

# USC School of Pharmacy

**Pharmacy Residency Programs**

**2018 – 2019**

## INTRODUCTION

The pharmacy practice residency programs offered by the University of Southern California in conjunction with the Los Angeles County+University of Southern California Health Network, CareMore Health Plans, DaVita Health Care Partners, Hollywood Presbyterian Medical Center, Huntington Hospital, Clinicare, Ralph's Community Pharmacy, USC Campus Pharmacy, USC/Norris Comprehensive Cancer Center and Hospital, Keck Hospital of USC, Veterans Affairs Greater Los Angeles Healthcare System, and various Community/Safety Net Clinics are one-year, postgraduate, non-degree training programs. Available PGY1 and PGY2 residency programs are as follows:

- PGY1 Pharmacy practice with acute care emphasis
- PGY1 Pharmacy practice with infectious disease emphasis
- PGY1 Pharmacy practice with ambulatory care emphasis
- PGY1 Pharmacy practice with ambulatory care/psychiatric emphasis
- PGY1 Community Pharmacy
- PGY1 Managed Care Pharmacy Practice
- PGY2 Cardiology Pharmacy Practice
- PGY2 Infectious Diseases Pharmacy practice
- PGY2 Oncology Pharmacy Practice
- PGY2 Psychiatric Pharmacy Practice

The residency programs offered through the University of Southern California School of Pharmacy are primarily designed to train and develop advanced skills in **pharmacy practice** and **teaching** while increasing the resident's knowledge base through direct exposure. Depending on the area and the resident's focus, the resident will receive extensive clinical experience in primary, secondary, and tertiary care settings. In the various practice settings rotations the resident will to refine his/her skills and develop expertise as a drug therapy specialist through the provision of patient care services. Teaching skills of the resident will be developed in both the clinical and classroom settings. A Teaching Certificate program is available for residents interested in a career in academia. Elective and assigned projects will enable the resident to develop administrative, analytical and research skills.

Upon satisfactory completion of the one-year residency, the participant will receive a Certificate of Completion of a Residency issued by the University of Southern California School of Pharmacy.

## **RESIDENT QUALIFICATIONS**

All graduates of an accredited College of Pharmacy who have completed a Doctor of Pharmacy degree who are licensed or are eligible for licensure as a pharmacist in the State of California during the residency training period may apply. He/she should be comfortable and competent in clinical situations.

Criteria for selection to the USC School of Pharmacy residency program include:

1. Leadership abilities
2. Professional development
3. Professional competence
4. Communication skills
5. Scholastic achievements
6. Dependability and ability to work with others.

These criteria may be determined through personal interviews, peers, pharmacy school transcripts, evaluations by instructors and supervisors, and letters of recommendation in conjunction with the application.

Following the review process by various faculty and the residency management team, the resident applicants are individually ranked. The resident rankings for each program are then presented to the Residency Council for review and approval. As the residents are part of our teaching faculty, the recommendations for appointment of the residents by the Residency Council are presented to the faculty for their review before being forwarded to the Dean's office for final approval by the USC School of Pharmacy.

## ORGANIZATION

The residency training program at the USC School of Pharmacy is organized under the Department of Clinical Pharmacy. The Director, Residency and Fellowship Programs, chairs the Residency Advisory Committee (RAC) is responsible for the overall direction of the residency training programs. The RAC has responsibilities for the following:

- Develop Long-term Program Goals
- Evaluation of Residency Programs, Mentors, Preceptors
- Allocation of Residency Positions
- Approve Residents' Teaching Activities

The Residency Council composed of residency program directors (RPDs), resident representatives, Associate Director of Residency Programs, and Director, Residency and Fellowship Programs perform activities such as...

- Propose to the faculty the number of residents with justification, identified mentors, and proposed schedule
- Planning specific programmatic activities within each residency program consistent with the overall residency programming
- Identify mentors for each residents in the respective programs
- Manage scheduling of rotations and preceptors
- Coordinate residents' activities consistent with overall residency programming
- Recruit, interview, recommend list of acceptable residency applicants to faculty

The Director, Residency and Fellowship Programs chairs the Residency Council, coordinates residents' teaching activities with the Academic Program Administrator manages and coordinates overall residency program activities.

## **RESIDENT REPRESENTATIVE**

The residents will select two Resident Representatives from their group by majority vote. One resident is selected to represent the USC-paid residents and the other is selected to represent the residents of affiliated residency programs in the VA Greater Los Angeles Health System, Huntington Hospital, Hollywood Presbyterian Medical Center, etc. The Resident Representatives may serve the entire year or may make a change in January so that others may have an opportunity to serve. In addition, the Resident Representatives may be replaced if the majority of the residents deem it necessary.

The Resident Representatives' responsibility is to act as leaders for the group, to assist the Director, Residency and Fellowship Programs, and to communicate information to the residents. Their responsibilities include but are not limited to the following:

1. Serve as Resident Representatives on the Residency Council.
2. Serve as chair at the residents' meetings.
3. Maintain attendance record of residents at scheduled activities.
4. Insure that requested forms and reports are completed and returned by the residents.
5. Act as a liaison between the residents and the Director, Residency and Fellowship Programs.
6. Coordinate the development of the Residency Showcase.
7. Introduce residents who are presenting at the weekly case conference reviews.
8. The Resident Representatives may delegate aspects of their responsibilities with the approval of the Director, Residency and Fellowship Programs Program.

