-A-09	Orientation	Pharmacy - RXY-A	MVHS	Renzi, Angela: Assistant	No
Employee Prescriptions, RXY-I-03	Orientation	Pharmacy - RXY-I	MVHS	Renzi, Angela: Assistant	No
Medical Marijuana Use at MVHS, MV-20-109	Orientation	20 Treatment and Care	MVHS	Renzi, Angela: Assistant	Yes
Medication Refrigerator and Freezer Monitoring - MVHS, MV-03-012	Orientation	03 Environment of Care	MVHS	Heaton, Tracy: Assistant	Yes
Medication Samples, RXY-C-01	Orientation	Pharmacy - RXY-C	MVHS	Renzi, Angela: Assistant	No
Medication Security, RXY-A-05	Orientation	Pharmacy - RXY-A	MVHS	Renzi, Angela: Assistant	No
Medication Starter Dose Programs, RXY-C-04	Orientation	Pharmacy - RXY-C	MVHS	Renzi, Angela: Assistant	No
Medication Storage Inspections, RXY-C-06	Orientation	Pharmacy - RXY-C	MVHS	Renzi, Angela: Assistant	Yes
Medication Storage Requirements, RXY-C-11	Orientation	Pharmacy - RXY-C	MVHS	Renzi, Angela: Assistant	No
Monitoring for Outdated Medications, RXY-C-12	Orientation	Pharmacy - RXY-C	MVHS	Renzi, Angela: Assistant	No
MVHS Specialty Pharmacy Outpatient Medication Assistance Program, MV-20-132	Orientation	20 Treatment and Care	MVHS	Archer, Matthew: 340B	Yes
Pharmaceutical Services, RXY-A-03	Orientation	Pharmacy - RXY-A	MVHS	Heaton, Tracy: Assistant	No
Pharmaceutical Tracking and Tracing Policy, RXY-E-03	Orientation	Pharmacy - RXY-E	MVHS	Heaton, Tracy: Assistant	Yes
Pharmacy 7 On/7 Off Employees: Schedule and Compensation (SEMC Campus), RXY-B-02	Orientation	Pharmacy - RXY-B	MVHS	Renzi, Angela: Assistant	No
Pharmacy and Therapeutics Committee - MVHS, MV-20-119	Orientation	20 Treatment and Care	MVHS	Gymburch, Lindsay: Pha	No
Pharmacy Department Mission Statement, RXY-A-01	Orientation	Pharmacy - RXY-A	MVHS	Renzi, Angela: Assistant	No
Pharmacy Technology Management Plan, RXY-D-02	Orientation	Pharmacy - RXY-D	MVHS	Renzi, Angela: Assistant	No
Response to Faxton Pharmacy Refrigerator and/or Freezer Temperature alarm-off hours, RXY-C-0	Orientation	Pharmacy - RXY-C	MVHS	Heaton, Tracy: Assistant	No
Training of Pharmacy Staff, RXY-B-01	Orientation	Pharmacy - RXY-B	MVHS	Renzi, Angela: Assistant	No
Transfer of Controlled Substances, RXY-L-07	Orientation	Pharmacy - RXY-L	MVHS	Renzi, Angela: Assistant	Yes

Notes

[illegible]



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