



The Brooklyn
Hospital Center

Pharmacy Residency Program | The Remedy is Experience

Pharmacy Residency Manual



The Brooklyn Hospital Center

Pharmacy Residency Program | The Remedy is Experience

Pharmacy Residency Policy and Procedure Manual

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Mission Statement

The overall mission of the Pharmacy Residency Program is to afford residents the opportunity to gain experience and knowledge in a pharmacotherapy model that pioneers new programs and services. This model promotes the concept of collaborative drug therapy management in a direct patient care setting within the hospital and outpatient clinics and, upon the resident's completion of the program, it is anticipated that they will move on to other institutions and implement the services that they were exposed to during the residency program. The motto of this dynamic Pharmacy Residency Program is "*The Remedy is Experience*". The integration of each resident into the pharmacotherapeutic services at the hospital provides a level of experience that will enable the resident to achieve the following overall outcomes:

1. Attainment of a high level of communication skills that include written, oral, and presentation skills
2. The ability to provide a high level of direct patient care based on thorough patient assessment skills, pharmacotherapeutic evaluation, clinical acumen, critical thinking and problem solving skills
3. The ability to develop and implement innovative pharmacy practice models
4. To develop the skills necessary to educate healthcare professionals and students of the professions, as well as developing skills to become a lifelong learner
5. To hone job skills necessary to obtain a PGY2 pharmacy residency and/or positions as clinical pharmacists, clinical coordinators, or clinical track faculty members

Document Name: Mission Statement		Date Approved: November, 2004	Policy #: N/A
Written by: Robert DiGregorio, PharmD, BCACP, 2004		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Replaces: none	Revised: 4/ 2015 Reviewed: 9/2015	Page: 1 of 1	



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PGY1 Pharmacy Residency

Description of Residency

The Pharmacotherapy Residency (PGY-1) experience prepares the graduate to function as a pharmacotherapist within a health-system. The resident will rotate through 12 months of inpatient and ambulatory patient care experiences to foster independent clinical decision making through established collaborative drug therapy management agreements. A unique component of this residency is the 24-hour in-house pharmacotherapist-on-call program. Residents will have the opportunity to obtain a teaching certificate through an affiliated school of pharmacy and teach small group didactic academic sessions. Residents will complete at least one longitudinal research project and one additional poster presentation, both of which will be presented at peer-reviewed professional meetings.



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PGY2 Ambulatory Care Pharmacy Residency

Description of Residency

This PGY2 program will prepare residents to practice in a collaborative drug therapy management environment. A mixture of pharmacist-managed and medical-home models will be utilized. Residents will have a strong academic/teaching focus throughout the year. Graduates will be capable of practicing in a variety of clinic models, as well as in academic ambulatory care.

The program begins with an orientation period. This orientation period will introduce incoming residents to hospital and departmental policies, procedures, and practices. As there is an in-house on-call program, a portion of the orientation period will be devoted to acclimating the new resident to the on-call system. A portion of this orientation may include an inpatient, adult medicine rotation in order to familiarize residents with the entire patient management process. PGY2 residents who have completed their PGY2 at TBHC may not need to participate in the extended orientation. After orientation, the year is divided into four extended rotations and three longitudinal experiences.

PGY2 residents will spend 42-48 weeks in pharmacy managed CDTM clinics. This portion of the program is divided into four extended rotations, based on preceptor practice areas. One-half of the year is spent with the RPD in his ambulatory care practice areas. This includes anticoagulation, asthma, and smoking cessation. These clinics generally operate within the area of Internal Medicine (IM) and IM sub-specialties. The remaining three direct patient care rotations are evenly divided among the remaining three ambulatory care faculty members. They include 7-8 week blocks in the HIV Primary Care Clinic (aka PATH Center), Family Medicine Clinics (includes anticoagulation, diabetes, heart failure, smoking cessation, asthma, and general pharmacotherapy), and Transition of Care/Pharmacotherapy Clinics.

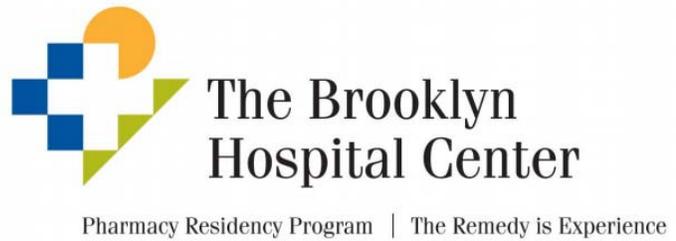
A longitudinal rotation encompassing career development is an important part of the residency experience. During this year-long experience, residents will manage three different CDTM clinics (Williamsburg Pharmacotherapy, Pediatric Asthma, and Pediatric Endocrine) under the

guidance and support of the RPD and faculty. In addition, residents will serve as co-preceptors to APPE students on ambulatory care rotations, as well as instructors for didactic offerings at area colleges of pharmacy. In addition, residents will devise a plan for life-long learning and career development reflecting ambulatory care, academia, and other specific personal interests. Active participation in professional organizations will be fostered as part of this continuous career development plan.

Residents will design, implement, and complete several projects during the year. A longitudinal rotation has been designated for such research endeavors. Residents will determine a suitable question/problem to be addressed by a yearlong project, as well as smaller projects. A research advisor/mentor will be chosen from among the faculty. It is anticipated that the resident and mentor will secure all necessary approvals and resources for the completion of the major project. The outcome(s) of each project should be presented at a professional meeting and published sought.

An important part of each of the TBHC residency programs is the 24 hour, In-house Pharmacotherapist On-Call program. PGY2 residents are integrated into this program with the PGY1 residents. In this model, the PGY2 residents will rotate being "on-call" on Saturdays for a 24 hour period, roughly every third weekend. PGY1s rotate generally every fifth night. When the PGY2 residents are not "on-call", they serve more in a specialist capacity as a resource to the PGY1 residents. As such, PGY2 residents in Ambulatory Care are intermediary resources to the PGY1 residents for anticoagulation consultations, prior to seeking input from the faculty. Similarly, the PGY2 residents in other domains (ID or Critical Care) will serve as intermediary resources in their respective domains. In all cases, faculty from the program are available to guide, assist, and nurture the development of both the PGY1 and PGY2 residents. In addition, the PGY2 residents serve as moderators during the morning sign-out/hand-off process. During this daily process, the PGY2 residents serve as a quality assurance check-point while they demonstrate the progressive mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating). A faculty Preceptor On-Call reviews the hand-off process each day for final approval of each case presented and provides feedback to the residents, as well.

This combination of direct patient care in a variety of CDTM clinics, practice management, and career development activities, along with a strong focus in academia and research prepare residents for roles as academic clinical faculty or clinical practitioners.



PGY2 Ambulatory Care Pharmacy Residency

Description of Residency

Long Island University at The Brooklyn Hospital Center's PGY2 ambulatory care pharmacy residency program will build upon the broad-based competencies achieved in a PGY1 residency, deepening the resident's ability to provide care in the most complex of cases or in the support of care through practice leadership. The resident will rotate through various clinics to foster independent clinical decision making through established collaborative drug therapy management agreements. A unique component of this residency, the resident will participate in the 24-hour pharmacotherapist on-call program; responding to cardiac arrest, pediatric emergencies, rapid responses, stroke- and trauma-codes, as well as serve as a drug information resource to other health providers within the institution. Through the collaboration with LIU Pharmacy, residents will serve as a primary preceptor for advanced pharmacy practice experience (APPE) pharmacy students, give didactic lectures, and teach small group academic sessions. Graduates will be prepared to assume positions in ambulatory care as highly qualified pharmacotherapy specialists by an institution or as assistant professors at a college of pharmacy, as well as be prepared to sit for the board certification exam in ambulatory care.



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PGY2 Infectious Diseases Pharmacy Residency

Description of Residency

The purpose of the Infectious Diseases PGY2 pharmacy residency at The Brooklyn Hospital Center is to prepare clinical pharmacotherapists with the qualifications necessary to obtain infectious diseases specialty practice positions and board certification.