## **SALARY AND FRINGE BENEFITS**

Individuals accepted to the **Clinical Pharmacy Residency Program** at the University of Southern California School of Pharmacy actively participate in a twelve-month training and teaching program normally beginning July 1 and ending June 30 of the following year. Upon satisfactory completion of the twelve-month program, individuals will receive a **Residency Certificate-of-Completion**.

Residents accepted in the program are appointed as non-exempt staff with faculty appointments as **Adjunct Assistant Professor of Pharmacy Practice**. Those paid by USC receive a fixed-term contract; those paid by an affiliate job site are appointed voluntary faculty status at USC. The resident will abide by the applicable University regulations, policies and procedures. Professional liability insurance is provided in the various institutional job sites.

Residents salaried at USC are eligible for the following:

1. **Annual Salary.** The annual salary is approximately \$56,000.\* Staff at USC are paid bi-monthly basis. If the 26th of the month is a weekend or University closed holiday, payday is the previous work day.

2. **Fringe Benefits.** A fringe benefit orientation is provided the first workday in July. The resident has a period of 60 days from your full-time hire date to enroll in benefits. The 60-day enrollment eligibility window is strictly enforced. Fringe benefits include health care insurance, voluntary retirement plan, basic and supplemental term life insurance, and various other options.

3. **Separation & Layoff Pay.** No separation or layoff benefits are paid to employees hired under fixed term contracts.

4. **Continuation of Health Benefits After Termination.** After termination of your USC employment, the resident will be eligible to continue your health benefits for eighteen (18) months via **COBRA**, the Consolidated Omnibus Budget Reconciliation Act. The resident will be charged the full cost of benefits plus a 2% administrative fee. There will be no University contribution.

5. **Vacation Time.** Twelve (12) working days per twelve-month contract per year are granted each resident for vacation time. Requests for vacation are submitted in writing to the Director, Residency & Fellowship Programs, for approval at least two weeks prior to the requested time off. Vacation requests are considered in the order in which the requests are submitted and approved contingent upon sufficient

pharmacist coverage of the pharmaceutical services sites and teaching commitments. Job interviews, site visits, personal appointments, etc. count as vacation days. Vacation time should be used within the twelve-month appointment period.

6. **Professional Leave.** Professional leave to attend meetings and/or conventions is arranged on an individual basis. Requests for professional leave are submitted in writing to the Director, Residency & Fellowship Programs, and are approved contingent upon sufficient pharmacist coverage of the pharmaceutical services sites and teaching commitments. Additional leave beyond the assigned activities at the professional meetings will count as vacation/personal leave time. These include job interviews, site visits, personal appointments, etc.

7. **USC Identification Card.** Upon receipt of a USC identification card you are eligible to use the USC libraries, to receive discounts at the USC bookstores, to attend USC cultural events, to submit applications for seasonal tickets to USC athletic events, to apply for membership in the Faculty Center, and to enroll in pharmacy postgraduate education courses at no charge. The resident is also eligible for discounts with various national hotel and car rental vendors, and southern California amusement sites. Upon completion of the Pharmacy Residency Program and/or termination of employment, the residents agree to surrender the University ID card to the School of Pharmacy.

## **GOALS AND OBJECTIVES**

The overall goals of the pharmacy residency programs of the University of Southern California School of Pharmacy are to train a resident to be competent in the provision of pharmaceutical care and to train the resident to be competent as an educator. In the process of achieving this, the goals include:

1. To develop the resident's understanding and philosophy of pharmaceutical care so that with this conceptual base he/she will be able to contribute to the development of the profession.
2. To develop the resident's knowledge and appreciation of how other health care professionals approach patient care and their responsibilities so he/she may work with them more effectively.
3. To develop the resident's communication skills so he/she may effectively manage patients by recognizing their needs and sensitivities.
4. To develop the resident's clinical expertise as a drug therapy specialist in his/her particular area of interest.
5. To develop the resident's teaching skills in both clinical and classroom settings for the education of pharmacy students and other health care professionals.
6. To provide the resident exposure to various types of pharmacy services and drug delivery systems.
7. To provide the resident with opportunities to work on projects that could involve either program development or clinical research.
8. To develop writing skills and prepare a manuscript for publication. The manuscript is due at the start of the Western States Conference for Pharmacy Residents, Fellows, and Preceptors normally held in May of the residency-training calendar.

## **ACTIVITIES & RESPONSIBILITIES**

The following resident activities and responsibilities have been developed toward achievement of the aforementioned goals. Specific objectives are identified for each rotation or area of specialization.

Resident activities and responsibilities are divided into three primary components. 1) patient care, 2) teaching; and 3) project/research.

### **Service Responsibilities (Clinical Practice)**

The residents will be assigned specific patient care responsibilities on each rotation. The responsibilities may include but are not limited to the following:

1. Attend and participate in patient rounds with the health care team.
2. Provide drug information and consultation where appropriate.
3. Ensure the selection of appropriate drug therapy.
4. Ensure accurate distribution and administration of medications including preparation of parenteral drug products in their respective practice sites at appropriate.
5. Provide initial and follow-up patient care using objective and subjective monitoring parameters.
6. Provide patient focused care.
7. Provide patient counseling and take patient drug histories.

