

## Residency Program Survey – Louis Stokes V.A. Medical Center, Cleveland, Ohio

The staff at the Cleveland VA Medical Center is committed to providing a quality residency program that meets the various needs of its residents. Regardless of the program specialty, residents begin the residency year with different levels of practice experience. In an effort to create a program modeled to your specific needs and interests, we feel it is important to have an understanding of your experiences and abilities. This questionnaire is for informational purposes only and will help us prepare for a more formal interview. Please complete the following questions.

Are you a licensed pharmacist? Y    N  
 If Yes, how many years of experience and what types?

### I. Basic Skills

#### A. Code Teams

- |   |   |   |
|---|---|---|
| 1. Are you BLS certified?                               | Y | N |
| Are you ACLS certified?                                 | Y | N |
| If NO, do you expect to be certified before graduation? | Y | N |

#### B. Pharmacokinetics

- |  |   |   |
|--|---|---|
| 1. Please list drugs for which you have basic pharmacokinetic knowledge:   |   |   |
| Aminoglycosides  | Y | N |
| Vancomycin   | Y | N |
| Theophylline   | Y | N |
| Digoxin  | Y | N |
| Phenytoin  | Y | N |
| 2. Have you provided pharmacokinetic consultations on an informal or formal basis in work or school experiences? If yes, describe the program. | Y | N |

#### C. Distribution

- |  |   |   |
|--|---|---|
| 1. Have you worked in an outpatient / retail pharmacy?<br>If Yes, how many hours a week as: Student _____ Pharmacist _____   | Y | N |
| 2. Have you worked in an inpatient pharmacy?<br>If Yes, how many hours a week as: Student _____ Pharmacist _____   | Y | N |
| 3. Have you ever worked in a unit dose drug distribution system before as a pharmacist or a pharmacy intern? If Yes, how many hours a week as:<br>Student _____ Pharmacist _____ | Y | N |
| 4. Do you have experience with sterile technique and how to mix intravenous admixtures?<br>If Yes, how many hours a week as: Student _____ Pharmacist _____                      | Y | N |
| 5. Have you had any experience mixing chemotherapy?  |   |   |
| 6. Have you prepared TPN's?<br>Have you calculated electrolyte amounts needed?<br>Did you calculate glucose and protein amounts?   |   |   |

D. Computer Skills

1. Do you have experience in the following programs:

Microsoft Word	Y	N
Word Perfect	Y	N
Microsoft Excel	Y	N
Power Point	Y	N
Microsoft Outlook	Y	N

2. Do you have a home computer? Y N

E. Patient Care / Drug Therapy Problem Identification

1. Have you had a physical assessment class during your Pharm.D. training? Y N

2. Have you had experience performing physical assessment of patients?  
If Yes, what skills can you perform competently? Y N

3. Have you taken any medication histories? Y N

4. Have you ever counseled patients on their medicines?  
Demonstrated Metered-Dose technique? Y N  
Demonstrated insulin preparation and injection? Y N  
Instructed on glucometer use? Y N

5. Describe your most difficult interaction with either a patient or a physician  
and how you dealt with it.

6. Describe a potential drug therapy problem you recognized and solved.

7. Describe a therapeutic goal you achieved and how you knew it had been achieved.

F. Drug Information / Drug Use Policy Review

1. Please describe your formal drug information education. (course, rotation, other experience)

2. Have you prepared / written formal responses to DI questions? Y N

3. Did you take a statistics course in your Pharm.D. program? Y N

4. Have you presented an inservice to any medical personnel? Y N

5. Have you prepared and presented a case presentation? Y N

With overheads? Y N

With Power Point? Y N

With slides? Y N

6. Have you prepared a formulary review of a drug or drug class? Y N

7. Have you participated in a DUE? If Yes, what did this involve? Y N

8. Have you been involved with a Quality Assurance or Quality Improvement project?  
If Yes, please describe. Y N

9. Have you ever presented journal club? Y N

10. Have you been involved in research? If Yes, what was your role? Y N

11. Have you had any experience teaching students (didactic teaching, student precepting)? Y N

II. Strengths / areas to Improve

A. Please list three personal and / or professional strengths.

- 1.
- 2.
- 3.

B. Please list three personal and / or professional areas that you would like to improve upon or strengthen.

- 1.
- 2.
- 3.

III. Interest Areas

A. What are your professional goals for your residency? Please list at least five.

- 1.
- 2.
- 3.
- 4.
- 5.

B. What are three interests or hobbies unrelated to pharmacy that you have?

- 1.
- 2.
- 3.

C. What long term professional goals do you have as you begin your pharmacy career?

If not itemized on your CV, please list the pharmacy clerkship and duration of the experience that you will be completing during your Pharm.D. training.