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MISSION STATEMENT
The pharmacy department at Memorial Sloan Kettering Cancer Center (MSK) is dedicated to the progressive control and cure of cancer through programs of patient care, research, and education. This has been our mission since 1884.

GOALS OF ONCOLOGY RESIDENCY PROGRAM AT MSK
The main goals of this residency program are to:

1. Develop the residents fundamental knowledge in oncology therapeutics, malignant disease states, and build the clinical skills required to practice as an independent oncology clinical pharmacist.

2. Emphasize the role of continuous professional development through literature evaluation, didactic lectures, round table discussions, self learning and continuous self-reflection.

3. Apply evidence based guidelines and standards in tailoring the treatment plan to optimize cancer patient care and outcomes.

THE ONCOLOGY RESIDENCY (PGY2)
There are two PGY2 oncology residencies offered at Memorial Sloan Kettering Cancer Center. Both residencies are twelve month programs based upon the American Society of Health-System Pharmacists (ASHP) standards for PGY2 hospital pharmacy residencies and the ASHP Supplemental Standard and Learning Objectives for Residency Training in Oncology Pharmacy Practice. The residencies focus upon development of special competence in clinical therapeutics of cancer patients, an introduction to clinical research as well as introductory experiences in the management of sophisticated pharmacy service programs. It is required that the resident has already achieved a basic level of competence in institutional and clinical pharmacy practice. The specific development plan for each resident may vary in structure and area of emphasis based upon the resident’s entering level of knowledge, skills, abilities and interests. In addition to meeting the requirements set forth in the “ASHP Accreditation Standard for Post Graduate Year Two Pharmacy Residency Training”, the resident
must have previously completed an ASHP-Accredited Pharmacy Practice Residency (PGY1). The resident must provide documentation of successful completion of an accredited PGY1 residency prior to beginning orientation.

One of the residency programs focuses on therapeutics in the adult population. The first month is dedicated to orientation to MSK and crash courses in oncology. Nine months are devoted to major rotations in patient care and the remaining rotations are focused on oncology medication policies/ guideline development and research. The patient care rotations are divided into inpatient and outpatient experiences. These rotations consist of hematologic malignancies and Bone Marrow Transplant, Adult medical oncology (Breast, Gastrointestinal, Genitourinary, Gynecologic, Thoracic, Head/Neck, Melanoma, Sarcoma and Neuro-Oncology). Other available rotations include Pediatric Oncology, Pain and Palliative Care. Investigational drug management, early drug development clinic, as well as an orientation to the Department of Pharmacy will also be offered during the year. The resident will be actively involved in providing direct patient care and monitoring patients who have received outpatient chemotherapy.

The second PGY2 oncology residency focuses on the pediatric population. The first month is dedicated to orientation to MSK and crash courses in oncology. Nine months are dedicated to educational experiences (rotations) providing direct patient care to children, adolescents and young adults with cancer. Required rotations include inpatient learning experiences in Hematology/ Oncology and Bone Marrow Transplant, and ambulatory rotations in Neuro-Oncology, Leukemia/Lymphoma, Bone Marrow Transplant, Sarcoma and Neuroblastoma. There is also one required rotation on the adult leukemia service to solidify the understanding of the treatment of hematologic malignancies. In addition to the direct patient care rotations, there will be longitudinal learning experiences focusing on Medication Use Policy, Medication Safety and Quality Assurance, Pharmacy Operations, Leadership and Clinical Pharmacy Administration, Investigational Drug Studies and Research. Elective rotations permit the resident to expand abilities and skills in different areas of particular interest. Established elective rotations include Pediatric Intensive Care Unit, Infectious Diseases, Long Term Follow-up Clinic, as well as spending additional time in previous rotations if desired. Pediatric residents may elect a rotation offered to the adult residents.
OVERVIEW

The Pharmacy Oncology Residency at Memorial Sloan Kettering Cancer Center provides the resident with the clinical skills and knowledge required to become an independent oncology pharmacy practitioner.

The residency is a twelve-month program offered to a pharmacist who has successfully completed a (PGY1) residency.

The specific program for each resident varies based upon the residents’ goals, interests and previous experience. However, all residents are required to complete rotations in core subject areas considered to be essential to the oncology pharmacy practitioner. Elective rotations are available to permit the resident flexibility in pursuing individual goals.

Additional learning experiences aimed at producing a well-rounded pharmacist include the completion of:

1. Major research project related to oncology pharmacy practice
2. Medication safety project
3. Drug Utilization Evaluation (DUE) project
4. Pharmacy Operations Longitudinal Experience
5. Leadership and Clinical Pharmacy Administration Longitudinal Experience

In addition the residents will be involved in several educational activities such as:

1. Pharmacy Grand Rounds (Continuing Education)
2. Case Presentations
3. Journal Clubs
4. Oncology Didactic Lectures
5. Department Newsletter (InPHARMation)
WHO’S WHO?
A number of individuals play key roles in the administration of the Oncology Pharmacy Residency program.

The individuals and their respective roles follow:

**Pharmacy Director:** Scott Freeswick

The Director of Pharmacy justifies the importance of a residency program and he/she is the one who supports the program for budget approval.

**Adult Residency Program Director:** Larry Buie

**Pediatric Residency Program Director:** Sherry Mathew

The Residency Program Director maintains responsibility for the residency program. This includes the responsibility for ensuring that the overall program and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation or training period is provided and that resident evaluations are conducted routinely and based on pre-established learning objectives.

**Adult Residency Program Coordinator:** Manpreet Boparai

**Pediatric Residency Program Coordinator:** Melissa Pozotrigo

The Residency Program Coordinator works with the Residency Program Director to assure that the overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each rotation or training period is provided and that resident evaluations are conducted routinely and based on pre-established learning objectives.

Additionally, the Residency Program Coordinator assures the proper documentation of resident activities. All the activities should be documented in the PharmAcademic system, a software system provided by American Society of Health-System Pharmacists (ASHP), and assumes a leadership role in program administration and program recruitment activities.

