

The University of Vermont Health Network - Champlain Valley Physicians Hospital

PGY-1 Pharmacy Practice Residency Manual

Pharmacy Vision

The Pharmacy Department will be an integral part of the healthcare team. We will provide exemplary care to patients, families, and the community by enhancing pharmacy services through innovation.

Pharmacy Department

The University of Vermont Health Network - Champlain Valley Physicians Hospital is a 341 bed, rural community hospital which is part of a four hospital system with more than 1,000 physicians, 2,000 nurses as well as other clinicians across Vermont and Northern New York.

The Inpatient Pharmacy operates 24 hours per day, 7 days per week to provide comprehensive pharmaceutical care for patients ranging from neonate to geriatric. The pharmacy utilizes a de-centralized pharmacist model deploying pharmacists to Medical-Surgical nursing units, the Intensive Care Unit and the Emergency Department.

Medication distribution is a hybrid of traditional dispensing and automated delivery cabinets (Pyxis). The pharmacy utilizes an automated carousel (Pharmogistics) for safe medication storage as well as an automated unit dose packaging hardware (Pharmopack). All medications administered utilize bar code technology.

The Fitzpatrick Cancer Center Pharmacy prepares all chemotherapeutic agents for both inpatients and outpatients. Our Pharmacist Specialists provide comprehensive care to hematology and oncology patients including dispensing of specialty and investigational medications.

The University of Vermont Health Network - Champlain Valley Physicians Hospital is a learning site for Albany College of Pharmacy and Health Sciences, for the Albany, NY, and Colchester, VT campuses as well as the St. John Fisher College, Wegmans School of Pharmacy and Campbell University. The Pharmacy Department accommodates as many as twenty IPPE (Introductory Pharmacy Practice Experience) and APPE (Advanced Pharmacy Practice Experience) students each year, as well as two PGY-1 (Postgraduate Year 1) Pharmacy Practice Residents.

Pharmacy Administration

Michael Garvey, Pharm.D., BCPS Director of Pharmacy
Elena Plante, Pharm.D., BCPS, Clinical Pharmacy Manager, Residency Program Director
Peggy Decelle, BSPharm, Pharmacy Supervisor
Allison Hoff, BSPharm, Pharmacy Supervisor
Melissa Bresnahan, MS, Pharmacy & 340b Program Manager
Preston Sellers, Pharm.D., Outpatient Pharmacy Manager

Residency Program Purpose:

The University of Vermont Health Network - Champlain Valley Physicians Hospital PGY-1 Residency program is designed to provide an environment of instruction, mentoring and evaluation to develop the resident's clinical pharmacy knowledge. Upon Completion of The University of Vermont Health Network - Champlain Valley Physicians Hospital PGY1 Pharmacy Residency Program, the pharmacist will possess the skills necessary to practice as a Clinical Pharmacist in a community hospital or progress to PGY-2 training in a specialty area of choice. Through experiential training the pharmacist will demonstrate proficiency in:

- Management and improvement of the medication use process
- Providing evidence-based, patient centered medication therapy management with interdisciplinary teams
- Hospital pharmacy operations
- Leadership and practice management
- Project management
- Education of healthcare providers, students and patients
- Research and Drug Information

Application Requirements

The applicant must be a highly motivated individual who desires to obtain advanced education and training leading to an enhanced level of professional practice.

1. The applicant must be enrolled in (or be a graduate of) an ACPE-accredited advanced pharmacy degree program or have equivalent experience.
2. Applicants must obtain license to practice pharmacy in the New York State on or before September 30th of the academic year.
3. The applicant must submit the following information by the specified deadline via PhORCAS:

Letter of intent	Three letters of reference from instructors,
Official school of pharmacy transcripts	rotation preceptors, or previous employers
Curriculum vitae	
4. All rules and regulations of the ASHP residency matching program will be strictly followed.