The resident will spend 12 months in various rotations with longitudinal emphasis on Antimicrobial Stewardship Program, Infectious Diseases Consult Service, and HIV clinic. Concentrated rotation blocks include medical intensive care unit and pediatric infectious diseases.

As a component of the inpatient experience, the resident will serve as pharmacotherapist on-call as part of the 24-hour in-house on-call program.

This will require the resident to remain in the hospital for a 24 hour period approximately every 2-3 weeks.

The resident will also design and implement a research project with the results presented at major clinical meetings. There will be opportunities to co-precept entry-level Doctor of pharmacy students and PGY1 pharmacy residents on clinical rotations, and to teach Infectious Diseases Pharmacotherapeutics at LIU College of Pharmacy.



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PGY2 Emergency Medicine Pharmacy Residency

Description of Residency

Our program is a joint collaboration between LIU Pharmacy and The Brooklyn Hospital Center. The residency experience is designed to develop the resident into an independent practitioner with advanced expertise in emergency medicine and an engaged faculty member with exposure to the *three-legged stool of academia*: teaching, service, scholarship.

As a component of the inpatient experience, the resident will be responsible for responding to cardiac arrests, adult and pediatric medical emergencies, as well as to provide drug information, toxicology and pharmacokinetic consults within the institution as part of the program's in-house on-call program. This will require the resident to remain in the hospital for a 24 hours period approximately once every 4 weeks. Each resident will also design and implement a longitudinal research project. The results of the research which will be presented at major clinical meetings.

The resident will also be trained for a prospective career in academia. The resident will receive an appointment from LIU Pharmacy/Arnold & Marie Schwartz College of Pharmacy and will be provided opportunities to serve on College committees, attend faculty meetings, co-coordinate/deliver didactic lectures



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PGY – 1 Graduation Requirements Pharmacy Residents

Residency Requirement	Achieved	Date
1. Complete On-Call/Orientation Checklist	<input type="checkbox"/>	
2. Licensed prior to starting program, or no later than the first 90 days of starting the program	<input type="checkbox"/>	
3. Successful completion of all learning experiences <ul style="list-style-type: none"> a. 10 concentrated learning experiences + Orientation b. Longitudinal learning experiences (On Call, Academia, Project Management, Staffing, Research, Personal Professional Development & regular active participation in Grand Rounds) 	<input type="checkbox"/>	
4. Complete a case report, MUE, or retrospective QI project, presented at a professional meeting (commonly called a "Midyear project")	<input type="checkbox"/>	
5. Complete one longitudinal research project <ul style="list-style-type: none"> a. Obtain IRB approval b. Conduct research c. Present results at a peer reviewed meeting (ESRC, NYCRC, NYSCHP, etc) d. Submit acceptable manuscript (reviewed by preceptor) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Update one designated chapter in the Clinical Pharmacokinetics and Anticoagulation Service Guide	<input type="checkbox"/>	
7. Achieve $\geq 85\%$ of all residency goals and objectives as ACHR <ul style="list-style-type: none"> a. All NI have been resolved as SP or ACH 	<input type="checkbox"/>	
8. Complete all evaluations	<input type="checkbox"/>	
9. Optional – Complete teaching certificate through LIU	<input type="checkbox"/>	

Resident (Print name)

Sr. Director of Pharmacotherapy/
Residency Program Director

Date

Resident (signature)

Date

Assoc. Program Director

Date



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PGY – 2 Graduation Requirements Ambulatory Care Pharmacy Residents

Residency Requirement	Achieved	Date
1. Complete On-Call/Orientation Checklist	<input type="checkbox"/>	
2. Licensed prior to starting program, or no later than the first 90 days of starting the program	<input type="checkbox"/>	
3. Successful completion of all learning experiences <ul style="list-style-type: none"> a. Four Extended learning experiences + Orientation b. Longitudinal learning experiences (On Call, Research, Personal Professional Development, Academia & regular active participation in Grand Rounds) 	<input type="checkbox"/>	
4. Complete a case report, MUE, or retrospective QI project	<input type="checkbox"/>	
5. Complete one longitudinal research project <ul style="list-style-type: none"> a. Obtain IRB approval b. Conduct research c. Present results at a peer reviewed meeting (ESRC, NYCRC, NYSCHP, etc) d. Submit acceptable manuscript (reviewed by preceptor) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Update/write one CDTM agreement	<input type="checkbox"/>	
7. Achieve \geq 85% of all residency goals and objectives as ACHR <ul style="list-style-type: none"> a. All NI have been resolved as SP or ACH 	<input type="checkbox"/>	
8. Complete all evaluations	<input type="checkbox"/>	
9. Optional – Complete teaching certificate through LIU	<input type="checkbox"/>	

Resident (Print name)

Sr. Director of Pharmacotherapy/ Date
Residency Program Director

Resident (signature)

Date



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PGY – 2 Graduation Requirements Ambulatory Care Pharmacy Residents

Residency Requirement	Achieved	Date
1. Complete On-Call/Orientation Checklist	<input type="checkbox"/>	
2. Licensed prior to starting program, or no later than the first 90 days of starting the program	<input type="checkbox"/>	
3. Successful completion of all learning experiences <ul style="list-style-type: none"> a. Five Extended learning experiences + Orientation b. Longitudinal learning experiences (On Call, Research, Personal Professional Development, Academia & regular active participation in Grand Rounds) 	<input type="checkbox"/>	
4. Complete a case report, MUE, or retrospective QI project	<input type="checkbox"/>	
5. Complete one longitudinal research project <ul style="list-style-type: none"> a. Obtain IRB approval b. Conduct research c. Present results at a peer reviewed meeting (ESRC, NYCRC, NYSCHP, etc) d. Submit acceptable manuscript (reviewed by preceptor) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Update/write one CDTM agreement	<input type="checkbox"/>	
7. Achieve $\geq 85\%$ of all residency goals and objectives as ACHR <ul style="list-style-type: none"> a. All NI have been resolved as SP or ACH 	<input type="checkbox"/>	
8. Complete all evaluations	<input type="checkbox"/>	
9. Optional – Complete teaching certificate through LIU	<input type="checkbox"/>	

Resident (Print name)

Residency Program Director

Date

Resident (signature)

Date



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PGY – 2 Infectious Diseases Graduation Requirements Pharmacy Residents

Residency Requirement	Achieved	Date
1. Complete On-Call/Orientation Checklist	<input type="checkbox"/>	
2. Licensed prior to starting program, or no later than the first 90 days of starting the program	<input type="checkbox"/>	
3. Successful completion of all learning experiences as applicable, will be customized based on resident's experiences and needs <ul style="list-style-type: none"> a. Orientation b. Foundations of Microbiology c. Antimicrobial Stewardship Program d. Infectious Diseases Consult Service e. Medical Intensive Care Unit f. Pediatric Infectious Diseases g. HIV clinic rotation (concentrated 5 week rotation) h. Longitudinal experiences (On-Call, Research, HIV, Academia and Precepting, Management) 	<input type="checkbox"/>	
4. Complete one longitudinal research project <ul style="list-style-type: none"> a. Obtain IRB approval b. Conduct research c. Present results at a peer reviewed meeting (ESRC, NYCRC, NYSCHP, etc) d. Submit acceptable manuscript (reviewed by preceptor) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7. Achieve all residency goals and objectives as ACHR	<input type="checkbox"/>	
8. Complete all evaluations	<input type="checkbox"/>	
9. Optional – Complete teaching certificate through LIU	<input type="checkbox"/>	

Resident (Print name)

Residency Program Director

Date

Resident (signature)

Date



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PGY – 2 Graduation Requirements Emergency Medicine Pharmacy Residents