**Preceptors:** Valkal Bhatt, Manpreet Boparai, Larry Buie, Amelia Chan, Florina Chuy, Nina Cohen, Ryan Daley, Thu Dang, Brian Del Corral, Jackie Gomes, Krisoula Horiates, Troy Horvat, Michael Kellick, Amber King, Lauren Koranteng, Michelle Kussin, Josiah Land, Carmen Lau, Andrew Lin, Dazhi Liu, Bernadette Loughlin, Sherry Mathew,
Each rotation has a pharmacist preceptor who develops and guides the learning experiences to meet the residency program’s goals and objectives with consideration of the resident’s goals, interests and skills. The preceptor periodically reviews the resident’s performance, with a final written evaluation at the conclusion of the learning experience.
ONCOLOGY RESIDENCY PLAN FOR THE YEAR

The program is designed to allow the resident to experience various aspects of oncology practice, including inpatient, outpatient, and research. In order to meet the ASHP (PGY2) oncology standards the program is divided into several key areas:

1. Clinical Rotations
2. Projects
3. Staffing/Pharmacy Operations

1. Rotations

Organized rotations provide the structure of resident training in various oncology settings. The resident is expected to consider the goals and objectives for each rotation as a foundation for their experience.

Residents are expected to perform independently and demonstrate proficiency in their rotations. The residency preceptor provides guidance and assistance to the resident, and ensures that the goals set forth by the resident and the program are met. The preceptor also provides the resident with frequent evaluation of their progress, including a written evaluation at the conclusion of the rotation. Frequent, clear communication is the key to a successful resident/preceptor relationship. In order to maximize the learning experience, the resident is expected to personally inform the preceptor of all absences, schedule conflicts, or concerns that might arise during the month. Residents shall also prepare for topic discussions, read materials in a timely manner, and perform other tasks assigned by the preceptor.

The first rotation for pharmacy residents is Oncology/Area Orientation. This rotation will be completed during the month of July. The following core rotations are 2 to 4 weeks in length, and are required rotations:

Required Rotations (Adult Population)

- Bone Marrow Transplant (Allogeneic/Autologous)
- Hematologic Malignancies I: Leukemia
- Hematologic Malignancies II: Lymphoma
- Oncology Outpatient Services: Genitourinary Cancer
- Oncology Outpatient Services: Breast Cancer
- Oncology Outpatient Gastrointestinal Cancer
- Oncology Outpatient Services: Thoracic/Gynecologic Cancer
• Head/Neck, Melanoma, and Sarcoma
• Pediatric Oncology

**Required Rotations (Pediatric Population)**
• Leukemia/Lymphoma Ambulatory Clinic
• Inpatient Hematology/Oncology
• Neuroblastoma Clinic
• Inpatient Stem Cell Transplant
• Pediatric Sarcoma Ambulatory Clinic
• Investigational Drug Service
• Stem Cell Transplant Ambulatory Clinic
• Inpatient Leukemia - Adult Service

**Elective Rotations**
One to two month electives are available toward the end of the year. These electives can vary from one resident to the other depending on the future career goal.

Elective rotations may include repeating any of the required rotations above or a new rotation. Adult rotations may be taken by pediatric residents based upon interest.

Elective rotations include:

1. Infectious Diseases
2. Investigational Drug Services
3. Early Drug Development clinic
4. Adult BMT clinic
5. Adult Neuro-oncology
6. Pediatric Critical Care

**Rotation Schedule**
A 12-month schedule of the resident rotations provides a framework for structured learning activities. The resident and the program director will meet at the beginning of the year to form a plan for development. This plan is presented to the Residency Preceptor Committee for evaluation, and to the Residency Director for approval.

Adjustments and changes to the residents schedule will be discussed at each quarterly development plan meeting; as the resident acquires additional knowledge, learning experiences and goals are
intermittently reassessed. Residents may request to change or trade scheduled rotations. With the approval of the preceptors for each rotation involved, the change/trade may be referred to the Residency Preceptor Committee for evaluation, and the Residency Director for approval.

2. Projects
Each resident is required to complete one major project throughout the residency year. The major research project is outlined below. Additional projects may include a patient safety project and a medication utilization evaluation.

1. Oncology Research project: This project is selected by the resident based on interest and preference. Data collection can only begin after the IRB waiver is obtained. The tentative research time-line will be provided at the beginning of the year to ensure residents remain on track for successful project completion. A project committee composed of the residency program director and the project research mentor will assist the resident with planning, implementing, analyzing and presenting the project.

2. Medication Safety Project: Through this project the resident will be familiar with the hospital policies and safety measures dedicated to improve and assure the safety of cancer patients.

3. Medication Utilization Evaluation (MUE): The resident can choose one out of the list of all the medications needed to be evaluated. It is highly encouraged that the resident chooses an antineoplastic or biological agent based on disease state interest.

3. Staffing/Pharmacy Operations
Consistent with the ASHP residency standards, each resident will complete a “Staffing” component during their residency. This practice component represents another learning opportunity within the framework of the oncology residency program.

This experience is crucial to the development of professional practice skills. The resident will become proficient in pharmacy operations, including all aspects of order verification, medication preparation and distribution. In addition, the resident will be able to develop skills in leadership and personnel management, and gain insight into process improvement issues related to chemotherapy preparation.
General Requirements

1. Each resident shall be licensed with the state of New York by October 1st of the residency year.

2. The resident should be active and timely in reporting to the program director in case there is a possible delay in licensure beyond the October 1st deadline. Any resident who is unlicensed by October 1st will continue their assigned staffing schedule and function as a technician. Each weekend after October 1st that the resident is required to staff as a technician, the resident must compensate for after licensure with equal staffing time as a pharmacist.

3. By November 1st if the resident remains unlicensed, the resident’s overall performance to date will be reviewed and a decision will be made by the preceptor committee if termination is warranted. Alternatively a compensatory staffing plan will be approved.

4. Each resident is expected to practice as a pharmacist in a designated pharmacy satellite throughout the residency year.

5. The residents will be staffing in these areas:
   a. Adult Oncology (Clean Room).
   b. Pediatric Oncology (M9 and R5 Clean Room).
   c. Inpatient floors (M10, M12, and M16).

The adult residents are required to work one weekend per month and one evening per month. The weekend shift is 8 hours and starts at 8:00 AM and ends at 5:00 PM. This applies to both days Saturday and Sunday. The evening schedule begins at 4:00 PM and ends at 10:00 PM one day during the month. The pediatric residents are required to staff one weekend per month. Weekend staffing requirements are both Saturday and Sunday from 8:00 AM to 5:00 PM.