### **Teaching Responsibilities**

**To Fourth Year Student Pharmacists (P4):** The residents are responsible for teaching and for serving as a role model pharmacist to fourth year pharmacy students during their advance pharmacy practice experiences (APPE). This will involve serving as a preceptor during team-based experiences, small group conferences and one-on-one interaction with the students. Specific responsibilities vary with each rotation and are outlined in the respective sections of the syllabus dedicated to the various rotations.

**To Second and Third Year Student Pharmacists (P2, P3):** Each resident will be responsible for teaching activities associated with the Case Conference Series for P2 or P3 students. Specific teaching responsibilities include 1) developing teaching materials for the case conferences, 2) facilitating a discussion group for Case Conference, to be held weekly during the school year, 3) evaluating the case conference discussions and provide formative feedback to students for each weekly case, and 4) participate in OSCE assessments for P2 and P3 students as directed. See Appendix A. In addition, the residents will be responsible for serving as a preceptor for introductory pharmacy practice experiences (IPPE) for the second and third year pharmacy students in the clinical practice settings as appropriate.

**To First Year Student Pharmacists (P1):** Residents assigned to P3 case conference in the spring will also serve as skill lab facilitators for the P1 student pharmacists as part of the Pharmacists' Patient Care Process (PPCP) course. This course takes place at the end of the spring semester following the conclusion of the P3 Case Conference series. Responsibilities of the resident mirror those related to the Case Conference series. All residents will be required to assist with the P1 OSCE which is held during the Thursday of finals week.

**To Undergraduate Students Interested in Pursuing a Doctor of Pharmacy Degree:** Undergraduate students shadowing pharmacists in clinical practice sites may be assigned to a resident as part of their learning experience.

**Therapeutics case conference and skills lab facilitations:** The residents are responsible for case conference and skills lab facilitation in small groups. Each discussion group will consist of small groups of students (first, second or third year) to be facilitated by one resident. The residents will submit their preferences for the case conferences/skills lab topics they wish to develop in the beginning of July. Small group student assignments for the residents for each course will be made approximately 1-2 weeks prior to the beginning of the course. Patient cases are distributed to residents and students approximately one week prior to the discussion sessions. During each two-hour session, the Pharmacists' Patient Care Process (PPCP) skills for one or two patient case(s) will be practiced by the students under the direction of the resident(s). Students will be expected to prepare for the case conference or skills lab as instructed by the case directions. Residents will facilitate the discussion and evaluate the students in the group on a weekly basis.

Residents will be assigned to develop one or two cases for use in the case conference sessions during the school year including a Residents' Guide for use by residents participating in the cases. Resident guides are not to be distributed to students. Faculty teaching in the module will be assigned to provide residents with guidance in preparing their assigned case and must approve the case prior to distribution. Cases must be prepared using the format below.

Format of the Case Presentations: Each case should contain the following:

- a. Learning Objectives - A list of objectives should be developed. The learning objectives should specify what the student is expected to perform after reading the

assigned readings and participating in the discussion. The objectives should be related to the case (not the disease state as a whole) and should be of a reasonable number. The learning objective that is met by each discussion question or learning activity must be identified in the Resident Guide.

- b. A Summary of the Case presented in the POMR manner as appropriate - The case should contain (but is not limited to):
  - 1) Demographic information
  - 2) Chief Complaint
  - 3) Completed History & Physical Exam
  - 4) Labs & Other Pertinent Data
  - 5) Problem List
  - 6) Hospital Course or Clinic Visit Summary

Patient case summaries for the case conference series will be entered into the NiaRx software rather than distributed to students in the POMR format. The residents should first develop the cases in a Word document for faculty review prior to building the case in NiaRx. The Word document version of the case should also be included in the Resident Guide.

- c. Emphasis. The case should be designed to emphasize the role of the pharmacist in the management of the patient. Each case should include the three main practice settings (acute care, ambulatory care, and community) with transitions of care occurring between the practice settings. Actual patients should be used. Each case should include medication errors or other information that prompts the student to search the literature prior to coming to case conference or the skills labs. For example, a case could include a higher than FDA-approved maximum dose or a non-approved indication for which information (positive or negative) can be found in the literature.
- d. Required reading assignment and reference list. The reading list for the case **must** contain required reading, and may contain supplemental reading. **The required**

**reading list MUST include at least one recently published journal article of original research that incorporates a high quality study design** (e.g., not a case report or review article). In addition, **if current treatment guidelines are available for the case disease state, then these MUST also be included in the required reading list.** The final reading list must be approved by the faculty advisor/preceptor for the case. Chapters of text books **do not** qualify as required reading materials, and may only be used if high-quality journal articles are not available.

- e. The Resident Guide. The resident guide should consist of a detailed discussion of the case and should highlight points to be emphasized. This will provide uniform coverage of the discussion topics and practice activities by all residents and require a minimum work-up by the residents. The resident guide should also review the disease state, basic therapy, and monitoring criteria for the topic of discussion. Questions or topics to be covered for the Residents to go over with students during the discussion should also be included. Each discussion question or learning activity should include a suggested amount of time to be used by the residents in standardizing the emphasis on different components of the case.
- f. Case Conference Review (CCR). One week prior to the case conference or skills lab date, the resident responsible for preparing the case along with the faculty advisor/module coordinator will meet with the other residents to do a Grand Rounds presentation to discuss the case and answer questions so that all the residents will be able to present and conduct the case in a uniform manner.
- g. Distribution Prohibition. Resident Guides are **NOT** to be distributed to the students.

