Pharmacy Residency
Post Graduate Year One
(PGY1)

VA Sierra Nevada Health Care System (VASNHCS)
Reno, Nevada

Accredited by the
American Society of Health-System Pharmacists

RESIDENCY PROGRAM GUIDE
2018-2019

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Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Project Proposal/Manuscript

Implementation/Data Collection

Presentation

Quality

Literature Evaluation

Journal Club Presentation Evaluation Form

Case Presentation Evaluation

Attachment A: Extended Leave of Absence

Attachment B: Residency Project Timeline

*All assignments are due by 12:00 noon on the due date unless otherwise noted*

SAMPLE – PLEASE OBTAIN UPDATED TIMELINE FROM MOSTAQL HUQ IN ORIENTATION

Attachment C: Functional Statement

Attachment D: Critical Goals and Objectives
Dear Incoming Resident,

I would like to take this opportunity to welcome you to the Post Graduate Year One (PGY1) residency program at the VA Sierra Nevada Health Care System (VASNHCS). You are entering a special portion of your pharmacy career.

The primary purpose of the PGY1 program is to develop your individual skills in many areas of contemporary pharmacy practice. ASHP defines the purpose of a PGY1 as:

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Our focus is to nurture your proficiency in managing complex therapy of patients. To help develop your proficiency you will have responsibilities in providing competent pharmaceutical care, and your preceptors will assist and guide you in gaining the greatest benefit from each experience. Goals will be set and I am confident that you will strive to meet or exceed these expectations.

The year as a resident should be challenging and busy, but through teamwork we will all benefit greatly by your residency training. Remember, your preceptors are available to assist you in reaching your highest potential. I look forward to working with you, watching your growth, and seeing your further professional development in your pharmacy career.

Sincerely,

Heather M. Mooney

Heather Mooney, Pharm.D., BCPS, BCPP
Associate Chief of Pharmacy, Clinical Services and Residency Program
PGY1 Residency Director
PGY1 Pharmacy Residency

Purpose Statement

ASHP Generalized Purpose Statement (Standard 3.1)
PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Program Specific Purpose Statement
The purpose of the PGY1 Residency Program at the VASNHCS is to produce highly skilled pharmaceutical care providers competent in a variety of direct patient care settings. Upon completion of the program, residents will be prepared to be a VA Clinical Pharmacy Specialist or to enter similar practice areas including general medicine, acute care, ambulatory care, and long-term care, or for PGY2 training in specialized areas.

Program Outcomes

Required Competency Areas:
- Patient Care (R1)
- Advancing Practice and Improving Patient Care (R2)
- Leadership and Management (R3)
- Teaching, Education, and Dissemination of Knowledge (R4)

Program Description

VA Sierra Nevada Healthcare System’s post graduate year one pharmacy residency program (PGY1) produces highly skilled pharmaceutical care providers competent in a variety of direct patient care settings. Completion of the residency prepares its graduates to assume positions as patient care clinicians in a variety of settings or to pursue second year post-graduate training in a focused area of practice.

VASNHCS Mission

“Providing World Class Care and Service to America’s Heroes”

VASNHCS Pharmacy Service Mission and Vision:

Mission: To provide the highest quality care to veterans by ensuring safe, effective, and medically necessary use of medications.
Vision:

- We will be an essential component of the patient focused Health Care Team.
- We will create a practice environment that fosters education, research and professional development.
- We will advance the use of innovative technologies to ensure consistent, accurate and reliable medication distribution, education and information systems.
- We will provide pharmaceutical services during national emergencies, disasters and other events that adversely affect our veterans.
- We will be an employer of choice for pharmacists, pharmacy technicians and supportive staff by providing a compassionate, progressive work environment.

Pharmacist Licensure

All pharmacy residents are expected to be licensed no later than August 1st of the residency year and will furnish VASNHCS with a copy of licensure. The residency experience is directly related to the status of licensure. The first month will be an orientation month and is not directly affected by licensure. However, the ensuing months will be actual rotation experiences. Without licensure, skill building will be minimized leading to a less than optimal residency experience. Please note that residents are welcome to pursue licensure in Nevada, but it is not a requirement for working at VASNHCS. The only requirement is that the resident be licensed in at least one state of choice.

Residents are expected to communicate early any barriers to obtaining licensure by August 1st. Failure to obtain licensure by October 1st may be condition for dismissal from residency. In addition, residents may be asked to use their electives to repeat core rotations when they were not yet licensed.

Professional Development

Professional development of residents is enhanced through membership and participation in local and national organizations. Membership in American Society of Health-system Pharmacists (ASHP) is required. Residents are encouraged to become members of the Nevada Society of Health-System Pharmacists (NVSHP), and American College of Clinical Pharmacy (ACCP). Residents are required to attend one state or regional pharmacy organization meeting (i.e. Western States Residency Conference) and one national pharmacy organization meeting (i.e. ASHP Midyear Meeting).

Benefits

General
Parking, laboratory coats, and office space are furnished. Computers are available for use by the residents in the pharmacy resident’s office, inpatient and outpatient pharmacy, and clinical areas.
Pay
Residents are paid at the rate of $41,533 per year. The resident’s stipend is based on a 40-hour workweek; however, the very nature of a residency training program is such that additional time is required to complete training assignments. ACGME/ASHP guidelines for duty hours must be observed (see “Duty Hours”). No additional compensation is available. Funding for travel and related meeting expenses are reimbursed for the one required state/regional and one required national meeting, based on funding availability.

Attendance
The residency is a full-time temporary appointment consisting of a minimum of 12 months training. Pharmacy residents may have dual appointment as both GS12 and stipend employees, however are expected to complete additional non-scheduled, non-overtime hours for assignments and projects for the residency program. The resident is expected to be onsite for at least 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. The resident is expected to report to all scheduled locations for rotations and staffing assignments. Additional hours will be expected to complete assignments and projects in a timely manner. When the resident will not be onsite, the program director and preceptor must approve the time off or away and procedures for leave must be followed. At times, the resident will be expected to attend other residency-related conferences or experiences off site during regular working hours.

If an extended absence occurs (i.e. extended family or sick leave), extension of the residency program may be necessary. The maximum length of extension is not to exceed 3 months, and the program must be completed before September 30th. Opportunity to extend the program with pay will depend on the decision of the VA regarding extending the funding. For more information see Attachment A: Extended Leave of Absence. If the resident feels that the need for extended absence may be necessary, they should immediately inform the Residency Program Director (RPD).

Annual Leave
Residents earn annual leave at the rate of 4 hours per 2 week pay period. Annual leave must be requested electronically, as far as possible in advance, via VATAS. An Outlook email should also be sent to the residency program director with the date(s) in the subject line. Scheduled leave must be APPROVED by the (RPD). Approval of the preceptor should be obtained prior to submitting leave request to the Residency Director. The resident should consider what impact the use of leave has on their educational experience before scheduling. Also, they should ensure that their longitudinal and other responsibilities as well as weekend staffing requirements are covered by coordinating with co-residents before requesting.
Authorized Absence
Administrative or authorized absence to attend professional meetings is granted at the discretion of the Chief, Pharmacy Service. Authorized absence must be requested electronically at least two weeks prior to the scheduled event via VATAS. Please confirm the appropriate code to enter with the RPD.

Sick Leave
Residents earn sick leave at the rate of 4 hours per 2 week pay period. Sick leave for scheduled doctor’s appointments or elective procedures must also be electronically requested two weeks in advance if at all possible. The RPD and current preceptor should be notified of any unscheduled absence due to illnesses prior to the scheduled tour of duty. Entry of leave into the computer system should be completed upon the resident's return to work and timekeeper notified. The RPD may be contacted at home if needed. Abuse of leave, including sick leave, is considered a violation of VASNHCS policy and could result in dismissal.

Family Friendly Leave (CB)
Family leave or bereavement leave policies indicate that each employee can use up to 104 hours of family leave each year. Family leave must be requested electronically prior to the planned event or immediately upon employee return if emergency. RPD approval is required. Family leave will be deducted from your sick leave balance.

Emergencies
Personal emergencies/accidents during tour of duty should be reported to the RPD and current preceptor as soon as possible so that appropriate action can be taken.

Inclement Weather
The hospital’s inclement weather policy is that all personnel are required to notify their supervisor of any delay or absence in duty hours due to inclement weather or unsafe conditions. RPD will determine appropriate leave upon arrival to work. If you are entirely unable to report for duty due to weather conditions, you will be charged the appropriate amount of annual leave.

Holidays
The RPD may excuse the residents from working on the paid federal holidays as appropriate. Residents are expected to work some holidays, including one major holiday (defined as: Christmas, Thanksgiving, or New Year’s Day) and up to three minor holidays.

Employee Assistance Program (EAP)
The goal of EAP is to promote wellbeing and assist employees with both personal and family issues. Please consult with the RPD if you feel you have challenges that are affecting your wellbeing. Residency can be stressful and we want to ensure you feel supported.
Dress Code

In brief, it requires professional attire & footwear during normal duty hours Monday-Friday, 8:00 a.m. – 4:30 p.m. (Fridays allow business casual attire including pharmacy polos). During some rotations and staffing duties, more casual wear, including jeans and scrubs may be acceptable. A knee length, durable press, long sleeve white lab coat is the pharmacist uniform. Lab coats will be provided to you during residency training and are to be returned at the completion of training.

Tour of Duty

Tour of duty for all residents is 8:00 a.m. – 4:30 p.m., Monday – Friday. Some rotations may require a change in tour. This 8.5-hour tour of duty allows for a 30-minute lunch break. The RPD and time keeper must be informed of all changes in tours of duty prior to the change being made (i.e. while on your ICU rotation, please notify them when your tour of duty changes).