During this staffing component the resident will become familiar with all chemotherapy agents, checking, admixture, and handling of hazardous materials. For residents in the adult program, the staffing will be mainly in the chemotherapy clean room. This pharmacy satellite is dedicated for processing and dispensing of chemotherapy agents to all the adult inpatient floors. This satellite is also responsible for processing chemotherapy orders for some hematologic outpatient oncology clinics such as Leukemia/Lymphoma and Bone Marrow Transplant. Residents in the pediatric program will work on the
M9 satellite and the R5 Clean Room. The M9 satellite provides medications for the inpatient pediatric unit. For chemotherapy order processing and mixing the pediatric residents will spend time in the pediatric day hospital and the clean room as scheduling permits throughout the year. In addition to the operational staffing component, residents will also be required to complete clinical responsibilities on the weekends such as medication reconciliation and completion of follow up from weekend clinical sign out.

It is required that the resident be licensed in NY State by October 1st. The residents will work as technicians until they obtain their NY State License. Upon licensure, the residents will be evaluated to assess preparedness for transition into a pharmacist role. If deemed competent, the resident will be able to work as a pharmacist in areas mentioned above. If residents are not licensed by October 1, they are required to work extra weekends later in the year to ensure a complete staffing experience.

If the adult resident prefers to have experience in Pediatric Oncology, some arrangements can be made to give the resident the opportunity to staff in Pediatric Day Hospital (PDH) satellite and (M9) satellite. In addition residents are encouraged to assess their own performance and to express any need in modifying the staffing to gain more experience. Other areas that residents might benefit from are the pharmacy satellites on different floors.

**Duty Hours**

The PGY2 Oncology Residency Programs are in adherence with ASHP’s Duty Hour Policy. Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, weekend staffing, and administrative responsibilities (i.e. meetings). Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; and hours that are not scheduled by the residency program director or a preceptor.

Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of weekend operational and clinical staffing responsibilities. The clinical, operational and administrative responsibilities outlined within the residency program are structured to fall below the maximum duty hours throughout any 4 week period.
RESIDENCY RELATED COMMITTEES

1. Residency Preceptors Committee

The Residency Preceptors Committee is a standing committee of the Department of Pharmacy. It is composed of residency preceptors, residency program directors, residency coordinators and the director of pharmacy.

The Committee serves in an advisory capacity to maintain the quality and consistency of the residency program.

The committee provides a forum for preceptors to discuss common concerns, to develop additional learning experiences, and to promote new and innovative areas of practice. The committee meets on a monthly basis.

The specific functions of the committee include:

- Continuous evaluation of the curriculum, goals and objectives
- Monthly evaluation of the residents’ progress
- The evaluation and support of residency projects
- Resident recruitment and selection
- Provide preceptor development practice pearls

Minutes of the meeting will be distributed for approval prior to each meeting.

The preceptors will discuss periodically the preparation plan for ASHP accreditation Survey.

2. Research Committee

The research committee is responsible to guide the resident, evaluate, and facilitate in the completion of the project. This committee is mainly involved with the major research project of the year.

3. Medication Safety Committee

This committee is responsible in guiding the resident to complete the medication safety project. This is a longitudinal learning experience under the preceptorship of the Medication Safety Officer.

4. DUE Committee

This committee will guide the resident in his/her Drug Utilization Evaluation (DUE) project. This is a longitudinal learning experience under the preceptorship of a staff member in Drug Policy Management.
EVALUATION METHODS

The oncology residency at Memorial Sloan Kettering Cancer Center (MSK) offers the resident opportunities to obtain the knowledge, skills and abilities required to become a competent oncology practitioner. The specific program for each resident varies based upon interests and goals. During the year, the residents will be evaluated by rotation preceptors, the program director, and the residents themselves.

The resident is required to meet with the rotation preceptor prior to the start of each new rotation, primarily to discuss and customize the rotation’s goals and objectives so as to meet the specific needs of the resident.

Rotation sign-out meetings

The previous preceptor, the resident, the upcoming preceptor and resident’s mentor (optional) should have a common meeting to review the goals that need to be achieved in the next rotation, and also to identify the areas of improvement.

Methods for Rotation Evaluation

A review of the rotation specific objectives and resident objectives should be completed on the first day of the rotation. During the rotation, the resident meets with the preceptor on a regularly scheduled basis, as determined by the preceptor and resident. Any additional modifications to the rotation or its’ goals and objectives are also discussed. During the rotation there will be a midpoint and final evaluation. The midpoint evaluation will be a verbal evaluation to communicate any areas for improvement and the final evaluation will be a written evaluation documented in PharmAcademic. The final evaluation will include the resident’s self assessment, preceptor assessment, learning experience assessment, and the preceptor’s evaluation of the resident’s progress during the learning experience. All evaluations will be based on learning objectives. All resident and rotation evaluations must be submitted through the PharmAcademic system.

Development Plans are to be completed quarterly and will be reviewed with the Residency Program Director.

All documents related to rotations, all learning activities, staffing and research should be stored electronically in the shared folder.
HOLIDAYS, SICK LEAVE, ABSENCES

Residents, as a part of the professional staff of the department, are expected to assist with holiday coverage if needed.

- The following table highlights legal and floating holidays recognized by the hospital
- Residents may be required to staff one holiday during the residency year at the discretion of the program director
- Floating holidays are days where residents are expected to help the pharmacy department if needed

<table>
<thead>
<tr>
<th>Legal Holidays</th>
<th>Floating Holidays</th>
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<tbody>
<tr>
<td>Independence Day</td>
<td>Columbus Day</td>
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<tr>
<td>Labor Day</td>
<td>Martin Luther King</td>
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<tr>
<td>Thanksgiving</td>
<td>President’s Day</td>
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<td>Christmas Day</td>
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<tr>
<td>New Year</td>
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<td>Memorial Day</td>
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Paid Time Off

Each resident will accrue approximately 5 hours of paid time off per pay period (total of 15 vacation days). These hours may be used for the time when the residents are absent from work for illness, interviewing for next position and personal leave/vacation. Residents are entitled to take 5 consecutive days off during the holiday season. If these 5 days are not taken during December, they can be taken at any other time upon request. Because the primary purpose of the residency is educational, it is not expected that residents will use all of the time accrued during the residency year. Residents are limited to two days off during any one rotation. Additional time off during a rotation will require special review by the program director with a plan on how the days will be compensated. The resident will be paid for time not used at the end of the residency.

All requests for time off must be approved by the residency program director. Requests should be submitted in writing.