**Timetable for Case Presentations:** Residents must adhere to the following timetable:

**\*July 6:** Your topic assignment ranking must be submitted by the end of the business day.

**Ten weeks prior to scheduled case conference/skills lab date:**

1. Residents should contact the faculty preceptor assigned to oversee the case.  
Consultation with the therapeutics module coordinator/faculty advisor at this early stage is essential to establish goals and identify appropriate patient cases for development.
2. Select disease states and identify patient case for presentation. Actual patients must be selected for patient cases. Synthesized patients are not acceptable. Cases should be “textbook” type patients with a typical presentation and course of treatment.  
Unique or unusual patients generally do not make good teaching cases for students at this level. Compile information for case (patient history and physical, labs and other pertinent studies, problem list, initial medications).
3. Prepare the Resident Teaching Guide and quiz if appropriate.

**\* Eight weeks prior to case conference/skills lab:**

Meet with the Associate Director of Residency Programs to discuss case plan including vertical integration and use of the PPCP skills within the case.

**\* Five weeks prior to case conference/skills lab (official due date on case conference schedule):**

After receiving approval of the faculty advisor, submit all case materials to the faculty review group for comments and feedback to ensure coverage of material, consistency between cases, and as well as vertical integration of the cases. Feedback to assist the resident in improving his/her teaching may also be provided (e.g. relationship of learning objectives to planned activities). Cases must be electronic (WORD) and charts or diagrams, if any, should be in place. The faculty review group for P2 and P3 cases consists of the following: Associate Director of Residency Programs, Director, Residency and Fellowship Programs, therapeutics module coordinator, and the case conference coordinator(s). The faculty review group for the P1 skill labs will consist of key faculty members involved in the clinically focused curriculum in the P1 year as well as the Associate Director of Residency Programs and the Director, Residency and Fellowship

Programs. The faculty advisor for the case and the Residency Program Specialist should be copied on all correspondence with the faculty review group.

**\* Four weeks prior to case conference/skills lab:**

The resident should plan to meet with the faculty advisor to review the comments and feedback received from the faculty review group and make edits as warranted.

Disagreements with any major recommended changes to the case should be discussed with the Associate Director of Residency Programs.

**\* Three weeks prior to case conference/skills lab (on Monday):**

Distribution of all revised case materials to the faculty review group for final review.

This step may be skipped if all suggested edits were minor and/or accepted (the faculty advisor will determine if this is the case)

**\* Two weeks prior to case conference:**

Case should be built into NiaRx. The faculty advisor is responsible for reviewing the case in NiaRx to ensure the information has been entered correctly.

**\* One week prior to case conference/skills lab:**

The resident reviewing the case for the week must post all materials to Sharepoint by 10:00 am on the day of the CCR. The resident and faculty advisor will review case materials with all the residents where the resident developing the case will present in a Grand Rounds format. To provide feedback and development of teaching skills for the resident, the resident colleagues will perform an anonymous peer evaluation of the resident presenting the case material to the residency class. This evaluation is completed electronically. It is required that residents provide at least one constructive feedback comment to their peers for each CCR. The final version of the slide presentation is to be submitted to the Director, Residency and Fellowship Programs and Associate Director of Residency Programs on the Monday prior to the CCR. The slides are not required to be reviewed by the faculty review group.

2. The evaluation of student performance in case conference/skills lab. Students will be evaluated by the residents in three parts: (1) preparation for case conference which can include submission of the case to

Blackboard, quizzes, or completion of work in NiaRx (2) their ability to discuss and present material in a clinical setting and participate in learning activities (3) Post case conference SOAP notes or quizzes. Evaluations of the students must be completed and are grades submitted on Blackboard by 8 am on the Monday following the case conference or skills lab session.

3. Students will be asked to evaluate the resident's performance as an instructor. The students will complete an on-line evaluation of the resident at the end of each semester. The result of the students' evaluations of the residents will be returned to the residents at the end of each semester
4. The case discussions/skill labs with the students are to be held at the assigned rooms and times. Any deviation in room assignments or time must be arranged in advance with the case conference coordinator and Associate Director of Residency Programs.

#### **Other Teaching Responsibilities**

The resident will have opportunities provide lectures to pharmacy students and other health care professionals during the year as well as facilitate other teaching activities. Each resident is required to complete a minimum of one hour of didactic lecture for either the students in the Doctor of Pharmacy or undergraduate program. Residents may also be required to facilitate parenteral therapy training and other teaching activities in the Doctor of Pharmacy curriculum as directed and/or approved by the Associate Director of Residency Programs.

### **Teaching Certificate**

The residents have the option to pursue a Teaching Certificate at the USC School of Pharmacy. Requirements for the Teaching Certificate will require the minimum completion of the above teaching activities as well as completing the requirements as outlined for the Teaching Certificate form. See [Appendix B](#).

### **Resident Project**

Residents in the various rotations will have opportunities to work on projects which may be administrative or clinical research in nature. This will afford the residents the opportunity to gain experience and to develop administrative and research skills. These opportunities are outlined in the respective sections of the syllabus dedicated to the various rotations.