Qualifications of the Resident:

Applicants are generally interviewed in February. Each applicant interviews with the RPD and preceptors. All applicants must have a Pharm.D. or be enrolled in a ACPE Accredited, or in the process of ACPE accreditation, College of Pharmacy in anticipation of receiving their Pharm.D. Each applicant must enroll in the Resident Matching Program in order to be considered for a resident position.

Qualifications of the Program Director and Preceptors: from ASHP Accreditation Standard

Standard 4: Requirements of the Residency Program Director and Preceptors

The residency program director (RPD) and preceptors are critical to the residency program’s success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

4.1 Program Leadership Requirements

4.1.a. Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
4.1.b. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
4.1.c. The RPD may delegate, with oversight, to one or more individuals [(e.g., residency program coordinator(s))] administrative duties/activities for the conduct of the residency program.
4.1.d. For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:

4.1.e.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.
4.1.e.(2) The agreement must include definition of:
   4.1.e.(2)(a) responsibilities of the RPD; and,
   4.1.e.(2)(b) RPD's accountability to the organizations and/or practice site(s).

4.2 Residency Program Directors’ Eligibility

RPDs must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
- have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience.

4.3 Residency Program Directors’ Qualifications

RPDs serve as role models for pharmacy practice, as evidenced by:

4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
4.3.b. demonstrating ongoing professionalism and contribution to the profession;
4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization; and,

4.4 Residency Program Leadership Responsibilities

RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:

4.4.a. organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;
4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;
4.4.c. implementing use of criteria for appointment and reappointment of preceptors;
4.4.d. evaluation, skills assessment, and development of preceptors in the program;
4.4.e. creating and implementing a preceptor development plan for the residency program;
4.4.f. continuous residency program improvement in conjunction with the residency advisory committee; and,
4.4.g. working with pharmacy administration.

4.5 **Appointment or Selection of Residency Program Preceptors**

4.5.a. Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.
4.5.b. RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

4.6 **Pharmacist Preceptors' Eligibility**

- Pharmacist preceptors must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:
  - have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
  - have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
  - without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

4.7 **Preceptors' Responsibilities**

Preceptors serve as role models for learning experiences. They must:

4.7.a. contribute to the success of residents and the program;
4.7.b. provide learning experiences in accordance with Standard 3;
4.7.c. participate actively in the residency program’s continuous quality improvement processes;
4.7.d. demonstrate practice expertise, preceptor skills, and strive to continuously improve;
4.7.e. adhere to residency program and department policies pertaining to residents and services; and,
4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

4.8 **Preceptors’ Qualifications**

Preceptors must demonstrate the ability to precept residents’ learning experiences by meeting one or more qualifying characteristics in all of the following six areas:

4.8.a. demonstrating the ability to precept residents’ learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
4.8.b. the ability to assess residents’ performance;
4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;
4.8.d. an established, active practice in the area for which they serve as preceptor;  
4.8.e. maintenance of continuity of practice during the time of residents’ learning  
experiences; and,  
4.8.f. ongoing professionalism, including a personal commitment to advancing the  
profession.

4.9 Preceptors-in-Training

4.9.a. Pharmacists new to precepting who do not meet the qualifications for  
residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as  
preceptors-in-training) must:

4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor; and,  
4.9.a.(2) have a documented preceptor development plan to meet the  
qualifications for becoming a residency preceptor within two years.

4.10 Non-pharmacist preceptors

When non-pharmacists (e.g., physicians, physician assistants, certified nurse  
practitioners) are utilized as preceptors:

4.10.a. the learning experience must be scheduled after the RPD and preceptors  
agree that residents are ready for independent practice; and,  
4.10.b. a pharmacist preceptor works closely with the non-pharmacist preceptor to  
select the educational goals and objectives for the learning experience.

Confidentiality

Development of professional ethics and awareness of a patient’s need for confidential  
and private counseling are important components of your clinical education. Residents  
will receive training on HIPAA guidelines. It is your responsibility to never mention  
patients by name at inappropriate times. You should never discuss patients with team  
members while in stairwells or on elevators. Paperwork containing patient or employee  
personal information must be placed in appropriate containers for shredding. The U.S.  
Government computer system is for official use only. The files on this system include  
federal records that contain sensitive information. All activities on this system may be  
monitored to measure network performance and resource utilization; to detect  
unauthorized access to or misuse of the system or individual files and utilities on the  
system including personal use; and to protect the operational integrity of the system.  
Use of this system constitutes your consent to such monitoring. Misuse of or  
unauthorized access to this system may result in criminal prosecution and disciplinary,  
adverse, or other appropriate action.
**Duty Hours**

Residents, program directors, and preceptors are required to follow ASHP Pharmacy Specific Duty Hour Requirements.

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, and scheduled and assigned activities (such as conferences, committee meetings, and health fairs) that are required to meet the goals and objectives of the residency program. Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs, travel time to and from conferences, and hours that are not scheduled by the residency program director or preceptor.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
2. Residents must be provided with one day in seven, free from all educational and clinical responsibilities, averaged over a four-week period.
3. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

Residents are responsible for tracking duty hours. If a violation occurs, this must be documented and reported immediately.

**Moonlighting**

Moonlighting at VASNHCS or outside of VASNHCS is permitted but must meet the duty hour requirements. Resident moonlighting hours will be documented in PharmAcademic at regularly scheduled intervals. If the resident, preceptor, or Residency Program Director finds that the resident’s judgment is impaired or they are unable to meet the requirements of the PGY1 program, individual adjustments to permitted moonlighting hours may be made. It is essential to ensure that the goals of the program are being met and that the resident and/or patient's welfare is never compromised by either moonlighting or reliance on the resident to fulfill service obligations.

*Source: Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies*

**Pharmacy Residency “Chain of Command”**

Conflict in the workplace is very common and needs to be dealt with in a healthy, productive fashion. When conflicts go unaddressed, they can have a negative impact on productivity and teamwork. Because of this, conflict resolution is a necessary component of the workplace. Successful conflict resolution requires a mature, non-confrontational approach and should always begin with the involved parties. If the resident is unable to resolve a conflict with the involved party, the residency chain of
command should be employed to effectively communicate and resolve conflicts that may arise during the residency year. It is the resident’s responsibility to explain, understand, and utilize the appropriate chain of command within the department. The residency chain of command generally consists of:

1. Preceptor
2. Residency Program Director
3. Chief of Pharmacy
4. National Director of Pharmacy Residency Programs and Education
   Lori Golterman, PharmD, Lori.Golterman@va.gov, (202)641-4059
Program Description

This residency is a 12-month program designed to meet the standards set forth by the ASHP for Post-Graduate Year One Residencies (PGY1). Completion of the residency leads to a Certificate of Residency.

Requirements to Receive Residency Certificate

- Satisfactory completion of all rotations and required activities. If a rotation is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and program director.
- Completion of a minimum of 12 months training, including paid time off.
- Compliance with all institutional and departmental policies.
- Must receive Achieved for Residency (ACHR) on all critical goals and objectives. Note: Critical Goals/Objectives can be accessed at above link (Attachment E).
- Minimum Satisfactory Progress (S/P) on all other goals and objectives at the end of the residency.
- Completion of all assignments and projects as defined by the preceptors and Residency Program Director prior to completion of the residency program. Required work products will not be accepted if submitted more than one month after the completion of the residency program.
- Completion of a residency project with a manuscript suitable for publication submitted in the journal format of choice to the Research Pharmacist or RPD no later than the day of the last day of residency unless granted up to one-month extension at discretion of the Program Director.
- All Journal clubs, case presentations, as assigned.
- Attend at least one professional state or regional meeting and one national meeting (must be pharmacy-related) as approved by the RPD and Chief of Pharmacy.
- Participation in a pharmacy related Community Service Project.
- Planning and participating in Pharmacy Week (usually third week in October).
- Participate in recruiting activities for the residency.
- Contribute to optimal patient care and achieve the mission and goals of VASNHCS and the Pharmacy Service.

Obligations of the Resident to the Program

- The resident will be committed to attaining the program’s educational goals and objectives as specified by ASHP and will support the organization’s mission and values.
- The resident’s primary professional commitment must be to the residency program.
- The resident shall be committed to the values and mission of the training organization.
• The resident shall be committed to requesting and making active use of the constructive feedback provided by the residency program preceptors.

**Residency Disciplinary Actions and Dismissal Policy**

It is not expected that any disciplinary actions will be required during the residency. However, criteria have been established to avoid making an unpleasant situation more difficult. Each resident is expected to perform in an exemplary manner. If a resident fails to achieve the requirements of the program, a performance improvement plan will be implemented and disciplinary action will be taken as necessary. Examples of inadequate or poor performance include dishonesty, repetitive failure to complete assignments, being late for clinical assignments, abuse of annual and/or sick leave, violating VASNHCS or VA policies and procedures, patient abuse, violating ethics or laws of pharmacy practice, and failure to obtain pharmacy licensure by expected deadlines. The following sequences of disciplinary actions are outlined:

1. **Minor and initial failure to adhere to requirements will result in an initial verbal counseling** by the primary preceptor or the Residency Program Director. A note stating a verbal counseling has occurred will be sent to the Residency Board. If a resident is late to work more than one time the resident will be considered absent without leave and a pay reduction will be assessed for the time missed.