Residency Requirement	Achieved	Date
1. Complete On-Call/Orientation Checklist	<input type="checkbox"/>	
2. Licensed prior to starting program, or no later than the first 90 days of starting the program	<input type="checkbox"/>	
3. Successful completion of all learning experiences <ul style="list-style-type: none"> a. Four Extended learning experiences + Orientation b. Longitudinal learning experiences (On Call, Research, Personal Professional Development, Academia & regular active participation in Grand Rounds) 	<input type="checkbox"/>	
4. Complete a case report, MUE, or retrospective QI project	<input type="checkbox"/>	
5. Complete one longitudinal research project <ul style="list-style-type: none"> a. Obtain IRB approval b. Conduct research c. Present results at a peer reviewed meeting (ESRC, NYCRC, NYSCHP, etc) d. Submit acceptable manuscript (reviewed by preceptor) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Update/write one CDTM agreement	<input type="checkbox"/>	
7. Achieve \geq 85% of all residency goals and objectives as ACHR <ul style="list-style-type: none"> a. All NI have been resolved as SP or ACH 	<input type="checkbox"/>	
8. Complete all evaluations	<input type="checkbox"/>	
9. Optional – Complete teaching certificate through LIU	<input type="checkbox"/>	

Resident (Print name)

Residency Program Director

Date

Resident (signature)

Date



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Pharmacy Residency Program On-Call Responsibilities Policy & Procedures

Background

The implementation of a Pharmacy Practice Resident On-Call program has enabled the Division of Pharmacotherapy to provide critical services to the hospital on a 24 hour basis. It is imperative that these services are clearly outlined to provide the resident with a guideline of their responsibilities while on-call.

Policy

These policies and procedures are applicable to all pharmacy practice residents during on-call periods.

A. Schedule

1. "Long Call"
 - a. Each pharmacy practice resident is expected to be on-call for a 24 hour period generally every sixth night and will not exceed every third night, averaged over any four week period year round
 - i. Entries into the Electronic Intervention Database should be completed prior to sign out,
2. "Short Call"
 - a. Intended to meet staffing requirement; refer to staffing policy
3. The schedule for on-call coverage is published by the Residency Program Director and may be revised periodically by the Director, Assistant Director, or Chief Resident, as necessary to ensure continuous coverage.
4. The Preceptor-on-call schedule is published with the on-call coverage schedule.
5. Changes to the schedule may be made by mutual agreement and the approval of the Residency Program Director. A form is available for this purpose and must be completed and signed by all involved parties prior to approval.
6. Emergency changes to the schedule due to illness are possible. Refer to the Attendance Policy for instructions and rules regarding this type of change in scheduling.

B. Sign-out

1. The primary objective of a "Sign out" is to provide accurate information about a patient's care. This includes treatments, services, current condition, and any recent or anticipated changes. The information communicated during sign out must be accurate in order to ensure patient safety goals.

Policy Name: On-Call Responsibilities		Date Approved: 9/2004	Policy #: R-001
Written by: Shaffee Bacchus, PharmD Chief Resident 2004-2005		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Revised by: Rochelle Rubin, PharmD, BCPS, Elise Kim, PharmD, BCACP, Rebecca Barros, PharmD, BCACP			
Replaces: none	Revised: 2/2008, 10/2009, 6/2015, 9/2015	Pages: 4	

2. It is the responsibility of both residents; the resident signing-out and the resident signing-in to ensure continuity of patient care through our pharmacotherapy services.
3. The preceptor on-call shall be notified of all pending and significant issues at the time of sign-out, and will be up-dated throughout the call period as necessary.
4. Verbal interaction between the resident on-call and preceptor on-call is preferred.
5. Opportunities to ask and respond to questions will occur during sign out.

C. On Call Responsibilities

1. Code Blue, Rapid Response Team, Stroke Alert, and Trauma Code Response
 - a. The resident should respond to all codes in the hospital. Duties on codes include, but are not limited to:
 - i. Providing drug information
 - ii. Serving as a resource for appropriate use of medications within the ACLS algorithms
 - iii. Preparation of medication for administration by a physician
 - iv. Calculation of dosing and “drip” rates for all medications
 - v. Review of “code sheets” for completeness and quality assurance
 - vi. The yellow copy of the “Code Sheet” will be collected at the completion of the code and placed in a location that is designated by the Residency Program Director
 - vii. All codes attended during the on-call period will be entered into the Electronic Intervention Database by the designated resident.
 - viii. A Rapid Response Medication Kit shall be carried at all times during the “long call” shift
2. Continuity of Care Program
 - a. Ambulatory care patients treated in any of the pharmacy based outpatient clinic environments may contact the resident on-call if urgent or emergency care is needed.
 - b. The on-call resident will provide instructions via telephone consistent with instructions given in the clinic environment.
 - c. Should a patient require emergency treatment, referral to the Emergency Department will be provided
 - d. The preceptor on-call will be notified of the situation
 - e. The resident on-call will meet the patient in the Emergency Department to assess the patient and provide appropriate information to the Emergency Department staff.
 - f. Ambulatory care patients may require telephonic follow-up from their clinic visit. Preceptors or co-residents will sign out all follow-up to the on-call resident with instructions for action, consistent with Section B, above.
3. Drug Information Requests
 - a. The resident on-call is the primary source of drug information for the hospital.
 - i. Reference texts and journals are available in the Pharmacotherapy Office, Library, and in the Main Pharmacy.
 - ii. Additional resources and expert assistance are available at Long Island University’s International Drug Information Center (718-488-1064)
 - iii. Electronic databases and the Internet are available for research related to processing and responding to drug information consultations. Usernames and passwords for all available electronic resources are provided to each resident during program orientation.
 - iv. Allscripts Gateway provides access to all patient information including laboratory values, physicians note, and patient medication profile.
 - v. PACS provides access to radiology reports

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Revised by: Rochelle Rubin, PharmD, BCPS, Elise Kim, PharmD, BCACP, Rebecca Barros, PharmD, BCACP			
Replaces: none	Revised: 2/2008, 10/2009, 6/2015, 9/2015	Pages: 4	

- vi. MUSE provides access to ECG reports
 - vii. PubMed may be used to conduct primary literature searches. Full-text articles may be available through Long Island University and Touro College of pharmacy subscriptions..
 - viii. LexiComp (CRLonline), Micromedex, Clinical Pharmacology and/or AHFS/Epocrates may be used for secondary research.
- b. All drug information requests hospital-wide must be properly documented and entered into the the Electronic Intervention Database in a prompt manner. The resident may keep copies for their own records.
- i. Late entries should be appropriately titled as “Late-Entry” and the original date/time of recommendation should be noted.
- c. The Intervention Database may be consulted to determine if a similar question has been researched in the past.
4. Requests for clinical intervention
- a. Such requests may include, but are not limited to, the following:
- i. Medication dosing
 - ii. Pharmacokinetic Consult
 - 1. Refer to Pharmacokinetic service policy
 - iii. Recommendations for alternative formulary products
 - iv. Drug interaction evaluation
 - v. TPN order clarifications
 - vi. Nutrition Consult Service
 - 1. Refer to Nutritional Team/Service policy
 - vii. IV dosing and preparation
 - viii. Assistance with preparation of investigational drugs
 - ix. Inpatient Anticoagulation
 - x. Antimicrobial Stewardship Program
 - xi. Asthma Stewardship Program
 - xii. Discharge counseling
 - xiii. Smoking cessation counseling and referral
 - xiv. Identification of outside medications
 - xv. Non formulary order approval
- b. When the response to such requests results in a change of therapy, the resident physician responsible for the patient shall be notified.
- i. Recommendations shall be reviewed with the physician.
 - ii. A progress note shall be recorded in the medical record.
 - iii. The preceptor on-call will review and co-sign the progress note.
 - iv. If a verbal/telephone order is utilized to expedite patient care, the order should be placed under the requesting physician’s name.
5. All clinical recommendations will be discussed with a Clinical Pharmacotherapy Specialist, either the specialist for the practice area in question, or the Preceptor-On-Call, prior to implementation.
- a. As the resident progresses with increased level of training and competence (and obtains New York State license), the preceptor(s) will determine when the resident may implement his/her recommendations without prior preceptor approval, when the resident is comfortable making these recommendations. Preceptors will continue to be available for guidance as needed.