The residents should begin to identify projects for the residency beginning July 1 following meetings with their residency program directors (RPDs). They will be required to present their projects to the faculty and their colleagues in November. Papers for presentation and/or publication concerning pharmacy services or patients must be cleared through the appropriate pharmacy supervisors and the University of Southern California Health Science Institutional Review Board (IRB) for approval as necessary. IRB approval will take time, so it is essential that the process be started early. Progress reports on the projects will be performed regularly. It is important that the resident select his/her project early so that it may be prepared in time for presentation in a pharmacy forum such as the Western States Conference for Pharmacy Residents, Fellows and Preceptors normally held in the May of the residency calendar.

### **Manuscript Requirement**

A manuscript prepared suitable for publication by the end of the residency training program is a requirement. Upon project completion residents are expected to document their experiences and prepare a manuscript suitable for publication. The resident will be required to submit drafts of the manuscript at various intervals during the residency for review and feedback. The manuscript required may include projects other than the one presented at the Western States Conference. It may include review articles, case reports, original research, or other topics deemed appropriate by the residency program director. The

manuscript must be completed and submitted by the start of the Western States Conference for Pharmacy Residents, Fellows, and Preceptors in order for the resident to satisfactorily complete the residency program.

### **RESIDENT EVALUATIONS**

Residents will be evaluated using PharmAcademic or the equivalent throughout the year in order to maintain standards of performance, ensure improvement during the year, and to achieve program goals and objectives. Evaluations will be performed at regular intervals as determined by the respective residency program directors with both the resident and preceptor discussing and signing off the evaluation at the appropriate intervals. Residents taking consecutive or longitudinal practice experiences in the same practice area from the same preceptor(s) will be evaluated at a pre-determined interval not to exceed three-months as specified by the respective program directors. The evaluation will include such items as achievement of the general goals and objectives of the program, and performance of the activities and responsibilities of each practice area. Evaluations can be completed electronically and kept in the residents' portfolio.

### **RESIDENT ACTIVITY REPORTS**

Each resident should be maintain a record of their activities during the residency. Depending on the practice experience and institution, the resident may be required to turn in a written report documenting his or her activities at the end of each month.

### **PRECEPTOR EVALUATIONS**

At the end of each rotation, the resident is required to complete an evaluation of the learning experience and preceptor using PharmAcademic. This will aid in designing an experience so that the resident may benefit maximally from each learning experience. See above section on Resident Evaluations.

## **AWARDS**

### **Resident of the Year Award**

Each year one resident is selected to receive the *Resident of the Year Award*. This award is designed to recognize and acknowledge one of our residents for his or her leadership qualities. The resident selected ideally should be an example of a "role model" for other residents to follow.

Criteria for the award may include, but are not limited to, qualities such as leadership and commitment to the profession, not only in teaching but also in service and research. The resident should also be someone who has contributed to the overall residency program and is respected among his or her colleagues. The *Resident of the Year candidate is nominated by the residents and selected by the Residency Advisory Committee*. The resident selected will be recognized at the Annual Residency and Fellowship Banquet held at the end of the training period.

### **Excellence in Teaching Award**

Each year one resident will be selected for the *Excellence in Teaching Award* by the Residency Advisory Committee based on nominations submitted by faculty, resident preceptors, residents and students. Consideration will include overall contributions to the USC School of Pharmacy programs from faculty. Candidates for the award must have completed the teaching portfolio which are due at the end of May and be eligible for the USC Teaching Certificate.

### **Project of the Year Award**

There will be two *Project of the Year* awards at the end of the residency year; one for a PGY1 resident and one for a PGY2 resident. The *Project of the Year Awards* will be selected by the Residency Advisory Committee based on nominations submitted by the residents and or by the resident's faculty/project advisor. Selection of the Project of the Year Awards includes criteria developed by the Residency Advisory Committee and/or review of poster or platform presentations by the residents. Quality and completion of the

manuscript that meets criteria for publication in a scientific or professional journal will be considered as part of the selection process.

### **Preceptor of the Year Award**

This award complements the *Resident of the Year* Award. The intent of this award is to recognize and promote residency preceptors participation, support and interest in our residency programs. All resident preceptors are eligible for the award. Residency program directors (RPDs) will not be considered for this award as they are already recognized for their dedication and commitment to residency training programs by virtue of being appointed RPDs. The preceptor of the year recipient will be selected by the current residency class through a nomination process and to be finalized by May 31. Nominations are to be submitted to the Resident Representative or his/her designate. The *Preceptor of the Year* selection will be made by the residents using criteria developed by them. The selected preceptor should have demonstrated commitment to the residency program in general as well as to individual residents. Criteria that have been developed by past residents may include the following:

### **Criteria**

1. Be devoted to pharmacy education for all residents, students, peers, and colleagues.
2. Devote time to assist residents when needed.
3. Be interested in developing the expertise of the resident.
4. Be devoted to research for the betterment of pharmacy.
5. Possess leadership qualities.
6. Be compassionate.
7. Be involved with extracurricular pharmacy activities.
8. Be responsible.
9. Be an expert of their area of specialty.
10. Be respected by their colleagues.
11. Demonstrate exemplary teaching abilities.
12. Be a role model for the residents.