2. For repeated or more severe incidents, the Residency Program Director or Residency Board will give residents a formal written warning of failure to meet the requirements of the residency program. A list of actions and/or additional assignments required to continue in the program will be determined by the Residency Program Director or Residency Board and must be signed by the resident. The RPD will follow the resident’s compliance with the required actions. Failure with compliance may lead to the dismissal of the resident from the program. Failure to maintain licensure will result in dismissal of the resident from the program.

3. For identified Needs Improvements (NIs) on summative evaluations, immediate RPD involvement is required. A written Performance Improvement (PI) plan will be created with routine check-in (i.e. monthly) regardless of whether improvement is noted to ensure there is no reverting or new issues that arise and to allow the resident to gauge performance and offer adequate time for remediation if necessary.

4. **Failure to comply with the required actions set forth by the Residency Program Director or Residency Board will be documented in writing by the preceptor, Residency Board, or Residency Director.** The Residency Board, Chief of Pharmacy, and Residency Program Director will decide whether dismissal is necessary after reviewing the situation with the resident and preceptor. If dismissal is necessary the proper process will be initiated.
Termination Policy

A PGY1 Pharmacy resident may be terminated at the discretion of the Chief of Pharmacy and Residency Program Director for failure to meet the program objectives and requirements as outlined in the PGY1 Pharmacy Residency Manual or failure to meet the terms of employment of the Reno VA Medical Center set forth in the Medical Center’s Standards of Ethical Conduct and Related Responsibilities of Employees.
Excerpt from PBM Field Guidance Clinical Pharmacist Scope of Practice:
Clinical Pharmacist Scope of Practice (SOP) must meet requirements as outlined in VHA Directive 2008-043 and VHA Directive 2009-014. The clinical pharmacist scope of practice is obtained through careful review of a pharmacist qualifications, training, and demonstration of skills and allows for collaborative medication management. Collaborative medication management entails an agreement wherein pharmacists may perform all facets of comprehensive medication management which includes initiate, modify, and continue medication regimens, order related laboratory tests and diagnostic studies, perform physical measurements and objective assessments, take independent corrective action for identified drug-induced problems and order consults (e.g., dietician, social work, specialty provider), as appropriate, to maximize positive drug therapy outcomes as defined in their scope of practice.

For purposes of this guidance, it is important to understand the definition for clinical pharmacist with a scope of practice. A clinical pharmacist with a scope of practice is an individual who provides direct patient care and functions at the highest level of clinical practice, working with a high level of autonomy and independent decision-making within the parameters of their scope of practice, as defined by the individual medical facility, and performs functions as described in VHA Directive 2008-043 and this guidance. A clinical pharmacist with a scope of practice includes the clinical pharmacy specialist, however a scope of practice may be included in the responsibilities of all levels of clinical pharmacists depending on their assignment as outlined in VA Handbook 5005/55.

The scope of practice permits a high level of autonomy and independent decision-making when performing the authorized duties but requires collaboration with the healthcare team for the overall care of the Veterans. In performing the authorized duties, the clinical pharmacist is responsible and accountable for the patient care managed under the clinical pharmacist’s scope of practice. To be granted prescriptive authority and responsibility, the clinical pharmacist must have experience and expertise in the practice areas and functions, including, but not necessarily limited to, medication management of patients with defined diagnoses, management of medication-related adverse events, ongoing and acute medication monitoring, and collaboration with other healthcare providers for management of new diagnoses.

When Is a Scope of Practice Required?
A scope of practice is required for all Clinical Pharmacy Specialists, as well as any other licensed positions in which the clinical pharmacist has direct patient care responsibilities and serves as a non-physician provider to initiate, modify, extend or discontinue medication therapy with their name placed on the order or prescription. Direct patient care for the purpose of this guidance refers to patient care functions which are carried out collaboratively or autonomously by a clinical pharmacist in an advanced practice role and are above and beyond those functions considered to be routine part of a VA clinical pharmacist’s duties.
Activities that require a scope of practice include, but are not limited to, the following:
1. Executing therapeutic plans utilizing the most effective, safest, and most economical medication treatments.
2. Ordering, subsequent review and interpretation of appropriate laboratory tests and other diagnostic studies necessary to monitor, support, and modify the patient’s drug therapy.
3. Prescribing medications, devices and supplies to include: initiation, continuation, discontinuation, monitoring and altering therapy.
4. Ordering and administering vaccines as necessary for the provision of pharmaceutical care.
5. Taking independent corrective action for identified drug-induced problems.
6. Ordering consults (e.g., dietician, social work, specialty provider), as appropriate, to maximize positive drug therapy outcomes.
7. Obtaining and documenting informed consent for treatments and procedures that require consent for which the clinical pharmacist is responsible, including those where the clinical pharmacist is the prescriber of a treatment that requires consent or when they are providing medication management services on behalf of the original prescriber.

When Is a Scope of Practice Not Required?
Patient care activities are included in the role of all clinical pharmacist positions, as appropriate. All clinical pharmacists can perform duties that are considered routine. However, depending on the nature of the function or the manner in which it is performed, the activities could result in the performance of patient care, requiring a scope of practice. A list of examples of activities that generally are considered routine clinical pharmacist duties that do not require a scope of practice can be found in Attachment B. Medication prescriptive authority requires a scope of practice as set forth in VHA Directive 2009-014.

The Facility may develop medical center policy that allows clinical pharmacists to provide services on behalf of the prescribing provider without requiring a scope of practice (or placing the pharmacist’s name on the prescription). In these instances, the policy must identify the VA provider’s name to be placed on the prescription and utilized for policy orders entered by the clinical pharmacist and may include circumstances such as:

- Orders for non-medication items such as diabetic supplies (e.g. test strips), nutritional supplements (e.g. Jevity, Ensure), ostomy supplies, and other supply items required for patient care after proper patient assessment,
- Providing a “bridge” supply of medications for Traveling Veterans, and
- Therapeutic substitutions or interchanges of medications or other activities (e.g. recalled medications) as approved by Pharmacy and Therapeutics Committee or medical staff governing body.

Note: Whenever medical center policy is developed to allow these services, it is important that policy be paired with competency assessment as well as ongoing quality assurance for the process.
References
5. PBM Guidance Professional Practice Evaluations for Pharmacists with a Scope of Practice, May 2, 2011. Professional Practice Evaluations for Pharmacists with a Scope of Practice

PGY1 residents are not provided with a scope of practice, but they will work under pharmacists with a scope of practice and require a co-signature.
Pharmacy Residency Board

The Pharmacy Residency Committee, chaired by the RPD and composed of residency preceptors, is established for these goals:

1. To facilitate that each resident meets the goals and objectives of the PGY1 Pharmacy Residency Program over the course of the year.
2. To assess and improve the residency program, including the program manual, required activities and elective offerings.
3. To assure that the residency meets and surpasses the standards as set by ASHP and the Department of Veterans Affairs.
4. To foster the resident’s professional and personal growth.
5. To assure a balance between clinical activities/learning and administrative/staffing is maintained throughout the residency year.

The Board will meet at least quarterly to review quarterly reports, rotation evaluations, project proposals, and to evaluate resident project progression and implement a resident-specific customized plan. Residents are asked to meet with the residency board quarterly to review their evaluations, as well as discuss the residents’ progress, areas for improvement, project, career goals and feedback about the residency program. The Board will also approve/disapprove the chosen electives for each resident.

Board members take an active role in the professional development of the residents.

Residents are expected to take an active role in meeting their program goals and assessing their rotations. Each resident is expected to perform in an exemplary manner. If a resident fails to achieve the requirements of the program, a performance improvement plan will be implemented and disciplinary action will be taken as necessary, as explained in the Residency Disciplinary Actions and Dismissal Policy section.
Rotations and Activities

In order for the resident to attain competency in the levels of practice as required by the pharmacy practice standards, residents will complete the following:

**Required Rotations – PGY1**
- Orientation (4 weeks)
- Ambulatory Care (4 weeks)
- Anticoagulation (4 weeks)
- Geriatrics (CLC) (4 weeks)
- ICU (6 weeks) with option for 2 weeks in graveyard
- Infectious Disease (4 weeks)
- Internal Medicine (4 weeks)
- Outpatient Pharmacy Operations (1 week)
- Pharmacoeconomics (4 weeks)
- Swing shift (2 week)

**Required Rotations – Rural 1, 2, & 3**
- Orientation (4 weeks)
- Ambulatory Care (4 weeks)
- Anticoagulation (4 weeks)
- Emergency Medicine (4 weeks)
- Pharmacoeconomics (4 weeks)
- Rural Disease State Management 1, 2, & 3
- Specialty (4 weeks)

**Required Longitudinal Experiences in Both Programs**
- CLC or (HBPC for rural)
- Weekend Staffing (1 weekend per month)
- Residency Project
- Practice Management/Leadership
- Teaching/Presenting

**Required Activities and Examples**
(See Pharmshare folder for the actual documents listed here)

- **Resident Research Project Proposal example:**
  - David Zhang, Pharm.D.
  - residency year 2010-2011

- **Journal Club example:**
  - Sydney Holt, Pharm.D. residency year 2010-2011

- **Case Presentations example:**
  - Kimberly Jacques, Pharm.D.
  - residency year 2010-2011

- **Poster Presentation at national meeting example:**
  - Kimberly Jacques, Pharm.D. and Sydney Holt Pharm.D.