Selection of Candidates for On-site Interview

Members of the Residency Advisory Committee (RAC) will evaluate all applications using the CVPH Residency Application Evaluation Tool. Applicants will be scored numerically based on factors such as letter of interest, employment experience, choice of APPE rotations, leadership, and academic performance and reference recommendations.

On-site Interviews

On-site interviews will be required for all selected candidates. Evaluators will include members of the Residency Advisory Committee and other hospital staff as appropriate. Evaluators will utilize the CVPH Residency Interview tool and score applicants based on experience, knowledge and skills, motivation, leadership and presentation skills. All candidates will be required to provide a presentation to the Residency Advisory Committee.

Ranking for the National Matching Service

Interview scores will be compiled and a rank list will be drafted based on those scores. The Residency Advisory Committee will review the scores and preliminary ranking. Once the RAC has agreed to a rank order, the Residency Program Director will submit the rank order of candidates to the National Matching Service.

Licensure Requirement

Residents accepted into the program must possess a license to practice pharmacy in New York State on or before September 30th of the academic year. At the discretion of the RPD, the licensure date may be extended only for circumstances beyond the control of the resident. Failure to secure a license to practice pharmacy in New York State by the specified date will lead to dismissal from the residency program.

While awaiting licensure, a New York State Pharmacy Intern license is required.

Attendance

Residents are expected to work in the residency program at least 40 hours per week, for at least 50 weeks of the academic year.

Residents will “punch in” when reporting for a rotation each day or on days when performing practice service obligations (“staffing”). Residents will “punch out” when leaving for the day from a rotation or practice service obligations (“staffing”). Any omissions or irregularities will be documented by the resident on a time sheet correction form (Kronos) and submitted for correction.

The Residency Program Director will review monthly time log reports to verify compliance with ASHP duty-hour standards.

Leave and Absence

Vacation: Residents are permitted up to 10 days of vacation leave. Requests for vacation leave will be directed to the Residency Program Director. A time sheet correction form (Kronos) must be completed by the resident upon return from vacation or sick leave. The resident will not be reimbursed for unused leave (vacation, sick, etc.) at the end of the residency.

Holiday The following hospital recognized holidays:

New Year's Day	Memorial Day	Thanksgiving Day
President's Day	Independence Day	Christmas Day
Good Friday	Labor Day	

Residents will be scheduled to work at least 4 holidays in the academic year.

Residents who choose not work on a given holiday must use vacation leave for that day unless it is a scheduled day off.

Professional Leave: Residents are permitted up to 5 days of leave to participate in employment or training related interviews. If more than 5 days are requested for interviews, the additional days will be deducted from vacation leave.

Sick: Residents are permitted up to 8 sick days in the academic year. Residents must notify the Residency Program Director, current preceptor, and Pharmacy Management when they are taking a sick day, and must notify the same group each day that they are taking subsequent sick days. Email notification is acceptable. A Time Sheet Correction Form (Kronos) must be completed upon the first day returning from sick leave. The form will be placed in the Kronos Corrections box which is located in the main pharmacy mailbox area.

Family and Medical Leave: Extended leave due to extenuating circumstances may be granted in conjunction with the hospital FMLA policies and procedures.

Additional Time to Complete Rotation Requirements Absences from any learning experience must not exceed 10% of the total time dedicated to the experience. The Residency Program Director is responsible for ensuring that excessive absences do not prevent the resident from meeting the program outcome goals. The resident will develop a plan to make up missed time and present to the Residency Program Director for approval. If the make-up plan extends beyond the last day of the academic year, the resident will incur all expenses in regards to salary and benefits.

Duty Hours Resident duty hours are defined as scheduled clinical and academic activities related to the residency program. The resident is expected to be participating on campus for at least 40 hours each week. Duty hours will not exceed 80 hours per week, based on a 4 week average. Duty hours do not include reading, studying or preparation for presentations, journal club, etc., nor does it include travel time to and from conferences or hours that are not scheduled by the RPD or preceptor. Duty hours will be determined by the RPD or preceptor. Regardless of schedule, residents will have at least 8 hours of free time between duty periods. Residents will have at least one free day in every 7 days of duty, based on a 4 week average.