## **PROGRAM STRUCTURE AND ROTATIONS**

### **Schedules**

The University of Southern California School of Pharmacy offers both Postgraduate Year One (PGY1) and Postgraduate Year Two (PGY2) pharmacy residency programs. Prior to the start of the residency program, each resident will complete the "Resident Assessment and Program Planning" worksheet and submit to the resident program director (RPD). Based on this information the resident's schedule is planned in advance with changes to be made during they year as necessary. During the year program changes will be made to tailor the resident rotations to fit the individual needs and interests of the resident. Each resident will report to the faculty preceptor of each rotation to determine and review his/her responsibilities as outlined in each rotation syllabus. All patient care activities are supervised by qualified faculty/preceptors for the residents in their respective practice areas. Duty hours are defined as clinical and academic activities related to the residency program and are not to exceed 80 hours per week averaged over a four-week period inclusive of all in-house call activities. Outside employment is allowed as long it is cleared with the RPD and it does not interfere with the residency training and the combined time does not exceed the 80 hours per week. Changes in rotation schedules and selection of elective rotations shall require review by the specific RPD

### **Training and Educational Seminars**

As part of the residency, the residents are required to attend regularly scheduled business meetings, training and educational courses, and seminars. Failure to complete coursework and seminars will result in non-completion of the residency. Seminars, courses and training activities provided during the residency include the following:

1. Physical Assessment Training
2. BLS and ACLS Training
3. Teaching Skills Course
4. Research Methods in Clinical Pharmacy
5. Leadership and Professional Development Workshop

Residents are also expected to attend all CCRs during the semester(s) in which they are facilitating case conference and/or skill labs.

### **Vacation and Professional Leave Time**

Residents requesting vacation leave must submit a written request to the Director at least two weeks in advance to be considered. Sufficient personnel must be available to maintain teaching service and administrative commitments normally performed by the individual. Residents are NOT to take time off when they have classroom teaching responsibilities. Vacation leave is subject to approval by the individual's rotation faculty preceptor and the program director. Requests for vacation leave will be honored in the order in which they are submitted. See Appendix C.

Residents requesting leave for attending professional meetings must be submitted in advance. Attendance at professional meetings beyond assigned activities at the professional meeting will count as vacation time. As above, vacation leave, teaching, service and administrative commitments must be covered during the individual's absence. Approval criteria for leave requests will include but will not be limited to the following factors:

1. Presentation of papers at a meeting.
2. Participation in the meeting as an officer of the sponsoring organization.
3. Necessity of attending the meeting.
4. Previous attendance at the meeting.

Leave for job interviews, site visits, and personal matters, etc., are to be counted as vacation time. A resident's absence from any given rotation due to leave time may not exceed 25% of the rotation length. Excessive absences due to protracted sick leave or other leave time will necessitate a review of the resident's progress by the Residency Council and may result in the extension of the residency program beyond the 12 months period.

### **Completion of Residency Requirements and Dismissal Guidelines**

For the resident to complete the residency program, he/she shall meet the objectives planned for his/her individualized residency program, as presented at the beginning of the residency year. The resident

will attend all activities regularly scheduled and organized for the residency year. Residents missing more than 25% of any scheduled activities or practice experience are required to make up content or materials missed during that time to satisfactorily complete the residency. This may include extending the residency beyond the normal schedule of June 30 to make up requirements for completion of the residency.

Those residents who miss 25% or more of the scheduled activities will receive written notice of their deficiencies and the need to correct the situation as necessary. In addition, the resident must have successfully passed the California State Board of Pharmacy examination and prepared a manuscript suitable for publication (see Residency Projects) prior to receiving the Residency Certificate.

The resident is subject to dismissal from the residency-training program as a result of any one of the following conditions:

- 1) unprofessional conduct
- 2) poor performance in the residency program, eg. not able to achieve goal and outcomes as required by the residency program
- 3) non-licensure by the California State Board of Pharmacy by January of the residency program year (end of the second quarter of the residency program year).
- 4) revocation of the pharmacist's license by the California State Board of Pharmacy

Neglect of service, patient care, or teaching responsibilities; failure to participate in scheduled coursework and seminars; and insubordination are some examples of unprofessional conduct exhibited by a resident. Documented incompetence in patient care and teaching activities are two examples of poor performance in the residency program.

Residents who are not licensed to practice pharmacy in the State of California by the end of September may be subject to dismissal from the residency program, unless extenuating circumstances exist as deemed by the USC Residency Council. Residents who are not licensed in the State of California by January 1 will be dismissed within 30 days of notification of failure to achieve licensure.

Residents who are subject to dismissal will be advised in writing of the events leading to recommendation for dismissal by the Director, Residency and Fellowship Programs. The resident will have an opportunity to respond to the events leading to recommendation for dismissal. The Residency

Council will review events leading to dismissal of the residents for disposition. See Appendix D for Checklist for Completion of Residency Requirements.

**Case Conference (Skills Lab) Guide for Residents and Faculty  
University of Southern California School of Pharmacy**

Residents should reach out to your case conference faculty advisor/co-author by the designated date set forth in your residency handbook, or earlier.

Faculty should ensure that you and your resident-co-author have included all of the required elements in the written case conference. See below.

The resident should schedule a meeting with the faculty advisor as soon as possible to establish dates for the timeline below. It is preferred that this occur twelve weeks in advance but at minimum, the initial meeting should occur no later than eight weeks prior to the case conference date.

The resident will prepare the lecture background presentation slide deck to present to the residency class, usually on the Thursday evening prior to the student case conference date.