- **vaADERS (monthly):**
  - Gary Patchin, PharmD (contacts)
**Required Meetings and Assignments**

- Local P&T Meetings (unless excused by RPD prior to the meeting) –
- At least one VISN meeting (MUM or PBM) during PE rotation
- Review one national drug monograph with assigned preceptor and submit written comments – while on Pharmacoeconomics
- Weekly CPPC Meetings (Thursdays at 8am), resident will take minutes on a rotational basis
- One local or state meeting and one national professional meeting (must be pharmacy-related)
- Community Service Activity (involvement in at least one activity)
- Help plan Pharmacy Week (Usually 3rd week in October)
- Practice Management – Meeting with management including: Leadership Lecture Series (2nd and 4th Wednesdays)
- Assigned *PharmAcademic* evaluations as well as initial and quarterly self-evaluations
- Teaching Certificate discussion (Selected Mondays at noon).

The resident may be excused from some of these programs with permission from the residency director if they conflict with scheduled patient care activities on assigned rotations.

**Electives**

Electives may be selected from well-established pharmaceutical care areas or developed for unconventional areas. A standard rotation (such as Infectious Disease) can be repeated and considered “advanced” – greater independence by the resident will be expected.

Any of the core areas may be selected as an advanced elective rotation. The following are established electives; others may be able to be created based on resident interest.

- **Academic Detailing**
- **Emergency Department**
- **“Graveyard” (Inpatient)**
- **Home Based Primary Care**
- **Hospice/Palliative Care**
- **Inpatient Pharmacy Operations**
- **Mental Health**
- **Oncology/Research**
- **Pain Management**
- **Specialty Clinic**
- **VISN 21 Pharmacoeconomics**

*The resident is responsible for arranging all electives with the preceptor and the RPD.* It is recommended that this be accomplished as early as possible in the residency year to facilitate planning of all involved. Chosen electives for each resident will be reviewed and approved/disapproved for each resident by the Residency Board Committee.
# Learning Experience Preceptors

<table>
<thead>
<tr>
<th>Learning Experience</th>
<th>Preceptor(s)</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulatory Care</strong></td>
<td>Chris Pallini, Pharm.D., CDE</td>
<td>ext. 6876</td>
</tr>
<tr>
<td></td>
<td>Robin Cleveland, Pharm.D.</td>
<td>ext. 3564</td>
</tr>
<tr>
<td></td>
<td>Kelly Valine, Pharm. D., BCPS</td>
<td>ext. 3516</td>
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<tr>
<td></td>
<td>Rajendra Mishra, Pharm.D., BCACP</td>
<td>ext. 3516</td>
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<tr>
<td></td>
<td>Nikki Beck, Pharm.D., BCPS, BC-ADM, CDE</td>
<td>ext. 2316</td>
</tr>
<tr>
<td></td>
<td>Mackenzie Schreier, Pharm.D.</td>
<td>ext. 2314</td>
</tr>
<tr>
<td></td>
<td>Brian Haggblom, Pharm.D.</td>
<td></td>
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<tr>
<td></td>
<td>Aaron Leyba, Pharm.D.</td>
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<tr>
<td><strong>Anticoagulation</strong></td>
<td>Michelle Rand, Pharm.D., CACP</td>
<td>ext. 2717</td>
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<tr>
<td></td>
<td>Rajendra Mishra, Pharm.D., BCABP</td>
<td>ext. 2724</td>
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<tr>
<td></td>
<td>Kamaria Swafford, Pharm.D., CACP</td>
<td>ext. 2314</td>
</tr>
<tr>
<td><strong>CLC/Geriatric Medicine</strong></td>
<td>Dawn Currie, Pharm.D., BCPS, CGP</td>
<td>ext. 5017</td>
</tr>
<tr>
<td></td>
<td>Tara Reddy, Pharm.D., BCPP</td>
<td>HBPC: 775-276-0593</td>
</tr>
<tr>
<td><strong>CLC/HBPC Longitudinal Experience</strong></td>
<td>Dawn Currie, Pharm.D., BCPS, CGP</td>
<td>ext. 5017</td>
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<tr>
<td></td>
<td>Tara Reddy, Pharm.D., BCPP</td>
<td>HBPC: 775-622-2189</td>
</tr>
<tr>
<td></td>
<td>Jessica Cate, Pharm.D.</td>
<td>ext. 5017</td>
</tr>
<tr>
<td><strong>Emergency Medicine</strong></td>
<td>Nate Lian, Pharm. D., BCPS</td>
<td>ext. 6709</td>
</tr>
<tr>
<td><strong>ICU</strong></td>
<td>Lisa Bryan, Pharm.D.</td>
<td>cell: 775-224-0653 (ok to text) or ext. 4859</td>
</tr>
<tr>
<td><strong>Infectious Disease</strong></td>
<td>Kim Jacques Pharm.D., AAHIVP</td>
<td>ext. 6720</td>
</tr>
<tr>
<td></td>
<td>Carol Yoon, Pharm. D.</td>
<td>ext. 6715</td>
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<tr>
<td><strong>Inpatient Swing Shift</strong></td>
<td>Pam Damschroder-McMullin, RPh.</td>
<td>ext. 6726</td>
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<tr>
<td><strong>Internal Medicine</strong></td>
<td>Jerry Clifford, Pharm.D.</td>
<td>ext. 2708</td>
</tr>
<tr>
<td></td>
<td>David Zhang, Pharm.D.</td>
<td>ext. 6747</td>
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<tr>
<td><strong>Mental Health</strong></td>
<td>Kelly Krieger, Pharm.D.</td>
<td>ext. 2950</td>
</tr>
<tr>
<td></td>
<td>Danielle Finn Pharm.D.</td>
<td>ext. 3540</td>
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<tr>
<td></td>
<td>Sara Schroedl, Pharm.D.</td>
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<td>Jabe Weaver, Pharm.D.</td>
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<tr>
<td><strong>Oncology</strong></td>
<td>Linda Clifford, Pharm.D.</td>
<td>ext. 6393</td>
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<tr>
<td><strong>Orientation</strong></td>
<td>Heather Mooney, Pharm.D., BCPS, BCPP</td>
<td>ext. 2738</td>
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<tr>
<td><strong>Outpatient Pharmacy Operations</strong></td>
<td>Gary Patchin, Pharm.D.</td>
<td>ext. 2716</td>
</tr>
<tr>
<td><strong>Pharmacoeconomics</strong></td>
<td>Amneet Rai, Pharm.D.</td>
<td>ext. 5866</td>
</tr>
<tr>
<td><strong>Practice Management/Leadership</strong></td>
<td>Beth Foster, RPh.</td>
<td>ext. 2712</td>
</tr>
<tr>
<td></td>
<td>Heather Mooney, Pharm.D., BCPS, BCPP</td>
<td>ext. 2738</td>
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<tr>
<td><strong>Project</strong></td>
<td>Mostaql Huq, Pharm.D., PhD</td>
<td>ext. 2720</td>
</tr>
<tr>
<td><strong>Rural Disease State Management</strong></td>
<td>Elliot Liu PharmD</td>
<td>775-428-6188</td>
</tr>
<tr>
<td></td>
<td>Zachary Roxburgh PharmD</td>
<td>530-869-4921</td>
</tr>
<tr>
<td><strong>VISN21 Pharmacoeconomics</strong></td>
<td>Scott Mambourg, Pharm.D., BCPS, AAHIV BCPS</td>
<td>775-326-5724</td>
</tr>
<tr>
<td><strong>Weekend Staffing</strong></td>
<td>David Zhang, Pharm.D.</td>
<td>ext. 6747</td>
</tr>
<tr>
<td></td>
<td>Mindy Hsu, Pharm.D.</td>
<td>ext. 2734</td>
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PGY-1 Pharmacy Residency Program
Residency Evaluation Strategy

Evaluations are important for maximal growth during residency. **Before the program begins,** each resident completes an ASHP Entering Interests Form and Entering Objective Based Self-Evaluation that are generated through PharmAcademic. This allows the RPD and Residency Board to tailor the residency experience to the individual resident’s desires, needs, and experiences. Each resident’s customized training program is uploaded to PharmAcademic. The residency director and residency program analyst have entered all documents and determined time frames for scheduled rotations, appropriate preceptors and evaluation documents. Learning Experience Descriptors of each rotation experience are available which include: a brief descriptor, goals and associated objective to be formally taught and evaluated during this experience, learning activities to facilitate achievement of the goals and objectives, schedule, designated meetings/responsibilities, checklist of assignments/projects/requirements and assigned readings when appropriate.

Residents are assigned to preceptors for training and guidance. Preceptors will meet with the resident on a regular basis and review the resident’s accomplishments. **Midway through a rotation** the preceptor will determine if the resident is likely to meet all goals and objectives of the rotation. If the resident has not met the goals and objectives necessary to pass the rotation, the preceptor will discuss this with the resident so corrective actions can be taken. If the resident does not meet these goals and objectives by the end of the rotation, the board will discuss and plan the course of action at that time. **During the rotation** formative evaluation will be given by the preceptor as projects are completed. **Formative evaluations** occur as daily feedback: verbal or written. Examples of written evaluation can be signing progress notes and addendums, journal club or presentation evaluations, corrected minutes and agendas etc. The resident will also be expected to complete at least one formative self-evaluation per rotation. The Learning Experience Descriptor can be used to gauge expected progression on meeting the assigned goals/objectives. Our goal is for the resident to get the most out of their experience and to grow as much as possible during the PGY1 year. The resident is expected to regularly request feedback from preceptors, and is expected to make active use of the feedback given.