Moonlighting The resident's primary commitment must be to the residency program. A residency is a full-time obligation and provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements for certification. The resident must manage his/her activities external to the residency so as not to interfere with the program. Voluntary and/or compensated work performed outside of residency program is strongly discouraged.

Dress Code Professional attire is required during duty hours. Logos which are inappropriate or in bad taste are unacceptable. Discretion must occur in the neckline of shirts and blouses. Apparel which is unduly tight is unacceptable. Colored denim, other than blue is acceptable in non-patient care areas. Legs and feet must be covered in patient care areas. Footwear must be professional and appropriate for the work environment. "Flip-flops" are unacceptable foot wear.

The resident's grooming, personal appearance and hygiene must be appropriate for the work area both from the standpoint of public image to patients, families, visitors, co-workers and the community as well as for safety and security. Lab coats must be worn while in patient care areas, unless the rotation or location requires or allows hospital "scrubs". The University of Vermont Health Network - Champlain Valley Physicians Hospital identification badges must be worn during duty hours and must be clearly visible and appropriately displayed.

Professional Conduct Residents shall conduct themselves in a professional manner. Residents must abide by the University of Vermont Health Network - Champlain Valley Physicians Hospital Code of Conduct which is acknowledged and signed by the resident during hospital General Orientation (GO). Residents must adhere to all policies of the institution including, but not limited to; HIPAA Privacy rules, patient confidentiality, and conflict of interest. All policies are available thru the University of Vermont Health Network - Champlain Valley Physicians Hospital Resource Portal Policy Manager. Any disciplinary action will follow the Progressive Discipline Policy.

Self-Responsibility Residents are expected to take responsibility for their own success in the program. Residents are expected to perform within the policies and guidelines of the hospital and of the pharmacy department. Residents are expected to maintain a high level of time management of all projects, assignments, learning experiences, meetings, and conferences. Residents are responsible to ensure that preceptors are providing the resident with continuous feedback in addition to timely formal evaluations. Residents are responsible to complete all PharmAcademic evaluations within 7 days of the due date.

Dismissal from the Program: Violation of hospital policies, privacy/confidentiality or HIPAA, state or federal laws pertaining to the practice of pharmacy, and/or general misconduct may lead to dismissal from the program and forfeiture of all hospital salary and benefits.

Evaluation Guidelines Residents are evaluated over the continuum of the residency academic year utilizing both formal and informal feedback. Residents will self-evaluate on a continuing basis including a summative evaluation at the end of each rotation and at quarterly intervals for the longitudinal learning experiences.

Preceptors will provide daily verbal feedback, as well as formative feedback at the end of each week. Preceptors will provide written summative and standard feedback at the end of the rotation through the PharmAcademic system.

The Residency Program Director will provide feedback as well during weekly meetings with the resident. Additionally, the resident as a member of the Residency Advisory Committee will receive feedback from the Committee members.

Residents will be evaluated on their progress and achievement of the educational goals and objectives as outlined in the ASHP Residency Accreditation Standards. Evaluations will be documented in the PharmAcademic System.

Feedback will be structured in an honest, straightforward method to eliminate any ambiguity. It should be clear that the goal is to educate the resident and give constructive feedback which will foster successful achievement of the goals and objectives.