Policy Name: On-Call Responsibilities		Date Approved: 9/2004	Policy #: R-001
Written by: Shaffee Bacchus, PharmD Chief Resident 2004-2005		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Revised by: Rochelle Rubin, PharmD, BCPS, Elise Kim, PharmD, BCACP, Rebecca Barros, PharmD, BCACP			
Replaces: none	Revised: 2/2008, 10/2009, 6/2015, 9/2015	Pages: 4	

- b. Clinical Pharmacotherapy Specialists will be available during week day business hours, and may be contacted overnight and weekends as necessary. Consults related to a Specialist's area of practice should be directed to the Specialist first.
- c. The Preceptor-On-Call will be available 24-hours a day and should be contacted for any clinical consults where no Specialist is identified, or if the Specialist is unavailable.

Policy Name: On-Call Responsibilities		Date Approved: 9/2004	Policy #: R-001
Written by: Shaffee Bacchus, PharmD Chief Resident 2004-2005		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Revised by: Rochelle Rubin, PharmD, BCPS, Elise Kim, PharmD, BCACP, Rebecca Barros, PharmD, BCACP			
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Pharmacy Residency Program Attendance Policy & Procedures

Background

The implementation of a Pharmacy Practice Residency Program and “Pharmaco-therapist On-Call” has enabled the Division of Pharmacotherapy to provide critical services to the hospital. It is imperative that these services go uninterrupted.

Policy

1. Pharmacotherapy services will be available 24 hours, seven days a week through the combination of daily clinical activities and the “on-call” program.
2. No personal days will be granted on a scheduled “on-call” day unless extenuating circumstances exist. These requests will be considered on an individual basis.
3. Approval of vacation/annual leave is at the discretion of the Residency Program Director and may only be approved if clinical services are maintained.
4. A resident’s participation in a conference will be treated as vacation time. When multiple residents are expected to attend the same conference, the “on-call” schedule will be modified such that 24 hour service is maintained by either PGY 1 or PGY2 residents.
5. In the event of absence due to illness, a contingency plan will go into effect. The first level of contingency will be voluntary. If no volunteers are able to cover the sick call, the next scheduled “on-call” resident will be expected to cover the “on-call” period.
6. The resident already “on-call” will not leave until relieved by another resident or Clinical Pharmacist.
7. A resident covering “on-call” responsibilities for a resident on vacation/conference/personal/sick time may expect reciprocal “on-call” coverage by the resident for whom they are covering.

Policy Name: Attendance Policy – R-002		Date Approved: November, 2004	Policy #: R-002
Written by: Shaffee Bacchus, PharmD Chief Resident 2004-2005		Approved by: Robert DiGregorio, PharmD Sr. Director, Pharmacotherapy Services	
Replaces: none	Revised: 5/2015 Reviewed: 9/2015	Pages: 3	

8. While the hospital provides a generous fringe benefits package of 20 vacation days, 5 personal days, and 12 sick days per annum, residents should be cognizant of the negative impact on rotational goals and experiences that excessive absences may cause. As such, the residency program limits time off to 20 days per year to not affect matriculation – 10 vacation days, 5 personal or conference days, and 5 sick days per annum. Vacations should be scheduled to not coincide with core rotations whenever possible. As noted above, travel to conferences is encouraged, but counted as personal time. Excessive use of personal or sick time, while considered as accrued time for payment purposes, will be considered abusive. Should the Residency Program Director feel that such abuse of leave is proving detrimental to the overall goals of the program disciplinary action may be taken as outlined in the Discipline and Dismissal Policy (R-003)
9. Residents shall be afforded extended leaves of absence consistent with the Family Medical Leave Act. Such absences will not count as time accumulated towards completion of the residency program and residents must return to the program for an equivalent duration of time to successfully complete the program and receive a certificate of completion. Residents opting for this leave of absence must comply with all Hospital Center policies regarding leaves of absence. If the Residency Program Director deems that remedial work is necessary due to changes in the program during such leave of absence, the resident shall undertake the additional training without compensation.
10. Part-time training as a traditional resident is not permitted.

Procedure

1. Personal Days
 - a. Request day in advance.
 - b. Approval will be made by the Residency Program Director depending on overall program impact.
 - c. Arrange voluntary cross-coverage of patient care responsibilities with resident “on-call”, preceptor, or other resident.
2. Vacation Requests
 - a. At least one month in advance of the requested time, submit request to Residency Program Director
 - b. Vacation approvals will be made by the Residency Program Director on a first come, first served basis.
 - c. Coverage for patient care responsibilities and “on-call” shifts must be arranged with other residents and documented on the request.
 - d. If approved, the Chief Resident will adjust the “on-call” schedule to reflect the changes.
3. Conference Attendance

Policy Name: Attendance Policy – R-002		Date Approved: November, 2004	Policy #: R-002
Written by: Shaffee Bacchus, PharmD Chief Resident 2004-2005		Approved by: Robert DiGregorio, PharmD Sr. Director, Pharmacotherapy Services	
Replaces: none	Revised: 5/2015 Reviewed: 9/2015	Pages: 3	

- a. At least two months in advance, submit the request to the Residency Program Director.
 - b. All requests must be submitted accompanied by documentation of the resident's level of participation in the meeting and an estimate of the expenses that the resident wishes to be reimbursed for.
 - c. If approved, the Chief Resident will adjust the "on-call" schedule to an 'every fifth night' pattern and notify all involved of the change.
 - d. If more than one resident will be attending the same conference, the residents are responsible for revising the "on-call" schedule. If necessary, the Chief Resident, Residency Program Director and Assistant Residency Program Director will assist in revising the "on-call" schedule accordingly.
4. **Illness**
- a. Contact your Chief Resident, rotation preceptor, and Preceptor On-Call to alert them of your need for a sick day and "on-call" coverage if necessary.
 - b. Contact other residents to seek voluntary coverage for your "on-call" period.
 - i. If you are able to arrange voluntary coverage, notify the Chief Resident and inform them of the change made in the "on-call" coverage.
 1. The Chief Resident shall notify the Preceptor On-Call and inform them of the change made in the "on-call" coverage.
 - ii. If you are unable to arrange voluntary coverage, notify the Chief Resident.
 1. The Chief Resident shall notify the next scheduled "on-call" resident that they will be expected to cover the "on-call" period.
 2. If the next scheduled resident cannot be reached, the resident scheduled for the second next "on-call" period will be expected to cover the period.
 3. This rotation for coverage will continue until an available resident is found.
 - c. During extended periods of illness, the Chief Resident, Residency Program Director, and Assistant Residency Program Director will determine the impact on the "on-call" schedule and revise the schedule accordingly.
 - d. Upon returning from sick leave check the online "on-call" schedule for all schedule revisions enacted during your absence.
5. All adjustments to the "on-call" schedule will be marked in a different color for easy recognition of changes.

Policy Name: Attendance Policy – R-002		Date Approved: November, 2004	Policy #: R-002
Written by: Shaffee Bacchus, PharmD Chief Resident 2004-2005		Approved by: Robert DiGregorio, PharmD Sr. Director, Pharmacotherapy Services	
Replaces: none	Revised: 5/2015 Reviewed: 9/2015	Pages: 3	



The Brooklyn Hospital Center

Pharmacy Residency Program | The Remedy is Experience

Pharmacy Residency Program Discipline and Dismissal for Cause Policy & Procedures

Background

It is the policy of The Brooklyn Hospital Center's Pharmacy Residency Program to encourage fair, efficient and equitable solutions for problems arising out of the employment relationship and to meet the requirements of state and federal law.

Policy

These policies and procedures are applicable to conduct or job performance of a pharmacy practice resident that results in a decision to impose a disciplinary penalty, probation, suspension without pay, or dismissal.

A. Requisite Standards of Conduct

Each pharmacy practice resident is expected to acquaint themselves with performance criteria associated with the residency program, as well as all rules, procedures and standards of conduct established by The Brooklyn Hospital Center and the Department of Pharmacy.