The resident is responsible for arranging switches for all other vacation and time off during their regular scheduled weekend. Unlicensed residents are not eligible for schedule switches.
**Sick Days**

The residents must call or e-mail the preceptor as well as the program director to inform them of any sickness. Residents who are sick are not expected to show up to work especially when they are on hematologic malignancy rotations and Bone Marrow Transplant rotations.

Residents who take more than 2 weeks off for any medical or family emergency issues, must compensate for the days taken off at the end of the year. FMLA papers have to be filed according to hospital policies and procedures. Residents who miss more than 2 days during a rotation should compensate for this absence; the preceptor and resident should agree on a plan that should be presented to the residency program director.

**Absences**

A resident who does not show up to a scheduled activity and does not notify the proper personnel of his/her absence will be subject to counseling. This program has no tolerance for unprofessional behavior.

**TERMINATION**

The resident can be terminated from the program at any time during the year, after 2 documented counselings with no improvement. The preceptor committee will have a formal evaluation of current residents done during the month of November, to address any possible case of termination early during the year rather than later. However, this does not remove the committee’s authority to terminate a resident at any point after documented counseling.
TRAVEL AND PROFESSIONAL SOCIETY INVOLVEMENT

Residents completing the program at MSK are expected to develop and maintain an involvement in professional society activities on a local, state and national level. Involvement is critical to the development of the oncology resident and the achievement of professional and personal goals.

1. Residents should plan to join and assume an active role in the American Society of Health-System Pharmacists. Activities could include attendance at the Midyear Clinical Meeting, volunteering their services to the society and attendance at an orientation session for residents.

2. Residents should plan to join and assume an active role in the Hematology Oncology Pharmacy Association (HOPA). It is mandatory that the resident submit and present their oncology research project at the annual HOPA meeting.

As part of the resident’s professional and personal development travel and attendance at meetings on a national level is expected.

Funding for attendance at the ASHP Midyear Clinical Meeting and HOPA is provided by the Pharmacy department since the resident is required to attend these meetings.

CERTIFICATES

Certificates will be awarded to residents if they have completed the following:

1. Research project
2. Manuscript for the research project
3. Presented projects at the Hematology Oncology Pharmacy Association (HOPA) annual meeting
4. Completed a DUE
5. Completed all staffing required
6. Fulfilled all requirements related to rotations
7. Obtained the NY license as stated.
**ACTIVITIES**

**MEETINGS**
To broaden and coordinate the residency experience, residents are requested to attend a variety of meetings throughout the year. These may be departmental meetings, pharmacy administrative staff meetings, Pharmacy and Therapeutic Committee (P&T) meeting, Clinical Council, Hospital Quality Assurance Committee (HQAC) meeting, Performance Improvement (PI), Internal Review Board (IRB), meeting etc. The preceptor will assign meeting attendance at the beginning of the month. In other cases, the resident will be requested to attend a specific meeting by another preceptor in order to broaden the resident’s educational experience or assist with the development of a project. Meeting times and locations will be announced at the beginning of each rotation. Only the Pharmacy and Therapeutic Committee (P&T) meeting is obligatory; residents are encouraged to spend most of their time devoted to patient care rather than attending meetings.

**MONTHLY ACTIVITIES**
1. Case Presentations
2. Oncology Didactic Lectures
3. Journal Club
4. Pharmacy Grand Rounds
5. Department Newsletter (InPHARMation)

**1. Case Presentations**
A Case Presentation meeting is held weekly. This clinical meeting is chaired by the residents who present and lead a discussion of interesting patient cases. The residents must present a current patient who is actively being treated. During the presentation the resident should cover the disease state and what are the possible interventions necessary to improve this specific patient outcome. Case presentations may be interactive, more didactic in nature, or may consist of novel active learning approaches such as therapeutic debates.
2. Oncology Didactic Lectures

Oncology didactic lectures are held twice a month. The aim of these lectures is to expand the resident’s knowledge in oncology. The schedule of these lectures is designed to cover all antineoplastic agents and biological agents used in the treatment of cancer diseases.

3. Journal Club

Journal Club is held twice monthly. The aim of this meeting is to teach the resident how to critique a medical journal article. The article that is presented must be distributed to pharmacy staff 1 week prior to the meeting.

4. Pharmacy Grand Rounds

The pharmacy department is accredited by the ACPE to provide continuing education programs for both pharmacists and pharmacy technicians. These grand rounds are scheduled to be given on a monthly basis. Each resident is expected to lead 1 of these presentations during the year.

5. Department Newsletter (InPHARMation)

InPHARMation is a monthly newsletter distributed to the pharmacy staff. The residents are responsible for encouraging the staff to write and share their daily experience in the newsletter. Also the newsletter should reflect all future activities that are going to occur the following month. The newsletter is due on the 1st of every month.

ADDITIONAL ACTIVITIES

1. Residency Program Director (RPD) meeting

The Residency Program Director (RPD) meeting is held periodically throughout the year. These meetings serve to keep the resident informed regarding progress and developments in the department, to serve as a forum for didactic presentations of management topics, and to broaden the resident’s knowledge of professional issues. The leadership series is incorporated into these sessions.
2. Interview of Future Residents
It is expected that the residents will participate in the evaluation of the potential future residents. Their involvement may start as early as the ASHP Midyear Clinical Meeting. Also the residents may participate in scheduling for the January/February on site interview.

3. Big Brother & Big Sister
In the spring of each residency year, following the results of the residency matching program, incoming oncology residents will be assisted by current residents. Activities of the Big Brother or Big Sister will include: assisting with relocation activities, finding housing, licensure procedures, orientation, mentorship and fellowship.

4. Management Responsibilities
As part of the resident’s responsibilities they are expected to take time, on a periodic basis to meet with the Residency Program director and the Associate Directors to review the operations of the satellite based on their assigned staffing activities. These meetings provide an opportunity for the resident to improve work flow and provide future suggestions and plans to maximize efficiency and productivity.

5. Volunteer Work (Natural Disasters/Bioterrorism)
In the event of a serious storm or natural disaster, the resident will be called upon to assist with pharmacy operations wherever they may be needed. The resident should not only be readily available in these circumstances but should quickly volunteer their services in these situations. The residents are viewed as pharmacy employees and therefore, they have to respond to responsibilities very quickly.