Evaluation Definitions

ASHP PharmAcademic Summative Evaluation Scale

Needs Improvement (NI)- Resident's progress will not result in achievement of objectives

- Preceptor must include narrative comment specifically addressing concern and a goal attainment strategy going forward

Satisfactory Progress (SP)- Resident's progress is expected to result in achievement of objectives

- Preceptor must include narrative comment specifically addressing what the resident might do to improve to successful achievement of the criteria

Achieved (ACH)- Resident's performance is ideal and meets what is expected of a PGY-1 graduate of the residency program

- Preceptor must include narrative comment specifically addressing why the goal attainment criteria are scored as achieved

ASHP Snapshot Scale

Not Adequate (NA): Resident's performance is expected to result in not achieving objectives and needs improvement during the current rotation

- Must include narrative comment specifically addressing concern and a goal attainment strategy going forward

Adequate (A): Resident's performance is expected to result in achievement of objective by the end of the rotation

Quarterly Evaluations and Customize Plans The resident will complete the ASHP Entering Interests Evaluation and the Entering Objective Based Self Evaluation before July 1st of the academic year. The Residency Program Director (RPD) and the resident will collaboratively design a customized resident plan. The resident and RPD will repeat revisit and modify the customized plan on a quarterly basis.

Evaluations of Preceptors

The Residency Program Director (RPD) will review the resident and preceptor performance at the conclusion of each learning experience. The resident's evaluation of the preceptor will be jointly reviewed and discussed and opportunities for improving preceptor performance will be identified.

Rotations

Learning Experience	Approximate Duration (wks)	Preceptor
Core		
Hospital Orientation, Pharmacy Orientation	0.5	Elena Plante, Pharm.D., BCPS
Critical Care Medicine	6	Vincent Ludewig, Pharm.D., BCPS, BCCCP, CGP
Emergency Medicine	8	Julie Falletta, Pharm.D., BCPS/Rahne Minckler, Pharm.D., BCPS
Infectious Disease - Antimicrobial Stewardship	6	Yee Lee, Pharm.D., BCPS
Internal Medicine	6	Scott Charette, PhD, Pharm.D.
Medication Therapy Management/Transitional Care	6	Richard Zeppieri, Pharm.D., BCPS, CGP
Oncology	6	Megan Bristol, Pharm.D.
Pharmacokinetics & Renal Dosing Protocols	2	Yee Lee, Pharm.D., BCPS
Pharmacy Operations I	5	Allison Hoff, BS.Pharm.
Pharmacy Operations II	2	Scott Charette, PhD, Pharm.D.; Lauren Cox, PharmD
Longitudinal		
Management of Medical Emergencies	N/A	Vincent Ludewig, Pharm.D., BCPS, BCCCP, CGP
Learning & Teaching Certificate	N/A	Julie Falletta, Pharm.D., BCPS
Service Commitment (Staffing Obligation)	N/A	Scott Charette, PhD, Pharm.D.; Lauren Cox, PharmD
Longitudinal Project	N/A	Elena Plante, Pharm.D., BCPS/TBD
Poster Project	N/A	Elena Plante, Pharm.D., BCPS/TBD
Personal & Professional Development, Leadership	N/A	Michael Garvey, Pharm.D., BCPS
Elective		
Mental Health	TBD	Vacant MD/Elena Plante, Pharm.D., BCPS
Peri-operative Care & Anesthesiology	TBD	Christopher DeAngelis, MD/Elena Plante, Pharm.D., BCPS

Committee Membership and Meeting Participation Residents are required to participate in Pharmacy Committee as a longitudinal experience. Residents will be required to regularly present medication reviews, medication related policy and procedures as well as other topics as assigned. The resident, in a stepwise fashion will be responsible for recording the meeting minutes, preparing the agenda, preparing the pre-meeting packet, and ultimately running the meeting.

Residents will participate in the weekly Preceptor Development Meeting to present case reviews and journal club assignments. Residents will attend other Pharmacy involved committees as assigned.

Educational Presentations Residents will provide at least one in-service educational presentation for each learning experience. Residents will contribute at least one article each month for publication in the Pharmacy Newsletter. Residents will provide at least one educational presentation to patients in the community.