Here is a blank timeline that can be used to plan for the case conference (work your way backwards from the case date, if needed):

<b>Suggested or Required Timeline</b>	<b>Description / Action Item</b>	<b>Agreed Due Date</b>	<b>Completed by Resident</b>	<b>Completed by Faculty</b>
<b>Post- Conference Day</b>				
Tuesday following the case conference, no later than 5:00 pm	Resident to post key to pre- and post- conference work to course Blackboard site no later than 5:00 pm. Do not post sooner than Tuesday.			
Date per syllabus	Student Case Conference	Insert date from case conference schedule		
<b>One Week Before Conference Day</b>				
Friday following the CCR, no later than noon	Resident will post student materials to the Case Conference/PPCP Course Blackboard website by noon. The resident is to notify the course coordinator immediately if any problems are encountered in uploading this material			

Date on case conference schedule, materials must be posted no later than 10:00 am	Resident will present the case and presentation to his/her co-residents as a case conference review (CCR)  Faculty advisor/co-author will attend the CCR  Copies of all handouts, articles, and the corresponding lecture slides posted to Sharepoint	Insert date from case conference schedule		
Monday prior to the CCR	Resident emails copy of presentation slides to the faculty advisor, Associate Director of Residency Programs and the Director, Residency and Fellowship Programs			
<b><i>Two Weeks Before Conference Day</i></b>				
	Case reviewed by faculty advisor in NiaRx			
	Resident builds case into NiaRx			
<b><i>Three Weeks Before Conference Day</i></b>				
	Distribution of all revised case materials to the faculty review group			
<b><i>Four Weeks Before Conference Day</i></b>				
	Resident makes edits to case materials based on faculty review group comments and submits to faculty advisor for review			
	Resident meets with faculty advisor to review feedback received from the faculty review			
<b><i>Five and a Half Weeks Before Conference Day</i></b>				
	Resident to submit all case materials to the faculty review group for comments and feedback.	Insert date from the case conference schedule or an earlier date		
	Resident to acquire approval from faculty advisor to submit case for faculty review	Prior to the date above		
<b><i>Seven Weeks Before Conference Day</i></b>				

	Resident to meet with the Associate Director of Residency Programs to discuss vertical integration and the use of the PPCP skills within the case. It is optional for the faculty advisor to be a part of this meeting			
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The resident should contact the faculty advisor as early as possible to schedule a meeting to develop the timeline (the eight week suggestion in the Residency Syllabus is the absolute latest this meeting should take place). Please note that the faculty advisor schedule may require the resident to complete tasks earlier than the suggested timeline. Using the same day-of-the-week deadline dates makes it easier to work backwards, but this is not a requirement.

Residents should start thinking about a specific patient case as soon as possible.

For obvious reasons, you may have to modify certain patient parameters for teaching purposes.

The patient should not be too complicated; the students should be able to find most answers from the course lecture or in textbooks. However, there should be a small number of medication issues contained within the case that prompt the student to conduct a literature search and evaluate the literature to develop a clinical decision.

Elements that must\* be included in the clinical case.

No.	Case Element	Completed by Resident	Verified by Faculty
1	<b>Learning Objectives</b> <ul style="list-style-type: none"> <li>• There should be approximately 8 to 10 learning objectives written for most cases</li> <li>• Five of the learning objectives must specifically address the five components of the PPCP (collect, assess, implement, monitor, follow-up)</li> <li>• You should use a different verb for each learning objective</li> </ul>		
2	<b>Required Readings</b> <ul style="list-style-type: none"> <li>• Use the same ones that are required by the faculty member who is lecturing on this topic</li> <li>• Copy and paste the (accurate) article citations onto your written case</li> </ul>		
3	<b>Recommended Readings</b> <ul style="list-style-type: none"> <li>• Identify 3-4 articles you will recommend to students to assist them in working through the case or those you think are most relevant to the patient case and clinical outcomes</li> </ul>		

	<ul style="list-style-type: none"> <li>You should not include any recommended readings for medication-related issues that the students need to identify and research on their own prior to the case conference</li> </ul>		
4	<p>Patient Case</p> <ul style="list-style-type: none"> <li>As much as possible, this should be a real patient that the resident has encountered in practice</li> <li>Case components: (1) Subjective note section or description of the patient (2) Series of comprehensive metabolic panel (CMP) lab, or an updated “snapshot” set of labs that are relevant to the case (3) Other findings specific to the disease state including pharmacogenomic test results (4) Past medical history (5) Social history including legal history, if applicable (6) Medication allergies and/or intolerances (7) Vitals, physical examination, mental status examination (if applicable) (8) Past medication history, with reasons for discontinuation, if know, as relevant to the case (9) Current medication list including doses, dosing frequency, refills (if applicable)</li> <li>Some of the information listed above should be missing from the case so students can identify what information they still need to obtain which will occur during the case conference itself</li> </ul>		
5	<p>Discussion Questions/Interactive Tasks</p> <ul style="list-style-type: none"> <li>Each question/task should have the learning objective(s) and the PPCP skill(s) addressed in parentheses at the end of the question</li> <li>There should be a sufficient number of questions/tasks to cover the topic and ensure the the two-hour case discussion session does not end too quickly for lack of discussion points</li> <li>Be as specific as possible when writing questions/tasks</li> <li>Questions should be application rather than knowledge-based</li> <li>Most questions should involve an interactive task in which the facilitating resident plays the role of the patient, caregiver, preceptor, or other healthcare provider or the student is required to do something in the EHR. The resident key must contain directions for the resident regarding how he/she should act and what information he/she should provide</li> <li>For questions in which the student needed to evaluate the literature to answer a clinical question prior to the case conference, there must be a related question</li> </ul>		
6	Pre- and Post-Case Conference Work		