6. National Meetings
If a resident is interested in attending any meeting other than HOPA and ASHP, a special request must be submitted to the program director to discuss the benefit of attending the meeting.
RESIDENT BASELINE ASSESSMENT

PURPOSE
A resident baseline assessment process is utilized to provide a subjective and objective evaluation of the baseline clinical skills for oncology residents. This process will help to identify areas that the resident will need to further develop or focus on throughout the year and serve as a reference for the preceptors and program director to use in their evaluations. An initial skills list will be used by the resident as a guide for future experiential training.

The overall goal is to achieve consistency and proficiency in the basic skills among the residents given their various training backgrounds, to identify and provide feedback on areas for improvement, and ultimately help to build an individualized, structured residency plan.

ASSESSMENT TOOL
The Goal Based Residency Evaluation will be provided to the residents during their orientation period in order to provide objective feedback on their current skill-level and identify areas that need development.

These specific objectives will be included in the residency plan and should be emphasized early in the residency year.

CRASH COURSE
A set of crash courses will be given the last two weeks of the orientation month. Material, journal articles, or guidelines will be distributed to the residents prior to the scheduled sessions. The purpose of these sessions is to provide a consistent knowledge base for the starting residents so that the preceptors may focus on higher-level learning during clinical rotations.

FOLLOW-UP
The information attained through the initial assessment will continue to be assessed throughout the residency year, and the progress of the resident will be followed closely by the program director who will act as the intermediary between residents and preceptors. Residents should expect that the areas identified as needing improvement will be re-evaluated as they progress from one rotation to the next. Ideally, by the end of the year, the resident will gain the knowledge and experience required in order to achieve the goals of the residency.
**ORIENTATION MONTH**

1. Orientation will start in July.

2. During orientation the residents will receive:
   a. Hospital Orientation (2 days)
   b. Pharmacy computer base training (1-2 weeks)
   c. Chemotherapy admixture in different chemotherapy practice areas throughout the hospital
      i. Inpatient:
         1. Clean Room – (Adult Residents)
         2. M9 (1 week – Pediatric Residents)
      ii. Outpatient:
         1. PDH (1 week – Pediatric Residents)
   d. Crash courses to ensure that all residents have the same baseline prior to the start of clinical rotations. Crash Courses given in the last 2 weeks of orientation include but are not limited to:
      i. VTE prophylaxis
      ii. Febrile/Neutropenia
      iii. Pharmacokinetics
      iv. ASCO guidelines on Oncologic Emergencies
      v. ASCO guidelines on Chemo-protectants
      vi. ASCO guidelines on ESAs and CSFs
      vii. NCCN/MASCC/ASCO guidelines on CINV
      viii. Overview of Statistics
   e. A plan of development will be discussed with each resident prior to the start of the first rotation.
RESIDENT PLAN FOR DEVELOPMENT

Consistent with the ASHP residency standard, each resident completing the residency-training program at Memorial Sloan Kettering Cancer Center shall prepare an individual plan for development. The resident assumes primary responsibility to develop the plan and document their respective goals, interests, strengths and planned modification of the set rotations and activities.

The Residency Program Director assumes a role to mentor and assist residents in the decision process. Within the framework of the ASHP residency standard and the administrative guidelines of the residency program the resident is encouraged to assume ownership of their training experience and development plan.

In order to develop the plan, the resident should answer the following questions in a narrative form:

**Career Goals**

1. State your career goals, both short term (5 years) and long term (10-15 years).
2. Describe your current practice interests (Inpatient Oncology/Outpatient Oncology)
3. Identify your strengths, include clinical and personal.
4. List areas of weakness that you would like to improve during the residency year.
5. Describe activities, projects and experiences that have contributed to your skills in the following areas:
   - a. Verbal communication skills and public speaking.
   - b. Time management
   - c. Supervisory skills
6. What area of residency training would you like to concentrate on during the program listed in order of importance.
   - a. Hematologic Malignancies
   - b. Bone Marrow Transplant
   - c. Drug Information – Drug Use Policy
   - d. Medical Oncology
   - e. Others
7. Identify three goals you wish to accomplish during the residency.
8. Life Plan: Describe briefly your life’s plan. What are the areas that are most important to you?

   a. Individual Plan to be completed by RPD
   b. Background
   c. Interests
   d. Goals
   e. Recommendations (rotations)

Each resident must follow a standard format in preparing the plan for development. The resident and Residency Program Director will finalize and add the plan for development in PharmAcademic.

Residents are required to complete a periodic self-assessment during the residency year. The self-assessment should be completed at the time of the quarterly evaluations. The resident and Residency Program Director should review the periodic self assessment along with the evaluation comments to assure that the resident achieves the desired goals and objectives during the residency year.

It is important to document during the quarterly evaluation all the residents’ accomplishments and also mention some of the goals that have been attained. The Quarterly Resident Evaluation should document progress within the resident’s plan for development.
EDUCATION REQUIREMENT PROPOSAL

INTRODUCTION
The establishment of a teaching requirement is consistent with ASHP goals, statement, and objectives for oncology residency training. When the oncology residency is completed, it is expected that the resident will have developed competency in teaching and training health care professionals and students.

The ideal situation is for every resident to have a significant amount of experience in all areas of education, while at the same time accomplishing this with a minimal amount of time away from rotation activities. It is important to note that some residents will have more opportunities to gain experiences in different areas than others, dependent on rotation schedule. However, it is expected that all residents will complete the residency and the core objectives for teaching experiences.

The system proposed ensures a well-rounded educational experience for the residents, while maximizing time on rotation. The system is designed to coincide with rotation activities. There are various categories from which to select to provide residents with some choices in educational activities.

PLAN
Each resident will be responsible for achieving a sufficient amount of educational experience through out the year. The system is intended to ensure that each resident master the minimum requirements for educational experience.

Each Oncology resident will be required to:
1. Participate in teaching oncology didactic lectures 9 per year (at minimum)
2. Give a formal ACPE CE lecture presentation during Pharmacy Grand Rounds 1 per year
3. Prepare and present journal club at least 4 per year
4. Case Presentations, patient related case discussion up to 9 per year
5. Prepare and give an educational in-services for nursing 4 per year
6. Precept one pharmacy student for a month rotation 1 per year as the opportunity arises.
7. Department Newsletter (InPHARMation) 12 per year
EXPECTATIONS FOR EDUCATIONAL OPPORTUNITIES

1. Oncology Didactic Lectures

These are biweekly lectures dedicated to enhance oncology knowledge. The topics are prescheduled by the Oncology Program Directors. Residents will alternate in preparing these lectures. This will give each resident a window of 4 weeks to be ready for the lecture. The format of these lectures is flexible and it is up to the resident to deliver it in any style desired. A total of 8 lectures per resident will be scheduled throughout the year.