Pharmacy Residency Advisory Committee (RAC)

The Residency Advisory Committee governs the residency program and is responsible for guidance of all aspects of the program. The committee members include preceptors, the Director of Pharmacy, the Residency Program Director (chairperson), allied healthcare members, and residents. The Committee meets monthly to monitor, evaluate, and improve the residency program. The Committee responsibilities include:

- Approving residency program rotations, goals and objectives
- Assuring that residents and the program meet goals and objectives
- Assure that the residency program meets ASHP standards
- Review current resident goals, objectives and performance
- Review and approve resident projects
- Recruiting and selection of new residents
- Other duties as necessary

Pharmacy Practice-Service Commitment Residents are required to provide pharmacy practice-service (aka staffing) in the inpatient pharmacy. Residents must complete a minimum of 320 hours of service by staffing the inpatient pharmacy. A weekend service obligation is required every 2 weeks, but may be subject to change. Holiday staffing obligation is included. Service Commitment will not be scheduled until the resident has provided proof of licensure.

Poster Presentation Project Timeline

- **Residents are responsible to meet all ASHP deadlines for submission of materials. The deadline for Resident Poster submission is usually October 1st each year.**
- **July 1st through the 2nd Monday in August** The resident, in conjunction with the Residency Program Director, will identify a poster project for presentation at the ASHP Midyear Clinical Meeting Resident's Poster Session. A summary of the project goals, methods, project timeline with specific data collection, analysis points and an impact statement of the project will be submitted no later than the 2nd Monday in August.
- **3rd Tuesday in August** The Resident will provide an oral proposal of the project to the Pharmacy Residency Advisory Committee for approval.

- **August thru the 3rd Tuesday in October** The Resident will work on his/her individual project timeline to complete data collection, analysis and final summaries.
- **3rd Tuesday in October** The Resident will provide an oral presentation draft of the project to the Pharmacy Residency Advisory Committee for review, comment and final approval.
- **3rd Monday in November** The Resident will present the final poster/platform project to the Residency Program Director for final approval and printing.
- **2nd week in December** The Resident will attend the ASHP Midyear Clinical Meeting Resident Poster Session to present the project.
- **The project will be considered complete when all objectives have been met. A residency certificate will not be awarded until the project is complete.**

Longitudinal Project Timeline

- **July 1st through the 2nd Monday in August** The resident, in conjunction with the Residency Program Director, will identify a longitudinal project. A summary of the project goals, methods, project timeline with specific data collection, analysis points and an impact statement of the project will be submitted no later than the 2nd Monday in August.
- **3rd Tuesday in August** The Resident will provide an oral proposal of the project to the Pharmacy Residency Advisory Committee for approval.
- **2nd Monday in August thru the 2nd Monday in September** The Resident will seek any approvals from any oversight committees or groups (IRB, Pharmacy Committee, etc) affected
- **September thru the 2nd Monday in April** The Resident will work on his/her individual project timeline to complete data collection, analysis and final summaries.
- **3rd Tuesday in April** The Resident will provide an oral presentation draft of the project to the Pharmacy Residency Advisory Committee on review, comment and approval.
- **2nd Tuesday in May** The Resident will provide an oral presentation of the project to the Department of Pharmacy and any areas directly impacted by the project.
- **The project will be considered complete when all objectives have been met. A residency certificate will not be awarded until the project is complete.**

Preceptor Qualifications

Preceptors must meet the following required qualifications:

1. Be enrolled in or have successfully completed a teaching certificate or equivalent.
2. Maintain active practice (at least 60% of hours worked) in the area for which they serve as preceptor both during and outside of residents' learning experiences.
3. Must attend 50% of Residency Advisory Committee meetings in a calendar year.
4. Must attend 25 hours per year worth of Preceptor Development meetings.
5. Mentor and provide feedback after at least 3 student, resident, or pharmacist lead in-services per year.
6. Be a member of at least one hospital committee and attend 70% of meetings each year.