	<ul style="list-style-type: none"> <li>• A graded activity must be developed to assess student preparation for the case as well as understanding of application of material following the conference (e.g. quiz of no more than 5 questions, SOAP note). The type of activity may be dictated by either the Associate Director of Residency Programs or the Case Conference Coordinator to meet the needs of the course (e.g. assessment). This should be discussed during the meeting with the the Associate Director of Residency Programs). A key for both pre and post work must also be developed.</li> </ul>		
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\*There may be some cases (i.e., pharmacokinetics, DI focused) that may not have all of these elements; additional content should be included to make the case as comprehensive as possible.

### Vertical Integration Components of Learning

Follow the recommendations for vertical integration. You may be asked to incorporate certain topics of skills that the students have learned. We want to ensure that the student continues to build upon previous knowledge acquired from therapeutics cases, as well as other course work at the School of Pharmacy.

A discussion regarding vertical integration components contained within the case must be discussed with the Associate Director of Residency Programs early in the case development process. It is preferred that the resident and faculty advisor discuss ideas for vertical integration prior to the meeting with the Associate Director of Residency Programs

### Resident and Student Guides

It is advisable to write the complete Resident Guide, prior to creating the Student Version. All edits should be made to the Resident Guide by the resident and approved by the faculty advisor. Only after the final version has been approved, should a Student Version be created from the Resident Guide. This will avoid confusion is making changes to both concomitantly. Contradictory versions have resulted when both are being edited simultaneously.

**(Sample Cover Page for Teaching Portfolio Binder)**

**Name of Resident**

**School of Pharmacy from which PharmD received**

**Type of Residency**

**Name of RPD**

**Practice Site**







USC SCHOOL OF PHARMACY  
REQUEST FOR  
TRAVEL, VACATION OR OTHER ABSENCES

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

My responsibilities will be covered by: \_\_\_\_\_

**Non-Business Time Off:**

- Vacation
- Personal Day
- Other
- Jury Duty
- Military Leave

Comments: \_\_\_\_\_

\_\_\_\_\_

Dates Out: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Days Taken: \_\_\_\_\_

**Business Travel:**

- During a period when clerkship students are assigned (MUST be submitted 2 weeks prior)

Purpose:  Presenting  Officer  Education  Other

Funding Type:  Dept. Funds  Research  3<sup>rd</sup> Party  Personal

For approved business-related absence, provide title of meeting/conference/seminar, and inclusive dates.

\_\_\_\_\_

Destination:

\_\_\_\_\_ City State Country

Hotel Name & Telephone Number (include area code)

Date of Departure & Time: \_\_\_\_\_

Date of Return & Time: \_\_\_\_\_

Date of Return to Office: \_\_\_\_\_

Travel Carrier  Airline (Name & Flight #, Outbound) \_\_\_\_\_  
(Name & Flight #, Inbound) \_\_\_\_\_

Private Automobile \_\_\_\_\_

Other (please explain) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Appendix D**

**Checklist for Completion of Residency Requirements  
Due: June 29, 2018**

**Resident Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Please Initial: Resident/Program Director**

- \_\_\_\_/\_\_\_\_ 1. All clinical practice requirements have been completed as stated in the individual residency manual.
- \_\_\_\_/\_\_\_\_ 2. All teaching activities have been completed as stated in both the general and individual residency manual.
- \_\_\_\_/\_\_\_\_ 3. The major resident project is completed and an acceptable written summary has been submitted to the Program Director. IRB paperwork has been completed as appropriate.
- \_\_\_\_/\_\_\_\_ 4. The resident has submitted a manuscript suitable for publication.
- \_\_\_\_/\_\_\_\_ 5. The resident has presented at the Western States Conference for Pharmacy Residents, Fellows and Preceptors or an appropriate forum.
- \_\_\_\_/\_\_\_\_ 6. The resident has completed all required self-assessments and preceptor assessments as listed below:
  - Evaluation of preceptor for each rotation unit
  - Baseline and quarterly self assessments
- \_\_\_\_/\_\_\_\_ 7. The preceptors / program directors have completed the following resident evaluations\* and discussed with the resident.
  - Evaluation of the resident for each rotation unit
  - Baseline and quarterly evaluation
- \_\_\_\_/\_\_\_\_ 8. The resident has completed an exit interview with the Program Director. This interview should include discussion of the written reflection by the resident of the past year to include:
  - areas of strength or continued improvement identified for the resident
  - areas of strength or areas requiring improvement identified for the individual program (specific suggestions on how to improve the program are encouraged)
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- \_\_\_\_/\_\_\_\_ 9. Written reflection of the residency year by the resident to be submitted along with Checklist.

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I acknowledge that each of the above requirements has been completed. If any deficiencies exist, I understand that I will not receive certificate of completion of the residency program until all of these requirements are fulfilled.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

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To my knowledge, the resident has completed all of the requirements of the residency training program as defined by USC School of Pharmacy Residency Program and is to granted certificate of completion of the program.

\_\_\_\_\_  
Program Director Date

\_\_\_\_\_  
Director, Residency and Fellowship Programs Date