2. ACPE CE presentation

The pharmacy department gives a monthly CE program to health care professionals. The resident will be responsible to present 1 lecture per year. This will allow the resident to practice their presentation skills, and allow them to deliver a comprehensive and advanced topic. There is expected to be significant preparation and a mastery of the area in which the presentation is given.

3. Journal Clubs

Journal clubs are scheduled to be given once every two weeks. The journal clubs are designed to give the resident experience in critiquing a medical journal article. The resident will evaluate the article beforehand and lead the group in discussion of the article, soliciting opinions from all attendees. The resident will have the opportunity to prepare for four different journal clubs.

4. Case Presentations

The case presentations are patient case discussions. The resident will select one of his/her current patients and discuss the disease state and the treatment options that the patients are receiving. If the residents are not on a clinical rotation, then the case presentation does not need to focus on a patient case but rather on general topic discussion. These discussions are open for every staff member to participate. There will be 6 sessions per month. Each resident will have the opportunity to discuss his/her patient.
5. In-services

An in-service is defined as a presentation of at least 15 minutes in length, with at least 3 people in attendance.

It is expected that all residents will give in-services on various rotations. These in-services will be scheduled by the preceptor with agreement of the nurse manager of that specific floor.

6. Co-precepting of students

The structure of this educational requirement will be largely left up to the preceptor of the resident and student. To achieve this goal, it is desired that the oncology resident would be comfortable with leading an hour discussion, with a student, under the preceptor oversight, at least four times in a rotation month. Oncology residents would be expected to take a larger leadership role in precepting students. Also, a resident may assist the student on rounds, following up with patients, drug information questions, or other daily activities of a rotation month. It is desired that the resident would participate in this when he or she is well into the residency year, or is in an area in which he or she has adequate clinical experience to serve as the preceptor for the student.

7. Department Newsletter

The monthly newsletter provides an opportunity for residents to develop medical writing skills to effectively communicate clinical updates to a varied audience in a clear and concise way. The residents are required to write original clinical content for the newsletter at least once throughout the year but additional articles are encouraged.

8. Academic Lectures at College of Pharmacy (Optional)

MSK does not have a formal teaching relationship with a school of pharmacy, however if the resident wishes to participate in didactic lectures, evaluations, or exam writing, opportunities will be arranged when possible as requested.
COMMUNICATION SKILLS

Effective communication skills are critical for the pharmacy practitioner. While the resident will have numerous opportunities to refine their skills on rotation, the following experiences can build their skills:

Patient Education

Training in patient education skills will be satisfied through:

1. Direct involvement in patient admission medication reconciliation and discharge counseling regarding home medication regimen during selected clinical rotations within the hospital.

2. Patient counseling in the longitudinal clinics will involve hands-on experience, discussing the patients disease and drug therapy, monitoring and adjusting drug therapy regimens, and methods to enhance adherence.

WRITTEN SKILLS

Pharmacy Newsletter (InPHARMation)

The Oncology residents will write a monthly newsletter that shall be distributed to all pharmacy employees. This newsletter will contain relevant professional information and also serve as the department’s public relations and information platform.

Procedure

1. The official title of the newsletter is “InPHARMation.”

2. The newsletter will be distributed on the first day of every month.

3. The writers will be the Oncology Residents. All residents will be responsible for each monthly issue.

4. The Pharmacy Director is the Chief Editor and will have oversight responsibility.

5. The Editors consist of the current Editors and the designer is the computer software editor.
Format

1. The length of the newsletter shall not exceed 4 pages on the publisher software.
2. Web based software is used to publish the Newsletter.
3. The newsletter will be distributed electronically as a PDF document emailed to the entire pharmacy staff.

Content

1. Articles featuring current issues and activities related to pharmacy practice obtained from the pharmacy staff can include the following:
   • Operational Issues
   • New policies and/or procedures
   • Pharmacy and Therapeutics Committee updates
   • Clinical services update
   • Medication Safety Related Items
   • Pipeline drug update/Investigational Drug Service update
   • Drug shortages
   • ASHP updates/HOPA Updates
   • Announcements
   • Public relations — Social
   • Personal achievements (career ladder, presentations, publications)
   • Personnel changes

Newsletter Submissions

1. All information shall be submitted in electronic format.
2. Articles should be submitted directly to the residents.
3. The submission of personal information for publication is purely voluntary.
4. It is up to the resident to choose the relevant articles out of those submitted.
**Preparation**

The following timetable will be utilized to support timely publication and distribution

1. 2nd week of the month: Call for submissions
2. 3rd week of the month: Submissions are due to the residents
3. 4th week of the month:  
   a. First draft  
   b. Revision by the editors  
   c. Revision by the Director of Pharmacy
4. 1st day of the month: InPHARMation is distributed to all pharmacy staff

**Distribution**

1. All MSK Pharmacy personnel must receive an electronic copy of the newsletter.
2. The newsletter must be posted on the Pharmacy page on OneMSK.
# Pharmacy Newsletter Checklist

<table>
<thead>
<tr>
<th>Title</th>
<th>InPHARMation</th>
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<tr>
<td>Contact Persons</td>
<td>Chief editor: Scott Freeswick</td>
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<tr>
<td></td>
<td>Editors: Larry Buie</td>
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<td></td>
<td>Sherry Mathew</td>
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<td>Designer: Jannie Zheng</td>
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<td>Residents: Class of 2017-2018</td>
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<td>Operations Issues</td>
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<td>New Policies and Procedures</td>
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<td>P&amp;T/Drug Information/Pipeline</td>
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<td>Medication Safety Related Items</td>
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<td>Drug Shortages</td>
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<td>Announcements</td>
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RESEARCH PROJECTS

BACKGROUND
The Department of Pharmacy at MSK strives to be a leader in research. Depending on the expertise and opportunities at MSK, the oncology residency program includes a research component and often referred to as the Oncology Resident Research Project. The Research Project is designed to teach the resident about the scientific method and facilitate their application of knowledge to a research project. Each resident will learn about research methods and be required to complete one major project relating to oncology pharmacy.