**When evaluations are entered, preceptors should make efforts to provide meaningful comments that will help in the resident’s growth.**

- ASHP advises that comments should not solely be quantitative (for example, “resident completed x number of journal clubs”) and should be qualitative (explaining how the resident performed and providing useful feedback).
- The goal is to target 3-5 objectives (noted not all objectives require comments, which allows for better overall quality.)
- In the general comments section, preceptors should identify at minimum one strength, one learning opportunity, and one area for future growth.
- Likewise, in self-evaluation and in evaluation of the preceptor and the learning experience, the resident is expected to provide similar meaningful comments.
Summative evaluations occur at the end of each Learning Experience if 6 weeks or shorter or quarterly for those that are longitudinal experiences. It may be beneficial to enter (but not submit) evaluations into PharmAcademic throughout the rotation time, rather than waiting until the end of the rotation. At the conclusion of each rotation, required evaluations will be completed in PharmAcademic. These include a learning experience evaluation and preceptor evaluation. Preceptors will also perform a summative evaluation of the resident at the end of the rotation.

Each resident is asked to give an honest appraisal of the preceptor and the rotation. Once the preceptor and the resident have completed evaluations (but not yet submitted them) they will be discussed. After discussion the preceptor and resident will submit the evaluation which will then be sent to the Program Director for cosignature. Evaluations will be reviewed and deficiencies and/or disciplinary actions that are needed will be addressed by the Residency Program Director and Residency Board. All PharmAcademic evaluations must be completed no later than 7 days past the due date.

In addition, at the end of each quarter the resident’s entire program evaluation is done with input from the Residency Board. The resident is also asked to complete a quarterly self-assessment similar in nature to the initial assessment to assist in this individualization. A quarterly self-evaluation is an important component of the residency program. These will be completed in October, January, April, and June. The evaluation should be introspective of where the resident feels he/she is progressing. The self-evaluation should be related to the initial plan that was submitted in June. These evaluations will be reviewed by the Residency Board members. Changes in experiences may be recommended by the Advisory Board to help residents attain the goals. In addition, the residents will self-evaluate the same goals and objectives that the preceptor is evaluating at the end of the Learning Experience. An individualized plan is developed to accommodate changes in the resident’s learning experience based on their or the preceptors’ requests. Quarterly evaluations are presented to the resident. The evaluation involves identifying any objective evaluated that has been rated as “Needs Improvement”. Specific suggestions for improvement are made. In addition, strengths and areas of improvement are identified and the residency experience is tailored to the resident’s needs.

At the end of the residency year, residents will be asked to complete a final self-evaluation as well as an evaluation of the program and overall residency experience. This will take place through the completion of two forms – a final quarterly self-evaluation and an outgoing resident survey. The resident will also receive a final evaluation by the Residency Board that will be presented to the resident in a format similar to the above quarterly evaluations.
Meaning of Objective Ratings

**Achieved**
You have fully accomplished the educational goal for this particular learning experience. No further instruction or evaluation is required.

**Achieved for Residency**
This is reserved for the Residency Board and Residency Program Director to decide and will be determined at each quarterly evaluation based on resident performance and evaluations.

**Satisfactory Progress**
This applies to an educational goal whose achievement requires skill development in more than one learning experience. In this current experience you have progressed at the required rate to attain full achievement by the end of the program.

**Needs Improvement**
The resident’s level of skill on the educational goal does not meet the preceptor’s standards of either "Achieved" or Satisfactory Progress," whichever applies.

On demand evaluations can be created if a resident needs additional work in a specific objective (formerly known as "snapshots").

Objectives Rated as “Needs Improvement” and Remediation

**Needs Improvement on On Demand or Midpoint/Formative Evaluation**
Preceptors are encouraged to provide verbal feedback during the rotation in addition to written feedback in PharmAcademic. If the preceptor has provided initial verbal feedback and the resident is not meeting “satisfactory progress” for a specific goal or objective, the preceptor should document an On-Demand evaluation as soon as possible and discuss with the resident. Especially for longitudinal rotations in which evaluations are scheduled quarterly, waiting until the scheduled formative evaluation will result in a delay and frustration for both the resident and preceptor. On Demand or formative (mid-point) evaluations that include a “needs improvement” must include a documented action plan in PharmAcademic that will target “satisfactory progress” by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.

**Needs Improvement on Summative Evaluations**
If a resident receives “needs improvement” at the end of a summative evaluation, despite the above efforts, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal-setting, additional assignments,
timelines, and frequent follow up meetings. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation.

**Needs Improvement on any Required Objectives at Quarterly Meetings**
If at each quarterly meeting, a resident has received multiple “needs improvement” for required program objectives on summative evaluations, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal-setting, additional assignments, timelines, and frequent follow up meetings. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation. If the resident still receives “needs improvement” for required program objectives on summative evaluations after completion of a formal remediation process, or if the resident is unable to complete the remediation process, the RPD may recommend termination from the program.

**PharmAcademic Evaluation Forms:**
See also [https://www.pharmacademic.com/](https://www.pharmacademic.com/) for further PharmAcademic information and guidance.
Goals/Objectives for PGY1 Pharmacy Residency
Required ASHP Accreditation Competency Areas, Goals and Objectives

Competency Area R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy.
   Criteria:
   - Interactions are cooperative, collaborative, communicative, and respectful.
   - Demonstrates skills in negotiation, conflict management, and consensus building.
   - Demonstrates advocacy for the patient.

Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.
   Criteria:
   - Interactions are respectful and collaborative.
   - Uses effective communication skills.
   - Shows empathy.
   - Empowers patients to take responsibility for their health.
   - Demonstrates cultural competence.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.
   Criteria:
   - Collection/organization methods are efficient and effective.
   - Collects relevant information about medication therapy, including:
     o History of present illness.
     o Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
     o Social history.
     o Medication history, including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements; immunizations; and allergies.
     o Laboratory values.
     o Pharmacogenomics and pharmacogenetic information, if available.
     o Adverse drug reactions.
     o Medication adherence and persistence.
     o Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
• Sources of information are the most reliable available, including electronic, face-to-face, and others.
• Recording system is functional for subsequent problem solving and decision making.
• Clarifies information as needed.
• Displays understanding of limitations of information in health records.

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.

Criteria:
• Includes accurate assessment of patient’s:
  o Health and functional status.
  o Risk factors.
  o Health data.
  o Cultural factors.
  o Health literacy.
  o Access to medications.
  o Immunization status.
  o Need for preventive care and other services, when appropriate.
  o Other aspects of care, as applicable.
• Identifies medication therapy problems, including:
  o Lack of indication for medication.
  o Medical conditions for which there is no medication prescribed.
  o Medication prescribed or continued inappropriately for a particular medical condition.
  o Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
  o Therapeutic duplication.
  o Adverse drug or device-related events or the potential for such events.
  o Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug– laboratory test interaction, or the potential for such interactions.
  o Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
  o Patient not receiving full benefit of prescribed medication therapy.
  o Problems arising from the financial impact of medication therapy on the patient.
  o Patient lacks understanding of medication therapy.
  o Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
  o Laboratory monitoring needed.
  o Discrepancy between prescribed medications and established care plan for the patient.
Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

Criteria:
- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
  - Relevant patient-specific information, including culture and preferences.
  - The goals of other interprofessional team members.
  - The patient’s disease state(s).
  - Medication-specific information.
  - Best evidence.
  - Ethical issues involved in the patient's care.
  - Quality-of-life issues specific to the patient.
  - Integration of all the above factors influencing the setting of goals.
- Designs/redesigns regimens that:
  - Are appropriate for the disease states being treated.
  - Reflect:
    - The therapeutic goals established for the patient.
    - The patient’s and caregiver’s specific needs.
- Consideration of:
  - Any pertinent pharmacogenomic or pharmacogenetic factors.
  - Best evidence.
  - Pertinent ethical issues.
  - Pharmacoeconomic components (patient, medical, and systems resources).
  - Patient preferences, culture, and/or language differences.
  - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
    - Adhere to the health system’s medication-use policies.
    - Follow applicable ethical standards.
    - Address wellness promotion and lifestyle modification.
    - Support the organization’s or patient’s formulary.
    - Address medication-related problems and optimize medication therapy.
    - Engage the patient through education, empowerment, and promotion of self-management.
- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).

When applicable, reflects preferences and needs of the patient.

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.

Criteria:
- Effectively recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the health care team.
  - Recommendation is persuasive.
  - Presentation of recommendation accords patient’s right to refuse treatment.
  - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
  - Creates an atmosphere of collaboration.
  - Skillfully defuses negative reactions.
  - Communication conveys expertise.
  - Communication is assertive but not aggressive.
  - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Medication orders are clear and concise.
  - Activity complies with the health system’s policies and procedures.
  - Tests correspond with the recommended monitoring plan.
  - Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
- Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.
Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

Criteria:
- Selects appropriate direct patient care activities for documentation.
- Documentation is clear.
- Documentation is written in time to be useful.
- Documentation follows the health system's policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise.

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.

Criteria:
- Gives priority to patient care activities.
- Plans prospectively.
- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner.
- Determines barriers to patient compliance and makes appropriate adjustments.

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively.

Criteria:
- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Conducts medication reconciliation when necessary.
- Participates in thorough medication reconciliation.
- Follows up on all identified drug-related problems.
- Participates effectively in medication education.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Follows up with patient in a timely and caring manner.
- Provides additional effective monitoring and education, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.
Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization’s policies and procedures.