B. Conduct That is Subject to Disciplinary Action

1. Work Performance

- a. Failure of a pharmacy resident to maintain satisfactory work performance standards can constitute good cause for disciplinary action including dismissal. The term "work performance" includes all aspects of a resident's work.
- b. Work performance is to be judged by the Residency Program Director's (RPD) evaluation of the quality and quantity of work performed by each pharmacy resident. Particular attention will be paid to the provision of patient care. When, in the opinion of the RPD, the work performance of a resident is below standard, the RPD will take appropriate disciplinary action.

2. Misconduct

Policy Name: Discipline and Dismissal Policy	Date Approved: 2/2005	Policy #: R-003
Written by: Shaffee Bacchus, PharmD Chief Resident 2004-2005	Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Replaces: none	Revised: 5/2015 Reviewed: 9/2015	Pages: 4

- a. All residents are expected to maintain standards of conduct suitable and acceptable to the work environment. Disciplinary action, including dismissal, may be imposed for unacceptable conduct.
- b. Examples of unacceptable conduct include, but are not limited to:
 - (1) Falsification of time sheets, personnel records, or other institutional records;
 - (2) Neglect of duties;
 - (3) Bringing intoxicants or drugs onto the premises of the institution, using intoxicants or drugs, having intoxicants or drugs in one's possession, or being under the influence of intoxicants or drugs on the premises at any time;
 - (4) Creating or contributing to unhealthy or unsanitary conditions;
 - (5) Violations of safety rules or accepted safety practices;
 - (6) Failure to cooperate with the RPD, Clinical Coordinators, or co-residents;
 - (7) Disorderly conduct, harassment of other hospital employees (including sexual harassment) or use of abusive language on the premises;
 - (8) Fighting, encouraging a fight or threatening, attempting or causing injury to another person on the premises;
 - (9) Neglect of duty or failure to meet a reasonable and objective measure of efficiency and productivity;
 - (10) Theft, dishonesty or unauthorized use of institutional property including records and confidential information;
 - (11) Creating a condition hazardous to another person on the premises;
 - (12) Destroying or defacing institutional property or records or the property of any hospital employee;
 - (13) Insubordination of a resident to follow instructions or to perform designated work that may be required in the course of the residency program or refusal to adhere to established rules and regulations;

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Replaces: none	Revised: 5/2015 Reviewed: 9/2015	Pages: 4

(14) Repeated tardiness or absence, absence without proper notification to a supervisor or without satisfactory reason or unavailability for work.

(15) Any violation of NYS law or regulation pertaining to the practice of pharmacy.

(16) Failure to obtain NYS pharmacist licensure within 90 days of the start of residency.

C. Investigations

1. All incidents that involve the potential for disciplinary action will be investigated by the RPD.
2. If the investigation results in evidence that establishes with reasonable certainty that the resident engaged in conduct which warrants disciplinary action, the RPD will follow the pre-disciplinary hearing procedures before the proposed disciplinary action.

D. Pre-disciplinary Hearings

1. Policy

A pharmacy resident will be informed of the basis for any proposed disciplinary action resulting in probation, suspension without pay, or dismissal and have an opportunity to respond before a final decision is made to take disciplinary action.

2. Procedures

There is no prescribed form for this hearing. It should be informal, but include the RPD, Clinical Coordinators and the resident in question. Lawyers, witnesses, and other parties may not attend any hearing.

Before reaching a final decision to impose discipline, the RPD will:

- a. Inform the resident, either in person or in writing, of the reasons for the proposed disciplinary action, the facts upon which the RPD relies, the names of any persons who have made statements about the disciplinary incident and the content of such statements;
- b. Give the resident access to any documentary material which the RPD has relied upon; and
- c. Give the resident an opportunity to respond to the charges either orally or in writing within a reasonable time and to persuade the RPD that the evidence supporting the charges is not true.

E. Imposing the Disciplinary Penalty

1. Notice

Policy Name: Discipline and Dismissal Policy		Date Approved: 2/2005	Policy #: R-003
Written by: Shaffee Bacchus, PharmD Chief Resident 2004-2005		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Replaces: none	Revised: 5/2015 Reviewed: 9/2015	Pages: 4	

Upon completing the pre-disciplinary hearing procedures, the RPD will inform the resident in writing of the following:

- a. Whether the disciplinary penalty, will include probation, suspension without pay, or dismissal;
 - b. The effective date of probation, suspension, or dismissal;
 - c. A specific period for probation, or suspension without pay.
 - d. The specific incident, conduct, course of conduct, unsatisfactory work performance or other basis for the disciplinary penalty;
 - e. Any previous efforts to make the resident aware of the need to change or improve work performance or conduct; and
 - f. Reference to any relevant rule, regulation or policy.
2. Effect Upon Resident Benefits
- a. A resident who is suspended without pay continues to accrue vacation and sick leave, to be covered by group insurance and to be entitled to other resident benefit programs.
 - b. If a suspension without pay is appealed and it is determined that there was not good cause for the suspension, the resident will be entitled to payment for wages lost as a result of the suspension.

IV. Procedure for Appealing Disciplinary Actions

Disciplinary actions resulting in probation, suspension without pay or dismissal may be appealed by the affected resident pursuant to the process set out below. The failure of the resident to process the appeal in a timely manner will constitute a withdrawal of the appeal. The failure of supervisory or administrative personnel to timely respond to an appeal will constitute authorization for the resident to process the appeal to the next step.

A. Step One

The resident may present a written appeal to the RPD within five (5) working days from the date of the disciplinary action. The appeal will contain a clear and concise statement of why the disciplinary action is inappropriate. Within ten (10) working days of the date of the appeal, a written decision will be mailed to the pharmacy resident.

B. Step Two

The decision of the RPD is final, however the appeal allows for a complete re-assessment of the prior decision by the RPD, all Clinical Coordinators and other invited personnel as deemed appropriate by the RPD.

C. Records of Disciplinary Actions

Copies of all documents pertaining to disciplinary actions will be filed in the resident's personnel file.

Policy Name: Discipline and Dismissal Policy		Date Approved: 2/2005	Policy #: R-003
Written by: Shaffee Bacchus, PharmD Chief Resident 2004-2005		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Replaces: none	Revised: 5/2015 Reviewed: 9/2015	Pages: 4	



The Brooklyn Hospital Center

Pharmacy Residency Program | The Remedy is Experience

Pharmacy Residency Program Resident Duty Hours Policy & Procedures

Policy

The resident duty hours and supervision will foster optimal conditions for patient care, education and resident well-being. It is the policy of The Brooklyn Hospital Center and the Department of Pharmacy, Division of Pharmacotherapy Services to prohibit residents from working in excess of those hours permitted under NYCRR Part 405.4 (b) 6 and to provide residents with supervision pursuant to 405.4 (f) 3, and consistent with the standards of the American Society of Health-systems Pharmacists. The policy of the Department of Pharmacy, Division of Pharmacotherapy Services is consistent with the Hospital Center's and the AGGME common requirement of "Resident Duty Hours and the Working Environment".

Procedure

1. Pharmacotherapy services will be available 24 hours, seven days a week through the combination of daily clinical activities and the "on-call" program.
2. The Residency Program Director/Pharmacotherapy Service Director is responsible for ensuring that residency duty hours include limits on the assigned responsibilities of residents, including but not limited to assignment of care for new patients. Such responsibilities may change over the course of the on-duty assignment. The Residency Program Director/Pharmacotherapy Service Director will maintain copies of resident schedules for no less than three years.
3. All residents shall have a post-call period of at least 12 hours prior to their next scheduled assignment. Any resident covering less than a 16 hour "on-call" period will not be eligible for the standard post-call leave.
4. Duty hours are limited to 80 hours per week, inclusive of all in-house on-call activities.
5. All residents are provided with at least one 24 hour non-working period per week.