The residency program provides an opportunity for physicians, preceptors and residents to collaborate on ideas. A structure is in place to facilitate the interaction between residents and preceptors for the yearlong research experience.

RESEARCH PROCESS
The application of the knowledge gained in the educational sessions will occur through the completion of a research project. The research project will be completed within the residency year. Both the resident and project advisor will be responsible for completion of the project.

Application of proper research methods requires knowledge. The resident will have the proper guidance from the program director throughout the year.

- **Research methods.** Understand the issues involved in choosing a research design. Describe the relative advantages/disadvantages between having a pretest versus none, having a control group, and randomization. Describe the threats to internal and external validity for each research design.

- **Statistics.** Demonstrate an understanding of the different levels of measurement. Describe the different statistical techniques used based on the level of measure. Describe the basic statistical tests (students, t-test, ANOVA, chi-square).
PROJECT IDEA GENERATION
Each idea submitted will require the following information from the resident.
1. Name of project: one sentence
2. Background: why is it important?
3. Is the project doable within a residency year?
4. Who would be the project advisor?
5. Who else would be recommended for the committee?
6. What resources are needed to complete the project?
7. What are the primary outcomes? Cost reductions? Patient safety? other?
8. What is the impact of the project for the department? For the organization?
9. How will the project help you with daily patient care?
10. What will you do with the results? Publish? Present?
11. Are there any individuals or departments who need to approve the project?

PROJECT IDEA APPROVAL
Ideas submitted will be reviewed and approved by a Residency Director and Pharmacy Director. Then it will be submitted to the preceptor committee for completion of the goals and objectives of each resident.

PROJECT IDEA SELECTION
The residents will be given plenty of ideas to choose from. However, the resident should pick a topic relevant to a particular interest. The resident should meet with each research project mentor prior to project selection. Projects may proceed after final approval from the RPD. IRB approval should be sought early in the year so that projects are approved by October.
RESEARCH PROPOSAL

The resident and program director will be responsible to develop a formal research proposal. The research proposal will have the following sections:

1. **Research question.** A well-defined research question will allow the resident to focus on the correct research design and plan. What exactly are you trying to answer?

2. **Objectives.** Be as specific as possible. The objectives should be quantifiable. You can have a primary objective and multiple secondary objectives for each research question.

3. **Research hypotheses (if applicable).** What are your research hypotheses? What relationships do you expect to see?

4. **Background.** Perform a literature review of the research question. Summarize the literature. What has been done? What impact has been shown?

5. **Methods.** How are you going to answer your research question? What is your study design? What measures are you going to need?

6. **Data analysis.** How are you going to analyze the results?

RESEARCH RESULTS PRESENTATION

The results of the research project will be presented as a poster presentation at the HOPA Annual Meeting. The resident will also give a platform presentation of their research project to MSK staff. All members of the department will be invited.

The resident will also submit a written manuscript, suitable for publication, to the program director, and director of pharmacy.

The resident, in conjunction with the program director, may elect to submit the project to a journal or for presentation at a different local, state, or national conference.
RESPONSIBILITIES

While the project may be “the resident’s”, it is important to be aware of intellectual capital and thus, the program director should be closely involved in the research. Others working on the research project may be more or less involved, depending on their areas of expertise required in the project. There are several individuals who will be responsible for successful completion of a research project.

The resident will be responsible to invest their time and problem solving skills into the research. The resident will keep their program director appraised of progress. The resident will be responsible for carrying on the research in a scholarly manner.
RESIDENCY RESEARCH PROJECT CHECKLIST

August
• Select project data
• Select project committee members
  In addition to the program director, the committee may
  consist of at least one additional preceptor
• Present project idea to the preceptor
  A short written description shall include background
  information, objectives, possible methodology and
  potential obstacles.

September
• Submit IRB waiver to the Pharmacy Research Council
  (PRC) for approval
• PRC Chair submits waiver to IRB
• Develop data collection sheet

December
• Obtain the data points

January
• Submit an abstract to HOPA depending on the
  published deadline.

March
• Present research abstract at the HOPA meeting through
  a poster presentation

May
• Develop platform presentation highlighting key
  components of research project
• Present platform presentation to the clinical division
  and pharmacy department

June
• A written report shall be submitted to the program
  director and pharmacy director. The report must be in
  manuscript style.
• The program director and resident must discuss
  additional publication or presentation opportunities.
ONCOLOGY RESIDENT RESEARCH PROJECT

IDEA SUBMISSION FORM

☐ Research project
☐ Performance Improvement/ Safety
☐ DUE

Resident: ___________________________________________

Project Name: __________________________________________

Background (why is this important?) _____________________

___________________________________________________

___________________________________________________

Is reasonable to expect the project will be completed within the residency year? _____________________________

Who will be the project advisor? ________________________

Who else would be recommended for the committee?_______

___________________________________________________

___________________________________________________

What resources are needed to complete the project? ______

___________________________________________________

___________________________________________________
What are the primary outcomes? Money Savings? Patient safety? Other?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What is the impact of the project for the department? Organization:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

How will the project help with daily patient care? _________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What will you do with the results? Publish? Present? _________
__________________________________________________________________
__________________________________________________________________

Are there any individuals or departments who need to approve the project? ________________________________
__________________________________________________________________
__________________________________________________________________
PHARMACY RESIDENT MEDICATION SAFETY PROJECT

Background
In a highly visible 1999 report published by the Institute of Medication (IOM), it was reported that medication errors cause 42 to 98 thousand deaths in the United States each year. Following this report, some critics claimed the estimate over stated the problem while others claimed that the estimate was only the tip of the iceberg, citing the fact that errors in the outpatient sector were not considered in the calculation. Everyone, however, agreed that medication use systems are in need of improvement.

The pharmacy department at MSK supports the therapeutic needs of an average of 470 inpatients per day. The pharmacy reviews 1.5 million orders per year and dispenses over 3.5 million doses per year. Given the large number of medications used at MSK, even a small error rate (e.g., 1%) will result in many errors occurring each day.

The decentralized structure of Memorial, together with its high medication use volume and critical patient population provides an excellent environment for residents to contribute to the safety of our patients. Each resident will work on a formal assessment of a medication error or RISQ event which is designed to improve the safety of the medication-use process and will complete a presentation describing the project by the end of the year.

Didactic Training
All of the didactic training provided during the Medication Safety Longitudinal experience will have relevance for your safety project.