Criteria:
- Correctly interprets appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
  - Identifying, clarifying, verifying, and correcting any medication order errors.
  - Considering complete patient-specific information.
  - Identifying existing or potential drug therapy problems.
  - Securing consensus from the prescriber for modifications to therapy.
  - Ensuring that the solution is implemented.
- Prepares medication using appropriate techniques and following the organization’s policies and procedures and applicable professional standards, including:
  - When required, accurately calibrating equipment.
  - Ensuring that solutions are appropriately concentrated, without incompatibilities; stable; and appropriately stored.
  - Adhering to appropriate safety and quality assurance practices.
  - Preparing labels that conform to the health system’s policies and procedures.
  - Ensuring that medication has all necessary and appropriate ancillary labels.
  - Inspecting the final medication before dispensing.
- When dispensing medication products:
  - Follows the organization’s policies and procedures.
  - Ensures the patient receives the medication(s) as ordered.
  - Ensures the integrity of medication dispensed.
  - Provides any necessary written and/or verbal counseling.
  - Ensures the patient receives medication on time.
- Maintains accuracy and confidentiality of patients’ protected health information.
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

Criteria:
- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
- Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.
Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.

Criteria:
- When appropriate, follows the organization’s established protocols.
- Makes effective use of relevant technology to aid in decision-making and increase safety.
- Demonstrates commitment to medication safety in medication-use processes.
- Effectively prioritizes workload and organizes workflow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, and expiration dates; and proper repackaging and relabeling medications, including compounded medications (sterile and nonsterile).
- Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.
- Promotes safe and effective drug use on a day-to-day basis.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.

Criteria:
- Displays objectivity.
- Effectively synthesizes information from the available literature.
- Applies evidenced-based principles.
- Consults relevant sources.
- Considers medication-use safety and resource utilization.
- Uses the appropriate format.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.2 (Applying) Participate in a medication-use evaluation.

Criteria:
- Uses evidence-based principles to develop criteria for use.
- Demonstrates a systematic approach to gathering data.
- Accurately analyzes data gathered.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.
Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.

Criteria:
- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
- Uses best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice standards and other evidence (e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts).
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.

Criteria:
- Effectively uses currently available technology and automation that supports a safe medication-use process.
- Appropriately and accurately determines, investigates, reports, tracks, and trends adverse drug events, medication errors, and efficacy concerns using accepted institutional resources and programs.

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system.

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use system.

Criteria:
- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Determines an appropriate topic for a practice-related project of significance to patient care.
- Uses best practices or evidence-based principles to identify opportunities for improvements.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
Objective R2.2.2: (Creating) Develop a plan to improve patient care and/or the medication-use system.

Criteria:
- Steps in plan are defined clearly.
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
- Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders.
- Applies evidence-based principles, if needed.
- Develops a sound research or quality improvement question that can be realistically addressed in the desired time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
- Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
- Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.

Criteria:
- Follows established timeline and milestones.
- Implements the project as specified in its design.
- Collects data as required by project design.
- Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience.
- Plan is based on appropriate data.
- Gains necessary commitment and approval for implementation.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Change is implemented fully.
Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.

Criteria:
- Outcome of change is evaluated accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Correctly identifies need for additional modifications or changes.
- Accurately assesses the impact of the project, including its sustainability (if applicable).
- Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.

Criteria:
- Outcome of change is reported accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
- Report includes implications for changes to or improvement in pharmacy practice.
- Report uses an accepted manuscript style suitable for publication in the professional literature.
- Oral presentations to appropriate audiences within the department and organization or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

Criteria:
- Demonstrates effective time management.
- Manages conflict effectively.
- Demonstrates effective negotiation skills.
- Demonstrates ability to lead interprofessional teams.
- Uses effective communication skills and styles.
- Demonstrates understanding of perspectives of various health care professionals.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.
Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement.

Criteria:
- Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

Goal R3.2: Demonstrate management skills.

Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.

Criteria:
- Identifies and explains factors that influence departmental planning, including:
  - Basic principles of management.
  - Financial management.
  - Accreditation, legal, regulatory, and safety requirements.
  - Facilities design.
  - Human resources.
  - Culture of the organization.
  - The organization’s political and decision-making structure.
- Explains the potential impact of factors on departmental planning.
- Explains the strategic planning process.

Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system.

Criteria:
- Identifies appropriate resources to keep updated on trends and changes within pharmacy and health care.
- Explains changes to laws and regulations (e.g., value-based purchasing, consumer-driven health care, reimbursement models) related to medication use.
- Explains external quality metrics (e.g., FDA-mandated Risk Evaluation and Mitigation Strategy) and how they are developed, abstracted, reported, and used.
- Describes the governance of the health care system and leadership roles.
Objective R3.2.3: (Applying) Contribute to departmental management.
Criteria:
- Helps identify and define significant departmental needs.
- Helps develop plans that address departmental needs.
- Participates effectively on committees or informal work groups to complete group projects, tasks, or goals.
- Participates effectively in implementing changes, using change management and quality improvement best practices and tools, consistent with team, departmental, and organizational goals.

Objective R3.2.4: (Applying) Manage one’s own practice effectively.
Criteria:
- Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one’s own practice.
- Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable learning opportunities when performance does not meet expectations.
- Demonstrates effective workload and time-management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and a “can-do” approach.
- Strives to maintain a healthy work–life balance.
- Works collaboratively within the organization’s political and decision-making structure.
- Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification, and pharmacy association membership activities.
- Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).
Objective R4.1.1: (Applying) Design effective educational activities.
Criteria:
- Accurately defines educational needs with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient).
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences’ defined learning needs.
- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), and timely and reflects best practices.
- Includes accurate citations and relevant references and adheres to applicable copyright laws.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.
Criteria:
- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visual aids and handouts to support learning activities.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.
Criteria:
- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance reader’s understanding of the topic when appropriate.
- Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public).
- Creates one’s own work and does not engage in plagiarism.
Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.
Criteria:
- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
- Provides timely, constructive, and criteria-based feedback to learner.
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.
- Identifies ways to improve education-related skills.
- Obtains and reviews feedback from learners and others to improve effectiveness as an educator.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.

Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners’ educational needs.
Criteria:
- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
  - Selects direct instruction when learners need background content.
  - Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.
  - Selects coaching when learners are prepared to perform a skill under supervision.
  - Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.
Criteria:
- Instructs students, technicians, or others as appropriate.
- Models skills, including “thinking out loud,” so learners can “observe” critical-thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.
Project Proposal/Manuscript

See the Residency Project Tab or Attachment B for more information about the project timeline.

Implementation/Data Collection

The resident must receive approval from the Residency Committee prior to initiating the project. The project advisor and program director must be apprised of the progress and all problems encountered in a timely manner. The resident must meet with the project advisor at least monthly to discuss the progress and report on progress to the program director.

The Project Resources folder on Pharmshare includes many resources including the proper forms. See Pharmshare for examples of the following:

- Blank form to fill out differentiating QI project from research
- Example of completed QI form
  Elizabeth O’Hara 2012-2013
- Example of manuscript for QI project
  Michael Harvey, 2012-2013
- Example of Application/HIPAA Waiver
  Chandra Steenhoek, 2012-2013
- Example of manuscript for Research project (IRB/R&D approved)
  Chandra Steenhoek, 2012-2013

Presentation

For both the proposal and the presentation of the results, the resident must demonstrate to the Residency Committee a thorough understanding of the topic, the methods, any shortcomings of the study and the results and conclusions supported by the project. The prepared presentation should be 15 minutes with the remainder of the time left for questions and answers (5 minutes). Audiovisuals should be used to enhance the presentation as appropriate with handouts of the presentation provided to facilitate feedback from preceptors.

Quality

The resident must meet scientific standards for quality in all aspects of the project. The resident may be required to repeat any or all aspects of the project if the standards are not met. The resident will not receive a residency certificate if the project is not completed or if a final paper suitable for publication is not submitted. Suitability will be determined by the residency advisor and program director with the advice of the Residency Board.
Literature Evaluation

1. Reason for doing a journal club.
   a. To encourage the resident/student to keep up with the literature.
   b. To teach the resident/student to analyze the validity of an article and not to just accept it as fact.

2. Choosing an article: Explain why you chose this article.
   a. Original article (not a review article) from a reputable journal.
   b. Human studies.
   c. It is preferable to choose an article published within the last 4 months.
   d. Subject that could impact your practice or be of special interest to you.
   e. Who sponsored the article.
   f. A study should contain the following: Title, abstract, introduction, methods, results and discussion.