Policy Name: Resident Duty Hours Policy – R-004		Date Approved: June 2005	Policy #: R-004
Written by: Robert DiGregorio, Pharm.D. Director, Pharmacotherapy Research, Education, and Residency Programs		Approved by: Robert DiGregorio, Pharm.D. Sr. Director, Pharmacotherapy Services	
Replaces: none	Revised: February 2, 2008 Reviewed: October 29, 2009 Revised: June 23, 2015	Page: 1 of 2	

6. Residents are on 24-hour call no more frequently than every third night, averaged over a four week period.
7. Continuous on-site clinical duty, including in-house call will not exceed 24 consecutive hours.
8. Residents may stay for up to an additional four (4) hours after completion of a 24 hour on-call period for transition time and administrative tasks. Such transition time is for the transfer of patient information and specifically not for new patient care responsibilities.
9. Residents are prohibited from moonlighting (working) as pharmacists outside of The Brooklyn Hospital Center's residency training program without express written permission from the RPD. If granted, the RPD reserves the right to revoke such permission if the resident's performance so warrants such action.
10. Unlicensed residents shall be supervised by licensed pharmacists. Licensed pharmacists are available 24 hours per day at The Brooklyn Hospital Center.
11. Licensed and unlicensed residents are monitored by a Pharmacotherapist 24 hours per day. Pharmacotherapists are available by pager and/or by personal cellular phone on a predetermined call schedule.
12. The Residency Program Director/Pharmacotherapy Service Director shall be responsible for taking disciplinary action and other corrective measures against any individual providing service in violation of the limits set above.

Policy Name: Resident Duty Hours Policy – R-004		Date Approved: June 2005	Policy #: R-004
Written by: Robert DiGregorio, Pharm.D. Director, Pharmacotherapy Research, Education, and Residency Programs		Approved by: Robert DiGregorio, Pharm.D. Sr. Director, Pharmacotherapy Services	
Replaces: none	Revised: February 2, 2008 Reviewed: October 29, 2009 Revised: June 23, 2015	Page: 2 of 2	



The Brooklyn Hospital Center

Pharmacy Residency Program | The Remedy is Experience

Pharmacy Residency Program Patient Counseling Policy & Procedures

Background

Patient counseling is important for assuring optimal outcomes of drug therapy. TBHC pharmacotherapy residents offer patient counseling to improve patient care prior to discharge.

Policy

A pharmacotherapy resident will provide counseling at discharge for all HIV positive mothers on the appropriate administration of the child's zidovudine, bariatric patients on the use of enoxaparin as well as all patients in which the pharmacotherapy resident on-call is consulted for warfarin drug monitoring. The pharmacotherapy resident on-call can be consulted for all patients that do not meet the above criteria upon the request of the medical team, nursing staff, patient or patient's family/caregiver. Counseling services are available for insulin administration, inhaler technique and medication discharge counseling.

Procedure

1. The pharmacotherapy residents will receive an e-mail each week to inform the team of the upcoming bariatric surgeries. The pharmacotherapy resident on-call is responsible to work up all patients admitted for surgery on their on-call day as well as counsel the bariatric patients that had surgery the day prior.
2. The pharmacotherapy resident on-call will be paged at #3509 when all HIV positive mothers are admitted to labor and delivery. The child will be followed throughout their stay and a discharge plan will be created. Upon discharge the pharmacy resident will bring up a three day supply of the infants HIV medication and provide counseling to the parents.
3. The pharmacotherapy resident on-call will carry pager #3509 for all other counseling consults.

Policy Name: Patient Counseling – R-004		Date Approved: September, 2005	Policy #: R-005
Written by: Joanna Tang, Pharm.D. Chief Resident 2005-2006		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director of Pharmacotherapy Services	
Replaces: none	Revised: 5/ 2015 Reviewed: 9/ 2015	Pages: 3	

4. The medical team or nursing staff will page the pharmacotherapy resident on-call when patient counseling is warranted or requested.
5. If the patient accepts counseling, the pharmacotherapy resident on-call will counsel the patient on the following points:
 - a. Bariatric counseling
 - i. Perform inpatient medication reconciliation
 - ii. Discuss any changes in the patient's current medications
 - iii. Special directions to crush all medications prior to administration
 - iv. Enoxaparin
 1. Self-injection technique
 2. Monitoring for signs and symptoms of bleeding, or venous thromboembolisms (VTEs)
 - b. Counseling of HIV positive mothers
 - i. Discuss the importance of compliance to the baby's health
 - ii. Name of the medication/s
 - iii. Intended use and expected action of the drugs
 - iv. The appropriate administration of the child's zidovudine including route, dosage form, dosage and administration schedule
 - v. Any precautions needed to be observed during administration such as spitting up
 - vi. Common side effects that may be encountered
 - vii. Proper storage of medications
 - viii. Action to be taken in the event of a missed dose
 - c. Discharge counseling
 - i. Name of the medications
 - ii. Intended use and expected action of the drugs
 - iii. Route, dosage form, dosage and administration schedule
 - iv. Any special directions for preparation or administration
 - v. Any precautions needed to be observed during administration
 - vi. Common side effects that may be encountered
 - vii. Proper storage of medications
 - viii. Potential drug-drug or drug-food interactions or other therapeutic contraindications
 - ix. Action to be taken in the event of a missed dose
 - x. Any other information specific patient or medication
 - d. Inhaler counseling
 - i. Name of the medication
 - ii. Intended use and expected action of the medication
 1. Maintenance versus rescue
 - iii. Route, dosage form, dosage, storage and administration schedule
 - iv. Appropriate inhaler technique
 - e. Insulin administration counseling
 - i. Name of the medication

Policy Name: Patient Counseling – R-004		Date Approved: September, 2005	Policy #: R-005
Written by: Joanna Tang, Pharm.D. Chief Resident 2005-2006		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director of Pharmacotherapy Services	
Replaces: none	Revised: 5/ 2015 Reviewed: 9/ 2015	Pages: 3	

- ii. Intended use and expected duration of action of insulin
 - iii. Route, dosage form, dosage and administration schedule
 - iv. Storage recommendations
 - v. Self-injection technique
 - vi. Common side effects that may occur especially hypoglycemia and appropriate treatment
 - vii. Self-monitoring blood glucose (SMBG) recommendations including technique
- f. Warfarin counseling
- i. Name of the medication
 - ii. Intended use and expected action of warfarin
 - iii. Effect of dietary intake of Vitamin K and alcohol on INR
 - iv. Potential drug-drug interactions
 - v. Monitoring for signs and symptoms of bleeding and VTEs
6. After providing counseling to the patient, the pharmacotherapy resident will enter a document into electronic medical record as a 'Medication Education' note as well as in the electronic intervention database.

Policy Name: Patient Counseling – R-004		Date Approved: September, 2005	Policy #: R-005
Written by: Joanna Tang, Pharm.D. Chief Resident 2005-2006		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director of Pharmacotherapy Services	
Replaces: none	Revised: 5/ 2015 Reviewed: 9/ 2015	Pages: 3	



The Brooklyn Hospital Center

Pharmacy Residency Program | The Remedy is Experience

Pharmacy Residency Program Resident Staffing in the Pharmacy Policy & Procedures

Staffing Policy

In order to fully participate in the medication-use process each resident will undergo orientation and training in the distributive functions of the pharmacy. During the first week of July, residents will attend an orientation to staffing from the hours of 08:00 to 17:00. This will occur on days when the resident is not on call or post call. In order to ensure that the resident can report to the pharmacy by 08:00, they will not be required to attend sign out that morning. During this orientation week, the resident will demonstrate basic competencies in the order entry and review process, oral and parenteral compounding and dispensing, automated dispensing systems, medication safety, and performance improvement activities.

Prior to obtaining licensure within New York, the resident will “shadow” the order verification process and learn the basics on how to properly staff as a hospital pharmacist. Following licensure in New York State, each PGY-1 resident shall enter/verify medication orders autonomously. In order to help with the training process each resident shall attend to staffing duties in the pharmacy for four hours per week, separate from any on-call/post-call duties. These hours will conclude after rotation duties (i.e. 16:00-20:00). Once residents have obtained licensure and proper staffing training, they will begin to staff short-call on Saturdays. The anticipated start date for short call is by October.