- IOM Report — Read and discuss selected portions of Institute of Medicine Reports on medical errors.
- Medication Error Reporting at Memorial — We will discuss the process used to identify, analyze and respond to medication errors at MSK.

SAFETY PROJECT/ASSESSMENT SELECTION
Medication Errors that are reported within the MSK RISQ system will be routinely reviewed for events that are appropriate for a formal review or assessment by a resident by the Associate Director of Patient Safety and the Residency Program Director. Residents are expected to conduct a formal review of at least one medication event during the year and these assessments will be assigned at the discretion of the program director.
Medication Event Assessment Committee

The Associate Director for Patient Safety will be the advisor of this project. However, the resident may choose a preceptor to be added to the committee. Additional members of the committee will include pharmacy leadership and operations pharmacists, depending on the nature of the event. The resident will act as the leader of this committee with the goal of leading the formal event review, highlighting key areas of risk, and facilitating discussion around process and system enhancements to prevent future errors.

Safety Project Results Presentation

The results of the safety project will be placed into a Power Point format and presented to the pharmacy staff and others at the institution who may have interest in this area.

Responsibilities

It is the responsibility of the resident to serve as the primary investigator, to draft safety project documents and to assure that the project is completed in a timely fashion. It is the joint responsibility of the resident and the advisor to work closely together in all aspects of the project.
RESPONSIBILITIES OF ONCOLOGY RESIDENT

TO MSK

Every hospital has its own policies, rules and regulations. You, as an oncology resident, being an employee of the hospital, are expected to familiarize yourself and abide by them. You should also respect the hospital’s property by carefully using equipment and furniture.

The hospital expects you, a graduate pharmacist, to practice within the legal framework of your profession. You must strictly adhere to all federal, state and local laws. The hospital may assume liability for a breach of any pharmacy standard, law or regulation.

You should show your sincere loyalty to the hospital. This can be done by supporting its policies, rules and regulations, both inside and outside of the building. Criticizing the hospital is being disloyal. Any criticizing should be done privately, with the program director or pharmacy director.

TO THE PHARMACY PROFESSION

Try to promote oncology residency after completing your residency. Recruit capable pharmacy students to hospital pharmacy. Keep abreast of new trends in hospital pharmacy practice, don’t forget drugs. As a pharmacist, you are responsible for keeping current with trends in drug therapy. Providing drug information daily means that you must know about new drug information or where you can obtain it. Being aware of drugs removed from the market is just as important.

You are professional practitioners. Maintain the highest standards of daily prescription practice. You owe the patients to dispense and compound with the highest degree of accuracy attainable. Please abide by the hospital dress code at all times. No flip flops, no jeans, and no shorts or low cut pants, even on weekends.

It is your professional responsibility to observe both moral and ethical codes. You should show that your conduct is above reproach and has met the qualities of a good pharmacist. You have the moral obligation to see that other pharmacists do not practice under the influence of alcohol, narcotics, or other stimulants and depressants.

Earn Respect through your daily interactions with people by the way you conduct yourself as a professional.
You should be loyal to your colleagues. If a question is raised doubting the integrity of a fellow pharmacist, give him the benefit of the doubt. To openly criticize another pharmacist without his being able to defend himself is unjust.

**TO THE PHARMACY DEPARTMENT**

You should be well-rounded and help other people in the pharmacy. It is possible for an individual to be a good pharmacist, but have poor interpersonal communication. One must think less of oneself and be interested in the feelings of other people. Sometimes the staff does not always fully understand the reasons why a change has been made such as in a new procedure. Due to your involvement in some research projects, you are in an ideal position to explain things in a more detailed manner.

All the pharmacists on the staff have been practicing pharmacy much longer than the residents. They have gathered a wealth of knowledge and experience during the years. They must be respected for this. A college of pharmacy is limited to what it can teach. Therefore, there is much to be learned after graduation. You may think you know more than many of the pharmacists, but a “know it all” attitude will not gain you anything. Age and experience count for something. It is probably that individual of the older generation who can offer profitable suggestions and advice, which you can use to your advantage.

**TO YOUR PRECEPTOR**

The Preceptors should be provided with all the loyalty and respect. They are responsible in guiding you to reach your goals, have faith in them. Perhaps they may do things that are not completely understood at the time. Have faith in them until they can explain their ways. **Faith is a powerful attribute.**

Learn to speak and write to your Preceptors. If you can learn to communicate and clearly understand them, you enhance your chances of close relationship. Sometimes you discuss things of a private or semi-private nature. You must hold these in confidence.

Having a close rapport with your Preceptor, you should be ready to accept any criticism, advice, or suggestion that they might offer. This works both ways. You have the responsibility of informing them, of any way they might improve themselves or the department. Through this close relationship, the Preceptor and you can discuss things that would otherwise serve as a barrier between the two of you.
Your Preceptor is a busy and important individual. His/her time is **valuable** to the hospital. Respect this time. If you feel you have not been in an area long enough to have fully grasped the subject, you have the responsibility of informing your preceptor of this.

**TO YOURSELF**

There are some qualities and attitudes for which you must assume responsibility.

1. **Attendance and Punctuality**
   Regular attendance on time should become a habit. If you must turn in a report every three months, do so on the date due without someone reminding you.

2. **Personal Appearance**
   You should look like a resident. Never use extremes in your attire. There should be a certain something about your appearance, which encourages confidence in your ability.

3. **Integrity of Character**
   Positions of trust and responsibility can go only to those who are honest. Careful observance of one’s word and code of personal honor are necessary to accomplishing any high performance.

4. **Desire to Cooperate**
   We can only have real progress based upon joint teamwork.

5. **Diligence and Application**
   Consistency in purpose, attention to necessary details, and the ability to stick to a job until it is mastered or fulfilled.

6. **Improvement and Own Initiative**
   If you aren’t familiar with a drug, find out about it before you are asked a question.

7. **Enthusiasm**
   Be enthusiastic in every step you take. Enthusiasm is contagious and it can serve to inspire the other pharmacy staff members.
8. Perform Duties Promptly and Cheerfully
Sometime or another you are faced with doing something you don’t like to do. If you are assigned something, which may not be to your liking, you have a responsibility to do it promptly and cheerfully.

9. Willingness to work
Belonging to a profession such as pharmacy, you must be ready to serve your patients whenever called upon, day or night.