3. Analyzing an article.
   a. Validity of an article: How precisely and accurately was the outcome measured.
      Example: Was the outcome measured in the same way for all patients.
      Internal Validity: How well the study was done. Can the results stand up to scrutiny? Were the patients equal throughout the study? Were the means of measuring the outcome the same throughout the study? Was there bias?
      External Validity: Can the results of the study be extrapolated to patients outside the study?
   b. Study design: To answer a hypothesis.
      May vary depending upon cost, time, sample, size, disease state, outcomes measured, etc.
      Should anticipate, eliminate or minimize any potential sources of bias. Bias is a systematic error that enters a study through study design and distorts the data obtained.
      Strategies to minimize bias:
         Double blinded study > Single Blinded > Open label
         Placebo controlled
         Randomization
         Prospective > Retrospective
   Reader bias:
      Over critical evaluation of the study
      Reader has preconceived idea of what the results of the study should demonstrate
      Draw your own conclusion as to whether the study answered the hypothesis before reading the discussion
4. Handout (Provide a one page handout and the first page of the article)
   - Objectives of the article
   - Pertinent points of the article
   - Patient population
   - Study design
   - Results of the study
   - Presenters critique of the article

5. Presentation: Should run about 15-30 minutes and include the following in the same order:
   - Explain why you chose the article
   - Briefly discuss the type and results of the study.
   - Critique the article: Do you agree with the study design. Does it have internal and external validity? Was there study bias?
Journal Club Presentation Evaluation Form

Presenter: ___________________________   Date: ______________

1. REVIEW OF THE PERTINENT PRIMARY LITERATURE  1  2  3  4  5
Identifies other recent clinical trials/studies of the same drug/procedure
Primary literature is condensed and is correctly summarized
Elaborates on any major attributes or deficiencies of the available data
If there is a lack of literature/studies for review, this is stated

2. PRESENTATION OF THE ARTICLE  1  2  3  4  5
Explains: Study Goal
          Methodology
          Results

3. EVALUATION OF THE ARTICLE  1  2  3  4  5
Identifies strengths and weaknesses of the methodology of the trial/study
Assesses and critiques the statistical analysis
Draws own conclusions and contrasts them with authors(s)
The conclusions made by the presenter about the trial are correct

4. ABILITY TO ANSWER QUESTIONS  1  2  3  4  5
Answers are logically presented
Answers are accurate
Presenter can think on his/her feet (theorize if necessary)

5. DELIVERY OF PRESENTATION
Organization & Preparedness  1  2  3  4  5
Is well-prepared (does not reread article)
Handout is neat, organized, and logical

Presentation & Communication Skills  1  2  3  4  5
Proper rate and fluency of speech
Professional phraseology
Smooth delivery
Appropriate use of pauses

Scoring Key
1 = unacceptable
2 = poor
3 = acceptable or good (average)
4 = very good
5 = excellent or exceptional

FINAL SCORE (total/6):

REVIEWER COMMENTS: ________________________________

_________________________________________________

_________________________________________________
Case Presentation Evaluation

Presenter: ____________________  
Evaluator: ____________________

Problem Identification and Prioritization (14%)
- The most urgent problem is correctly identified
- Problems that need to be addressed immediately or during this clinical encounter are identified

Score x 2 = ______

Therapeutic Goals (14%)
- Goals are individualized, appropriate, and realistic

Score x 2 = ______

Recommendations for Therapy (21%)
- Recommendations are:
  - Individualized
  - Realistic
  - Consistent with medical standards
  - Utilize evidence-based medicine

Score x 3 = ______

Pharmacotherapy Knowledge (21%)
- Demonstration of knowledge that incorporates an understanding of important drug principles
- Ability to integrate drug knowledge into patient care

Score x 3 = ______

Score for page 1: ______
Monitoring Parameters and Endpoints (7%)

Parameters are practical and effective measures of the desired endpoint
Frequency and endpoints are reasonable for the plan and appropriate for the patient

Score = _______

Reviewer Comments:

Presentation Skills (7%)

Verbal communication
Non-verbal behavior
Utilization of time provided to present case

Score = _______

Response to Questions (14%)

Problem solving and decision-making
Therapeutic rationale
Use of evidence to support recommendations & answers

Score x 2 = _______

Scoring Key:
50-56 points: A – Excellent
44-50 points: B – Good
39-44 points: C – Average
33-39 points: D – Poor
<33 points: E – Fail

TOTAL SCORE= _____/56 points

Overall Comments:
Drug Information Request and Response

Have your preceptor review your draft response. Only final versions are to be circulated.

Section 1 - General Information

1. Student: ____________________________________________
2. Preceptor: _________________________________________
3. Date: ____________________________
4. Initial information request (i.e., the initial question received):

5. Actual information needed/requested:

6. Category of request:  □ Patient Specific (complete section 2)
                       □ Non-patient-specific drug information requests (do not complete section 2)
                       □ Academic or educational information requests (do not complete section 2)

7. Type of information requested (choose only one)
   ___ Adverse drug event
   ___ Alternative agent (e.g. herbal)
   ___ Availability of drug
   ___ Dosage and administration
   ___ Drug interaction
   ___ Formulary issue
   ___ Foreign drug identification
   ___ General information
   ___ Identification of product
   ___ Investigational drug
   ___ Pharmacokinetics
   ___ Pregnancy/lactation
   ___ Therapeutics
   ___ Toxicology
   ___ Other ____________________________

8. Method received:
   _____ telephone
   _____ rounds
   _____ hand written
   _____ email
   _____ other

9. Requestor information:
   a. Name: ____________________________________________
   b. Affiliation/practice site name: _________________
   c. Telephone #: ________________________________
   d. Pager #: ________________________________
   e. E-mail address: ________________________________
   f. Fax #: ________________________________
   g. Background and practice site:
      _____ House staff physician
      _____ Attending physician
      _____ Nurse
      _____ Patient
      _____ Family/Caregiver
      _____ Other Background
      _____ Hospital
      _____ Ambulatory care clinic
      _____ Community/retail
      _____ Managed care organization
      _____ Long-term care facility
      _____ Other practice site
Section 2 - Patient Data (if request related to specific patient)

1. Age:______
2. Sex: ___M___F
3. Weight (kg):______
4. Height (cm):______
5. Ethnicity:
   ___White
   ___Black
   ___Hispanic
   ___American Indian
   ___Asian
   ___Foreign
   ___Other (unknown)
6. List allergies/ADEs/intolerances:____________________________________________________
7. Pertinent medical history:____________________________________________________________
8. Current problems/diagnoses:__________________________________________________________
9. Organ function:
   a. Renal (ClCr):_______________________________________________________________
   b. Hepatic:_______________________________________________________________
   c. Cardiac:_______________________________________________________________
10. Medication history (medication, dose, dosage forms, route of administration, frequency, duration):
     ______________________________________________________________________
     ______________________________________________________________________
11. Pertinent laboratory values, other diagnostic test information:____________________________
     ______________________________________________________________________
12. Other pertinent information:________________________________________________________
Section 3 - Actual Question and Response

1. Drug information response:

2. Response provided to:

3. Method response was provided:

   - Face-to-face    
   - Phone    
   - Fax    
   - Email    
   - Mail    
   - Other

4. Approximate time to answer question (minutes):

   - < 5    
   - 6-15    
   - 16-30    
   - 31-60    
   - 61-119    
   - 120-239    
   - > 240

5. Were copies of references provided to requestor? 

   - Yes    
   - No

6. References:

   List the sources and references (indicate primary or tertiary) used to formulate your response.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

A minimum of two primary references must be cited. Note that drug information handbooks (print or electronic), PDA drug information programs, and class notes ARE NOT considered appropriate sources for the Drug Information Response. Electronic tertiary sources such as MICROMEDEX® may be used. Referencing format for books, journals and electronic media should be as discussed in PhPr 461c (American Journal of Health-System Pharmacy or Uniformed Requirements formats).
Attachment A: Extended Leave of Absence

VETERANS INTEGRATED SERVICE NETWORK 21

PHARMACY SERVICE
RESIDENCY PROGRAMS

POLICIES AND PROCEDURES
FOR RESIDENT REQUESTED
EXTENDED LEAVE OF ABSENCE

July 2014

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VA San Francisco Medical Center

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VA Northern California Health Care System

Scott Mambourg, Pharm.D., BCPS, AAHIVP
Associate Chief, Clinical Pharmacy Service
VA Sierra Nevada Health Care System

Jannet M Carmichael, Pharm.D., FCCP, FAPhA, BCPS
VISN 21 Pharmacy Executive
VA Sierra Pacific Network

Approved By:
1.0 Background

A Postgraduate Year One (PGY1) or Postgraduate Year Two (PGY2) Pharmacy Resident is offered a unique opportunity to be trained in a well-organized health care system, but is only given a temporary appointment at the facility. This temporary appointment does not allow the resident full access to certain leave policies (e.g., Family and Medical Leave Act). Nonetheless, a resident may find him/herself in a situation that requires that they request an extended period of time off. In the event that the Residency Program Director (RPD), Chief of Pharmacy or facility Human Resources service cannot utilize established policies or procedures to adequately accommodate a resident’s request for extended leave, this policy and procedure has been established to provide guidance.

The RPD, Chief of Pharmacy, or Human Resources service is in no way obligated to exercise this policy and procedure. This policy and procedure does not supersede, negate or otherwise nullify any standing national, regional (e.g., VISN 21) or local policy regarding leave.

2.0 Policy

In the event that a resident requests an extended period of time off and is granted leave without pay (LWOP) to accommodate this request, the resident will have their temporary appointment extended beyond one year, in the amount of time necessary to complete their training (not to exceed three months). This extended amount of time is typically the same amount of time as the LWOP granted to the resident.

3.0 Definitions

3.0.1 Extended Leave Request

A leave request will be considered an extended leave request when the time off requested is for longer than 3 working days and not exceeding 3 months without adequate leave to cover it. Requests shorter than 3 working days that cannot be covered by accrued annual leave (AL), sick leave (SL) (if appropriate), or at the discretion of the Chief of Pharmacy, leave without pay (LWOP) are not considered significant enough to extend a residency beyond the scheduled one-year appointment and will not be addressed in this policy & procedure. If an extended absence occurs (i.e. extended family or sick leave), extension of the residency program may be necessary. The maximum length of extension is not to exceed 3 months, and the program must be completed before September 30th. Opportunity to extend the program with pay will depend on the decision of the VA regarding extending the funding. It is recognized that a resident gains experience throughout the course of the year. If a resident is unable to return to the residency after 3 months, the resident is unable to build upon their experience gained prior to the leave. In this case, it is recommended that the resident voluntarily withdraw or resign from the residency.
4.0 Procedure
Trainees such as pharmacy residents who have legitimate reasons for extended leave can be placed on Leave Without Pay (LWOP) after using their accrued annual and sick leaves. It would be a rare occasion for a facility to grant advanced leave. Most facilities won't agree to put trainees in the Voluntary Leave Sharing Program but it has been approved for special circumstances. The resident who goes on LWOP may return to complete the program in a paid status for a time extension equal to the time of the LWOP. If additional time is needed beyond the extension to meet the training objectives that will not be met because of the extended absence on annual and sick leave, any additional time will be without pay. VA’s Office of Academic Affiliations (OAA) will only pay for the equivalent of 12 months.