Nutrition Policy

All residents (PGY1/PGY2) will attend a total parenteral nutrition (TPN) review during orientation. It is expected that all residents are competent in entering TPN orders.

TPN orders will be entered on Saturdays by the PGY2 resident on call when the short call PGY1 is not licensed in New York. From then on, PGY1 residents will be expected to enter/verify TPN orders while fulfilling other short call duties.

TPN orders will be entered on Sundays by the PGY1 resident on call, and verified by a license pharmacist.

Procedure

1. Residents shall complete an orientation to staffing within the first week of July.
2. The Clinical Pharmacy Manager will make a list of staffing options available weekly to all of the PGY1 residents (July – October)

Policy Name: Resident Staffing in the Pharmacy	Date Approved: October 2009	Policy #: R-006
Written by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Replaces: R-001 section C.3.	Revised: 5/2015 Reviewed: 9/2015	Pages: 2

3. Each PGY1 resident shall be assigned a four hour staffing shift once weekly in the first quarter of residency.
4. Starting in the second quarter, PGY1 pharmacy residents will begin short call work duties on Saturdays.
5. Staffing times may overlap with regular business hours, or with hospital holidays, with the permission of the resident's preceptor of the month and the Residency Program Director.
6. Duty hours are limited to 80 hours per week, on average, inclusive of all in-house on-call activities and staffing.
7. Residents are not permitted to leave the pharmacy to attend to other residency related matters while staffing.
8. Staffing duties will include but are not limited to the following, as outlined in the rotation syllabus:
 - a. Order entry/verification
 - b. IV admixture/TPN preparation
 - c. Checking orders filled by staff pharmacist, technician, or intern
 - d. Resolving outstanding problems
 - e. Preparing any special compounding items

Policy Name: Resident Staffing in the Pharmacy	Date Approved: October 2009	Policy #: R-006
Written by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Replaces: R-001 section C.3.	Revised: 5/2015 Reviewed: 9/2015	Pages: 2



The Brooklyn Hospital Center

Pharmacy Residency Program | The Remedy is Experience

Clinical Pharmacokinetic Service Policy & Procedure

The emphasis of pharmacy practice in this hospital is evolving away from managing the distribution of drug products toward providing patient-focused services. Clinical pharmacists in this hospital are interacting with the health care team, interviewing and assessing patients, making patient-specific recommendations, monitoring patient response to drug therapy, and providing drug information. The American Society of Health System Pharmacists (ASHP) believes that clinical pharmacokinetic monitoring is a fundamental responsibility of all pharmacists providing pharmaceutical care¹. Pharmacokinetics is inter-related with many disciplines, particularly, biopharmaceutics, therapeutics, and pharmacology². There is a strong correlation between drug concentration and pharmacologic response which enables pharmacists to apply the principles of pharmacokinetics to actual patient situations²,

- Estimate rate of absorption, distribution, metabolism, and elimination of drugs in the body
- Predict the concentration of drug in the various body tissues, organs, and body fluids at any given time
- Determine the effect of plasma protein binding of the drug on the distribution of a drug in the body
- Determine the effect of concomitant administration of other drugs and nutrition on the absorption and elimination of drugs
- Design optimal dosage regimens to achieve optimum concentration of the drug at a specific site to produce an optimal therapeutic response in an individual patient
- Estimate renal impairment's impact on accumulation and elimination of drug
- Estimate fraction of the administered dose absorbed by extravascular routes of administration
- Calculate various pharmacokinetic parameters of the drug in order to describe the time course of drug in the body.

The success of drug therapy is highly dependent on the dosage regimen design, however, due to the variation in pharmacokinetics and pharmacodynamics, proper clinical evaluation and careful monitoring is required². Not all drugs need rigid individualization of the dosage regimen, but for drugs with a narrow therapeutic window, such as digoxin, phenytoin, vancomycin, and aminoglycosides, antiarrhythmics, and theophylline, individualization of

Policy Name: Clinical Pharmacokinetic Service		Date Approved: October 2004	Policy #: R-007
Written by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Replaces:	Revised: 5/2015 Reviewed: 9/2015	Pages: 3	

the dosage regimen is very important. Therefore, the objective is to produce a safe plasma concentration that does not exceed the toxic concentration or fall below a critical drug concentration for which the drug will be ineffective.

The pharmacokinetic team can be contacted by paging the pharmacotherapist on-call beeper number (3509). Physicians can page and make a request for a consult with the following information: patient name, medical record number, location, drug, and a reason for consult. With or without the request, a routine informal consultation will be provided for patients on the medications included in the Clinical Pharmacokinetics and Anticoagulation Service Guide.

Pharmacokinetic Consultation can be initiated in one of the following ways:

1. A physician can request for a drug to be dosed “per pharmacokinetic consultation”. The team will review all the necessary information (patient chart, laboratory values, time when blood sample was drawn) and provide a recommendation to the physician. The pharmacokinetic team will continue to monitor the patient and make recommendations to the physician as appropriate until steady state has been maintained for multiple drug levels, the therapy has completed, or the patient has been discharged. Recommendations will be communicated verbally and in a written document in the electronic medical record.
2. During physician regulated therapy when serum drug concentrations require pharmacokinetic calculation for proper interpretation (e.g., non-steady state concentrations), a physician can request for a pharmacokinetic consultation. The team will review all the necessary data and provide a recommendation to the physician. The pharmacokinetic team will continue to monitor the patient and make recommendations to the physician as appropriate until steady state has been maintained for multiple drug levels, the therapy has completed, or the patient has been discharged. Recommendations will be communicated verbally and in a written document in the electronic medical record.

Responsibilities of the pharmacokinetic team before making a recommendation include evaluating patient parameters such as, height, age, sex, weight, pertinent laboratory parameters, renal function, indication of therapy, culture and sensitivity reports, the dates and times when blood samples were obtained, the dose of the drug at that time, and the reported concentration. The team will provide a dose and interval based on patient variables, desired peak and trough, average serum level at steady state, and maintenance dose if appropriate. First, the pharmacokinetic team will discuss the specific recommendation for dosing and monitoring the patient’s drug therapy with the physician. For permanent documentation, a written consult will be provided in the patient electronic medical record and will include a summary of the patient’s pharmacokinetic parameters, dosing recommendations, and recommendations for therapeutic drug monitoring. Additional comments may be noted to explain unexpected serum concentrations such as,

- *Reflects steady-state, peak or trough on dosage regimen as charted...*
- *Reflects loading dose, and does not reflect steady state concentration...*

Policy Name: Clinical Pharmacokinetic Service		Date Approved: October 2004	Policy #: R-007
Written by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Replaces:	Revised: 5/2015 Reviewed: 9/2015	Pages: 3	

- *Level drawn too soon after the dose was administered and therefore not a true level...*

The turn around time for all pharmacokinetic consults will be approximately 2 hours and no later than 24 hours. If the consultation is provided after hours or during weekends, and the recommendation is accepted by the physician, then it will be reviewed by the clinical pharmacist within 24 hours or on the next business day to be co-signed for appropriateness. Daily follow-up and monitoring will be documented in the document section of the electronic medical record.

Pharmacokinetics is a further step toward rational and optimal therapy. The goal is to maintain therapeutic drug concentration while preventing life threatening toxicity.

References

1. http://www.ashp.org/bestpractices/MedTherapy/Specific_St_PKMonitor.pdf.
2. P.L. Madan. Principles of Pharmacokinetics. College of Pharmacy and Allied Health Professions St.John's University New York. 2001; p.5-8.

Policy Name: Clinical Pharmacokinetic Service	Date Approved: October 2004	Policy #: R-007
Written by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Replaces:	Revised: 5/2015 Reviewed: 9/2015	Pages: 3



The Brooklyn Hospital Center

Pharmacy Residency Program | The Remedy is Experience

Pharmacy Residency Program Resident Involvement in Pharmacy & Therapeutics Committee Meetings Policy & Procedures

Policy:

In order to fully participate in the Pharmacy & Therapeutics (P&T) Committee meetings, each resident will partake in the following responsibilities for the evaluation of the medications for the hospital's drug formulary and develop and implement strategies medication use through the formulary system. In addition, residents will also evaluate reported medication errors and adverse drug events.