Preceptors must meet four of eight of the following qualification in addition to those above:

1. Hold a faculty appointment with an affiliated school of pharmacy and provide availability during 2 x 6 week modules to precept APPE students or 3 x 3 week modules to precept IPPE students.
2. Achieve and maintain at least 1 board certification recognized by the Board of Pharmacy Specialties within 2 years of initial residency preceptorship.
3. Facilitate at least 1 student, resident, or pharmacist lead in-service per year.
4. Author or co-author a medication-related initiative presented at a local, state, regional, or national meeting within the past 3 years.
5. Maintain an active membership in a pharmacy society (e.g. ASHP, ACCP, etc).
6. Successfully completed a Postgraduate Year 1 Pharmacy Residency Program.

7. Act as lead or co-lead on a medication related quality improvement project for this facility/network.
8. Act as resident-selected mentor for the duration of the residency year.

Mentorship:

1. Each resident is responsible to select a pharmacist mentor (must be on the Residency Advisory Committee).
 - a. The mentor may not be the Residency Program Director.
2. Each resident must solicit the mentor personally.
3. A mentor must be chosen by September 30th of the residency year.
4. The mentorship relationship will not be monitored in any formal capacity.
5. Any time dedicated to mentorship will be counted as preceptor development and should be recorded by the mentor and resident in Quantifi.

Travel/Conference Allowances:

Each resident may be reimbursed up to \$2000 per residency year for lodging, airfare, mileage, parking, and tolls for residency related travel to conferences. Each resident will be allowed up to \$50/day for meal expenditures during conference and travel days. Alcoholic beverages purchases will not be reimbursed. Any receipt containing alcoholic beverages is not eligible to submit for reimbursement. Expenses incurred which are unrelated to conference attendance should not be submitted for reimbursement. Each resident requesting reimbursement for travel must submit printed copies of receipts, an expense report, as well as a check request. Receipts must be itemized and in the resident's name. This must be submitted to the Residency Program Director for review.

Criteria for Certification of Completion

Upon successful completion of program requirements the resident will be awarded a Residency Certificate. The following must be satisfied in order to receive a certificate of completion:

1. Satisfactory completion of all rotations, projects and assignments within the 12 month residency time frame. The time frame may be extended to 18 months in the event of unusual circumstances at the discretion of the Residency Program Director.
2. Residents must earn an "achieved" rating for a minimum of 85% of all goals and objectives and have no instances of "needs improvement" ratings. Residents will satisfy all outcome goals as required in the ASHP PGY-1 Residency Standards.
3. Satisfactory completion of all longitudinal projects (Medication Use Evaluation (MUE), P&T Evaluations, Journal Club, Case Presentations, etc.)
4. Satisfactory completion of at least one research project which will be presented at the ASHP Mid-year Clinical Meeting in a poster or platform session.
5. Resident must complete at least 1 research project with a final report in approved manuscript style suitable for submission to a peer reviewed journal for publication.
6. Successful completion of at least 320 hours of pharmacist staffing in the Main Inpatient Pharmacy.
7. Resident must ensure that all assignments, projects, presentations, publications completed during the residency are saved to the resident's electronic portfolio in the Pharmacy Departments private network drive in the respective resident's folder. The resident must make an electronic copy for their personal use before leaving the program.

Dear Resident,

So, you want to successfully complete a pharmacy practice residency? You've made it through six years of pharmacy school; decided to pursue a residency; reviewed all of the available residency programs; successfully

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navigated PhORCAS; participated in grueling residency interviews; made it through the Match; and finally..... July 1st arrives!! Undoubtedly, this has been a long and difficult yet rewarding journey

Now comes the time to recall everything you've learned; to re-learn what you may have forgotten; to learn great new things and most importantly learn about yourself. The next year is a time of discovery and rebirth of those motivations that lead you to a career in pharmacy. What you learn this year will likely shape your career path.

Below is an excerpt from a 4th year Medical Student which outlines some of the non-clinical dos and don'ts that make for a successfully residency. The principals are as true for pharmacy as they are for medicine or surgery.

