SJGH PGY-1 Pharmacy Practice Residency - Schedule of Instructional Activities

Rotational Learning Experiences							
Longitudinal Learning Experiences	Longitudinal Projects	Orientation/Training (July) Internal Med I (August)	Infectious Dis (September) Critical Care I (October)	Emergency Med (November) Project Time (December)	Internal Med II (January) Cardiology (February)	Family Med (March) Critical Care II (April)	Elective 1 (May) Elective 2 (June)
Inpatient Therapeutic Monitoring (July to June)	 Antibiotic monitoring Anticoag monitoring 	Document all clinical interventions daily.					
Ambulatory Pharmacotherapy (July to June)	See clinic schedule for assignments each month	See clinic schedule (Jul, Aug)	ID Clinics (Sep) No clinic (Oct)	See clinic schedule (Nov, Dec)	See clinic schedule (Jan) CHF/ Cardiology Clinic (Feb)	See clinic schedule (Mar) No clinic (Apr)	See clinic schedule (May, Jun)
Drug Distribution (July to June)	 Staff 8 hours/week Ward inspections monthly 	 Learn ward inspection Train in IP pharmacy Learn purchasing and contract information 	 Staffing responsibilities include 8 nours per week, which may be split into two 4-hour shifts. Residents must coordinate their schedules so as not to overlap staffing coverage. Staffing responsibilities are to be completed on the wookend while the resident is on critical care rotations. 				
Drug Use and Practice Management (August to June)	Attend P&T Formulary Reviews Protocols/Guidelines MUE · CROs/ADRs RCA/FMEA Dept & mgmt meetings Attend other committees Professional involvement	 Attend P&T monthly (4th Monday) Complete MUE by December Attend CSHP Seminar Attend ASHP Midyear 			 Attend P&T monthly (4th Monday) CRO (medication error) assessment - February 		
Teaching and Staff Development (September to May)	 Lectures to MDs Insvcs – MD, RN, Phcy Case Based Learning at UOP 	Precepting module(s) (Jul, Aug)	Journal Club (Sep) Fam Med Lecture (Oct)	Pharmacist Comp/CE (Dec)	Journal Club (Feb)	Fam Med Lecture (Apr)	
Research Project (August to June)	WSC Project	Begin evaluating WSC project options (Jul) Select project (Aug) IRB approval (Sep)	Data collection	Data collection	Data collection WSC abstract due (Feb)	Complete data collection/analysis (Mar) Prep and finalize presentation (Apr)	CSHP RRS and WSC Presentation (May) Final manuscript due (Jun)
Other Personal & Professional Development	 Set Personal Goals Quarterly evals for all longitudinal LEs Quarterly assessment of resident training plan 	ldentify personal mission, vision, goals	1 st Qtr evals due (Sep) Review training plan	2 nd Qtr evals (Dec) Review training plan		3 rd Qtr evals due (Mar) Review training plan	4 th Qtr evals due (Jun) Final self- assessments

Rotational learning experiences are four to five weeks in duration. Longitudinal learning experiences vary in duration and are not directly linked to a specific rotation. Longitudinal projects correlate with longitudinal learning experiences and are independent of clinical rotations.

All rotational and longitudinal learning experiences have at least one assigned preceptor to guide and mentor the resident.

ADRs – Adverse Drug Reactions; MUE – Medication Utilization Evaluation; P&T – Pharmacy and Therapeutics Committee; IRB – Investigational Review Board; RCA – Root Cause Analysis; FMEA – Failure Mode and Effects Analysis; WSC – Western States Conference (residency conference); RLS – Residency Learning System; CRO – Confidential Report of Occurrence (medication errors); ADR – Adverse Drug Reaction *Committee meetings may include Infection Control, Medication Safety, Health Information Management, Antibiotic Stewardship, and others as assigned. • All rotation evaluations are due on the last Monday of the rotation so that preceptor/resident review is complete by the last Friday of the rotation.

• All quarterly evaluations (i.e., for longitudinal LEs) must be completed by the last Monday of the quarter so that preceptor/resident review is complete by the last Friday of the quarter.