Procedure:

1. P&T Committee meetings are scheduled on the third Tuesday of the month unless otherwise specified.
2. One PGY-1 resident will be assigned to document the meeting's minutes using the approved hospital template and will rotate every five meetings. The schedule will be created by the Chief Pharmacy Resident and distributed to all of the residents and faculty at the beginning of the residency year.
3. After completion of the minutes, the resident will submit a draft to the Director of Pharmacy within 1 week of the P&T Committee meeting for review.
4. Upon request from a physician and/or the Department of Pharmacy Services for the addition of a medication(s) to the hospital formulary, one PGY-1 resident will be assigned to evaluate its place in therapy through a drug monograph.
5. The PGY-1 resident is responsible for identifying and requesting a Pharmacotherapy Specialist to approve the drug monograph prior to submitting to the Director of Pharmacy.
6. The draft of the drug monograph to be submitted to the Pharmacotherapy Specialist for review no later than two weeks prior to the P&T Meeting. Refer to Policy #C-494 Medication Formulary for a list of required components of a drug monograph.

Policy Name: Resident Involvement in P&T Committee Meetings		Date Approved:	Policy #: R-008
Written by: Rebecca Barros, PharmD, BCACP and Elise Kim, PharmD, BCACP		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Date Written: 6/2015	Revised: Reviewed: 9/2015	Pages: 2	

7. Final copy of the drug monograph is due to the Director of Pharmacy one week prior to the P&T Meeting, for dissemination to committee members prior to the meeting.
8. The PGY-1 resident is responsible for presenting the assigned drug monograph at the next available P&T Committee meeting.

Policy Name: Resident Involvement in P&T Committee Meetings		Date Approved:	Policy #: R-008
Written by: Rebecca Barros, PharmD, BCACP and Elise Kim, PharmD, BCACP		Approved by: Robert DiGregorio, PharmD, BCACP Sr. Director, Pharmacotherapy Services	
Date Written: 6/2015	Revised: Reviewed: 9/2015	Pages: 2	



The Brooklyn Hospital Center

Pharmacy Residency Program | The Remedy is Experience

Supervision of Student Experiences Policy & Procedure

Policy:

The Department of Pharmacy Services and the Division of Pharmacotherapy maintains a teaching affiliation with Long Island University, Arnold & Marie Schwartz College of Pharmacy, Touro College of Pharmacy, and elective students from other Colleges of Pharmacy.

Procedures:

Faculty Appointments

Colleges of Pharmacy have appointed faculty for the supervision and education of student pharmacists. Appointed faculty range from those holding full-time university appointments, to those who have been granted a non-compensatory (adjunct or volunteer) appointment. Regardless of the type of appointment, these individuals shall be responsible for providing supervision, oversight, and review of all students assigned to them. Student assignments are made jointly between the university and the Director of Pharmacotherapy Services.

Hospital Resources

As per a joint agreement with the university, the hospital will provide the following:

1. Educational opportunities for students in patient care areas and within the pharmacy
2. Maintenance of pharmacy services without reliance on assigned students
3. Consultation with faculty members of the college with regards to implementation of student learning experiences and evaluations
4. Equipment, facilities, supplies, and experiences for students and faculty assigned to the hospital necessary for the objectives of the program

Delineation of Student Experiences

Student experiences may include the following:

1. Introductory Pharmacy Practice Experiences (IPPE)
2. Advanced Pharmacy Practice Experiences (APPE) in any of the following areas:
 - a. Administration
 - b. Ambulatory Care
 - c. Emergency Medicine

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- d. Family Medicine
- e. HIV Primary Care
- f. Infectious Diseases
- g. Institutional Practice
- h. Internal Medicine
- i. Intravenous Admixtures
- j. Medical Intensive Care Unit
- k. Pediatrics
- l. Surgical Intensive Care Unit
- m. Transitions of Care

Scope of Practice

Students are licensed as interns in New York State. As such their scope of practice is broadly defined to include all activities within the scope of the precepting pharmacist, as long as they are supervised. Students may provide information when collaborating with other healthcare providers, after reviewing the information with their preceptor. Compounding activities, as well as patient assessment activities shall be done only under the direct supervision of a licensed pharmacist. Students shall not be assigned to after-hours activities unless they are supervised by the faculty preceptor, resident on-call, other staff pharmacist or manager.

Students assigned to the hospital are not considered employees of the hospital, but shall adhere to all hospital and departmental rules, regulations, procedures and policies.

Code of Conduct

When assigned to the department, students shall adhere to (and faculty shall enforce) the following rules:

- Attendance at the institutional site is required except for prearranged college functions. All missed hours must be made up at the discretion of the preceptor. For any absence, students must notify the preceptor by telephone, email or pager, the morning of the absence and provide written documentation as soon as possible (e.g., physician's note). Failure to do so will result in grade deduction as noted in the respective course syllabus. Attendance at professional meetings is allowed with advanced notification and permission from the preceptor. Students should arrive at the site at the time set by the preceptor. Habitual lateness will be reflected on the final assessment form.
- Students will provide proper health documentation to the preceptor prior to beginning the rotation.
- Students must contact Employee Health Services at least two weeks prior to starting at TBHC. Employee health will review all vaccinations and must clear the student prior to starting the first day of

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rotation. Employee health will provide them with a clearance form that must be presented to security in order to retrieve their TBHC ID card.

- Students will provide documentation of HIPAA training.
- All students are expected to behave in a professional manner at all times. This includes displaying a professional demeanor towards patients and hospital employees, as well as demonstrating professionalism through completion of assignments and patient care activities.
- Students must be appropriately dressed daily, which includes:
 - Short white laboratory coat with identification badge (intern badge and hospital ID).
 - Appropriate and conservative dress, as defined by the department's dress code policy.
- Improper conduct may result in dismissal from the course or disciplinary action by the College.
- Students may have access to medical records (paper and/or electronic) for educational purposes. "View Only" rights will be assigned after the student completes the appropriate training module and is approved by the faculty trainer.
 - Students may only document in the medical record under the direct supervision of their preceptor; such documentation must be signed by the preceptor pharmacist in real time
 - Students will maintain strict confidentiality with all information contained in the medical and/or pharmacy records
- Students must not utilize patient identifiers in the preparation of written or oral case presentations or other assignments
- There should be no discussion of any patient outside of patient care areas, such as elevators, hallways, cafeteria, etc.
- Any professional misbehavior (such as plagiarism, cheating, and other acts of professional misconduct as deemed by preceptors) will be taken seriously. Improper conduct must be reported to the disciplinary committee at the College. Pending action by the College, the student may be removed from the site at the discretion of the Director of Pharmacotherapy Services
- Falsification of a patient's medical records or providing fabricated information regarding a patient's medical status shall constitute unprofessional behavior.
- Food and beverage consumption should take place in designated locations away from patient care areas.
- Students are to refrain from chewing gum while engaging in patient care activities.
- Smoking is not permitted at the site.
- The use of other tobacco products such as chewing tobacco is prohibited.

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- Alcoholic beverages are strictly prohibited at the site under all circumstances. Additionally, pharmacy students are expected not to use alcohol or other drugs in ways that impair their ability to perform at the site.
- Bags, purses, briefcases, and backpacks should not be left haphazardly in the conference room. All belongings should be placed under chairs or out of the way so as not to disturb the use of the meeting space.

Supervision

Faculty will meet with their assigned students on a regular basis and shall provide both direct and indirect supervision of all activities, as appropriate.

Pharmacy residents and staff pharmacists may co-precept students. The faculty preceptor assigned by the College will be responsible for all evaluations and the submission of grades. Day to day decisions should also be made in conjunction with the assigned faculty member.

Deviations from the above policy and procedures must be reported to the director. Consultation with the director is also to be sought for clarification of any rule or practice described.

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