Dos

1. Be Nice

Being nice means being courteous, respectful, grateful, non-condescending, and taking the time to show some interest in other's personal lives. You would think that this is self-explanatory, but this concept goes beyond being nice to just those who are overseeing you. It is essential that you are sincerely nice to everybody, all the time, including the patients, physicians, residents, other students, nurses, assistants, and anybody else you may encounter. Always take the time to get to know the clinical staff .

Not only will this please Allah but it will set a good example to your fellow students , residents and medical staff.

2. Be On Time

This subject goes along with two of the later points. Being on time shows interest and professionalism, both of which will get you positive feedback. To get even better feedback, try to be at least 15 minutes early. If you have a good reason for not making it on time make sure you apologize to your lecturer/resident/supervisor.

3. Be Honest and Have Personal Integrity

This topic deserves an entire article on its own and cannot be completely covered in one paragraph. In short, if you make a mistake, admit it. Also, never do anything that conflicts with your personal values, not even if you think it will impress those who grade you. By following this advice, you may risk others getting upset at you, It will, however, most likely gain their respect, all the while not losing respect for yourself.

4. Show Interest

Take interest in every specialty that you rotate in. I do not know of anybody that does not like it when somebody shows interest in the things they love. Most physicians are in their field because that is what they enjoy doing. They love it when somebody else shares their same passion for their specialty. Well thought out questions will show your interest. Work as if you love being there and as long as it does not conflict with your family life, do some extra credit.

5. Work Hard and Be Helpful

This key point will set you apart from other students. Most medical students are nice, intelligent people; however, not all students know how to or want to actually work. Before you arrive at your clerkship, find somebody who has previously rotated there and ask what is expected of the students. When you arrive, again ask the physician in charge about their expectations of you. Do everything that is expected of you and beyond. Quickly observe anything that the physicians are doing that you are able and legally allowed to do for them, and then do it. This includes everything from writing notes, prescriptions, and orders to running errands, changing the paper on exam tables, assisting nurses, and taking patients back to the exam rooms.?

6. Give Thanks

Take the time to show your appreciation. Preceptors, residents, interns, and patients are donating their valuable time to assist in your education. As a medical student, you will most likely slow down those for whom you work. They will take their time to explain important concepts and wait for you while you interview their patients. You will also be the cause of patients waiting longer to be diagnosed. It can be frustrating for patients to first have the medical student, then the resident, and finally the attendings interview and examine them. Make sure you give thanks to everybody who has granted you a piece of their time. This may be something that separates you from others. Finally, do not forget to thank the staff members who assist you.

7. Be Teachable (Humble)

After your academic years, no matter how much you know, it will not be enough. There will always be something that you can learn whether it be clinical knowledge, interview skills, counseling skills, or interpersonal skills. You will constantly be reminded by others of how much you do not yet know or how you could have done something better. This is not the time to get upset or embarrassed in the way that our human nature likes to dictate. Our mentors have a way of seeing things in us that we are too prideful or blind to see for ourselves. If you listen and learn, in most instances you will be better because of it. Remember that there may be some that seek to embarrass or are simply rude or arrogant. Learn what you can from them and do not take it personally; bite your tongue when necessary. However, being humble does not mean allowing yourself to be walked over. If you ever feel abused or mistreated in anyway, privately take your concern to the offending person or to student affairs.

8. Be Yourself

While trying to make a good impression, you may feel inclined to try to be the person that you think others want you to be. The problem is that you may not know what kind of person your mentor prefers to be around. Everybody comes from different backgrounds and have varying personalities. Some people tend to "click" better with some than with others. You will find some people with whom you have a lot in common and others not. You will find people with whom you could hang out outside of work and some not. Remember, you do not have to be best friends or have a lot in common with someone to be a good colleague.

9. Study

Study for about one hour every day. Find something you do not know very much about while working and look it up. Start with the basics. I would suggest starting with the common rather than the "zebras." (the uncommon). You will surprise yourself as to how much more you know after your first year of clinicals. Take the rest of your free time and spend it with your family, hobbies, and any other stress-relieving activities.

10. Dress Like a Professional

Dress like a physician. Before you begin a new rotation, find out what type of clothes you will be expected to wear. You will find that individual physicians have their own preferences. No matter what you are expected to wear, make sure your clothes are clean and well pressed. Remember, when in doubt, it is always best to overdress, as it is much easier to dress down. One more tip on attire... If you find your legs and feet feeling tired or sore by the end of the day, get yourself a quality pair of compression stockings.

Don'ts

1. Don't Complain

Complaining is not well tolerated in the field of medicine, let alone any aspect in society. Your preceptors will not take kindly to you showing your displeasure for working long hours, performing difficult tasks, and doing their "scut" work. They have all suffered and survived through it themselves so they will not want to hear complaints from you.

2. "Don't Bad Mouth" Others

Talking badly about others is unprofessional and impolite. You will hear physicians, residents, and nurses doing it, but (especially as a rotator) refrain from participating. You may never know who will hear or pass along your conversation.

3. Don't Ask Unnecessary Questions

Before you ask questions, make sure that they are well thought-out. Your preceptors have better things to do than to listen and respond to unintelligent questions. It is best to research your questions yourself. Then, if you still have questions, bring them to the attention of the attending or resident. By doing this, you will appear more intelligent and be a more enjoyable teammate. Most physicians will ask you questions. If you know the answer, tell them. If you do

not know, tell them that you do not and will find the answer. Some will tell you the answer anyway, while others will delight in making you work for the answer.

4. Don't Leave Early

Unless you have a true emergency or extremely good reason, do not do it. It will make you appear less interested and possibly lazy.

5. Don't Use Foul Language

If there was one thing that could make you appear unprofessional and uneducated, I would say it is using foul language. Unless you have Tourette's syndrome, language is a behavior that can be adjusted.

6. Don't Do Procedures You Find Uncomfortable For Your Skill Level

This topic not only applies to medical students but to all physicians. You can get yourself into trouble fast by not following this tip. By performing a procedure or treating a patient in a way that you are not comfortable will put them at an unnecessary risk. If you do not know how to do something or feel you need more training, let somebody know or pass the patient on to somebody that does. It is normal to feel a little nervous before doing something new, but if you feel that you may bring harm to the patient, think twice before doing it.

7. Don't Be Confrontational

This goes along with being humble. If a physician or nurse asks you to do something, do it. If you are corrected when wrong, thank that person. If you are told something you already know, say 'thank you' anyway. Even if you know you are right when others say you're wrong, it may be wise to just nod your head (unless it will cause the patient harm by being quiet). Remember, there is more than one way to "skin a cat" in medicine and most physicians will feel that their technique is the best; just go along with it. I do not condemn questioning in any way. As a matter of fact, it is healthy and is what has allowed science and medicine to progress as it has. However, if you are going to question, first choose your battles wisely and second, make sure you are well-read on the subject. Third, always question in a tactful manner. Being confrontational with the wrong person or questioning in the wrong way, especially on a constant basis, may get you a less than stellar grade.

8. Don't Burn Bridges

This goes along with showing interest. If you do not think you like a particular field, continue to work hard, do not complain, and show interest regardless of your feelings. There is something fascinating in every field of medicine and you will find that there is a great deal of crossover between the different disciplines. It will serve you well to know what takes place in other specialties as you may one day refer patients to or receive patients from them.

9. Don't Use Layman Language

Learn proper medical terminology. If you own a PDA, install a medical dictionary on it and refer to it frequently. Remember, however, that you may need to tone down your language for the majority of your patients. The language you use for different people is a delicate balance that you will need to find.

10. Don't Forget Your Personal Life

We have all chosen to pursue medicine for our own personal reasons. Although the road to get there is difficult and may seem to consume the majority of our lives, do not let it take what is most important to you. Make time to take care of your family and friends!

Excerpted from online "The 10 Do's and Don'ts of Clinical Clerkship" by Cory Trickett, 4th year student at Kirkville College of Osteopathic Medicine, Kirkville, MS.