4.1 Resident requests leave
The resident must submit her/his leave request to the RPD in writing. If at all possible, the resident is encouraged to submit the request 2 months prior to requested time off. In the event of an emergent request, the resident should submit the request to the RPD as soon as possible. The written request should include:

- Dates requested off
- Reason for leave
- Amount of AL and SL accrued

4.2 RPD review of leave request
Upon receipt of resident’s extended leave request, the RPD has 7 days to review the request for completeness.

4.2.1 RPD meets with resident to discuss request
RPD discusses request with resident, presents alternative options (e.g., use of AL, or SL) to accommodate request. Depending on length of requested leave, RPD may need to advise resident that they will be responsible to pay their share of benefits (portion that is normally deducted from paycheck), or risk losing benefits. (Government will typically continue to pay its portion of benefits, though facility’s Fiscal department will have to be advised and a plan will have to be in place to secure this funding prior to leave being approved.)

4.2.2 RPD discusses request with Chief of Pharmacy
Based on written request and discussion with resident, RPD meets with Chief of Pharmacy to review request and potential ways to accommodate request. If RPD and Chief of Pharmacy refuse to accommodate request, RPD will present this decision to the resident and document decision in writing. If RPD and Chief of Pharmacy wish to determine accommodation to request using a LWOP and extending the residency, the RPD will contact the following sections to advise of situation and develop plan.

4.2.3 RPD contacts facility HR, Fiscal
4.2.4 **RPD contacts VA PBM and OAA**
VA PBM Contact: Lori Golterman, Ken Kellick
OAA Contact: Linda D. Johnson, Ph.D., R.N., Director, Associated Health Education

4.3 **Based on guidance, RPD develops accommodation to leave request**

4.3.1 **Approval of accommodation by Chief of Pharmacy**

4.4 **RPD reviews approved accommodation with resident**

4.4.1 **RPD documents resident review and acceptance of approved accommodation**

4.4.2 **Approved accommodation not accepted by resident**
If not accepted, termination of residency.

4.5 **RPD notifies Chief of Pharmacy, facility HR and Fiscal, VA PBM and OAA of accepted, approved accommodation**

4.5.1 **Notification of OAA**
If the extension goes into the next fiscal year (after September 30), the Office of Academic Affiliations (OAA) will send next fiscal year's funds to pay for the extension in the next year.
When a resident goes on LWOP, the program director should discuss this situation with the facility fiscal people to:
(1) tell them that the person is on LWOP but will be returning so fiscal won't send all of the unused money back to OAA;
(2) tell them the anticipated date of return so they'll know how much, if any, of the money should be returned to OAA that won't be used in the fiscal year; and
(3) let them know that OAA will be sending additional funds in the next fiscal year to pay for the period of extension that goes into the next fiscal year.

The facility residency program director should let the Office of Academic Affiliations, Director of Associated Health Education know of the situation and how much funding, if any, will be needed in the next fiscal year to pay for the extension.

4.6 **Resident goes on extended leave**

4.7 **Resident returns from extended leave**
### Attachment B: Residency Project Timeline

*All assignments are due by 12:00 noon on the due date unless otherwise noted*

**SAMPLE – PLEASE OBTAIN UPDATED TIMELINE FROM MOSTAQL HUQ IN ORIENTATION**

<table>
<thead>
<tr>
<th>Month</th>
<th>Due Date</th>
<th>Description</th>
</tr>
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</table>
| JULY  | On scheduled meeting date | Meet research staff  
Research Department:  
Dr. Elizabeth Hill (Associate Chief of Research)  
Mary Wing (Research Compliance Officer)  
Anna Mazy (Program Support Assistant)  
Jason Dousharm (Administrative Officer)  
Pharmacy Department  
Mostaqul Huq (Research Pharmacist)  
Scott Mambourg (Residency/Clinical Coordinator) |
|       | On scheduled meeting date | Receive information on available projects  
Research pharmacist, residency director and preceptors will meet with residents as a group to describe available research projects and ideas |
| 24    | Complete CITI Training  
– [https://www.citiprogram.org/](https://www.citiprogram.org/)  
Complete TMS training  
– Privacy and HIPAA Training  
– VA Privacy and Information Security Awareness and Rules of Behavior  
Print the completion certificate for each item and place it in your residency binder under the residency project tab.  
Email an electronic copy of each certificate to the research pharmacist |
| AUGUST | When posted by ASHP (date varies) | ASHP Midyear Clinical Meeting poster submission site for students, residents and fellows opens ([http://www.ashp.org/menu/Meetings.aspx](http://www.ashp.org/menu/Meetings.aspx))  
Become familiar with the submission process and poster guidelines, as you will be submitting a poster of your planned project.  
Application due date to be set by the research pharmacist. |
<table>
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<th>Month</th>
<th>Due Date</th>
<th>√</th>
<th>Description</th>
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</thead>
</table>
| AUGUST       | 7        | ✓ | Complete draft of project proposal and present to staff at Clinical Pharmacy Practice Counsel (Thursday morning) meeting  
- Proposal format available in residency binder  
- \Resident - Project Resources\2 VA Project Proposal\Instructions-Format for Reno VA project proposal.docx  
- Be prepared to talk about your project idea and proposed methods for 5-10 minutes, and take notes on questions and suggestions for your final draft |
| 21           |          |   | Final draft of research proposal, with prior approval from preceptor, due to research pharmacist  
Email document to research pharmacist, and cc project preceptor(s), noting that this has been approved as a final draft |
| 28           |          |   | Arrange and complete a meeting by this date with project preceptor(s), research pharmacist, and residency director to discuss project status as “Quality Improvement” or “Research”  
Different regulatory requirements must be met based on the intent and structure of the project. This meeting will determine which forms and approvals must be completed for the resident to proceed |
| Date Varies (Depends on VA policy) |          |   | Email final draft of required QI or research application documents to research pharmacist, and cc project preceptor(s).  
The research pharmacist will make a final check for proper wording and then submit the paperwork to the Research Department and IRB. |
| SEPTEMBER   | First Thursday of the Month | | Journal Club Presentations start  
Check the schedule &/or Outlook calendar for assigned presentation dates.  
Instructions for presenting can be found in the Resident-Assignment Resources folder in Pharmshare |
| 18           |          |   | ASHP Midyear Clinical Meeting – first draft of abstract for poster submission due to research pharmacist and project preceptor(s)  
Follow directions at http://www.ashp.org/  
Email electronic copy to research pharmacist and preceptor(s). |
<p>| 26           |          |   | ASHP Midyear Clinical Meeting – Abstract for poster submission due |</p>
<table>
<thead>
<tr>
<th>Month</th>
<th>Due Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>End of first quarter -</td>
<td></td>
<td>Quarterly meeting to discuss upcoming deadlines &amp; answer questions</td>
</tr>
<tr>
<td><strong>October</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow directions at <a href="http://www.ashp.org/">http://www.ashp.org/</a> Email research pharmacist with your submission number and an electronic copy of your submitted abstract.</td>
</tr>
<tr>
<td><strong>Set personal deadline</strong></td>
<td><strong>20</strong></td>
<td>Begin Manuscript Start document by refining ASHP abstract and editing background/introduction information from project proposal.</td>
</tr>
<tr>
<td></td>
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<td>DRAFT of ASHP poster due to preceptor(s) and research pharmacist for review and comment. The resident should receive an email from ASHP with poster requirements once the project abstract has been accepted. There are additional requirements for VA poster presentations, see the “Residents-Project Resources” folder in Pharmshare.</td>
</tr>
<tr>
<td></td>
<td><strong>30</strong></td>
<td>All IRB and R&amp;D approvals or final authorized QI form (for non-research) should have been obtained at this point, copies of all approval letters are due to the research pharmacist.</td>
</tr>
<tr>
<td><strong>November</strong></td>
<td><strong>3</strong></td>
<td>FINAL ASHP poster due to preceptor(s) and research pharmacist for review and approval. Once approved the resident will need to print the poster, contact B. Craig Smith (<a href="mailto:B.smith@va.gov">B.smith@va.gov</a>) for printing information.</td>
</tr>
<tr>
<td><strong>December</strong></td>
<td>Occurs the first or second week of the month</td>
<td>Attend ASHP Midyear Clinical Meeting and Present Research Poster</td>
</tr>
<tr>
<td></td>
<td><strong>Set personal deadline</strong></td>
<td>Continue writing manuscript Draft project methods</td>
</tr>
<tr>
<td>End of second quarter -</td>
<td></td>
<td>Quarterly meeting to discuss upcoming deadlines &amp; answer questions</td>
</tr>
<tr>
<td><strong>January</strong></td>
<td><strong>20</strong></td>
<td>Draft of Western States Conference Abstract due to preceptor(s) and research pharmacist for comment and review See <a href="http://www.westernstates-rx.org/">http://www.westernstates-rx.org/</a> for information and regulations regarding abstract format and submission</td>
</tr>
<tr>
<td>Month</td>
<td>Due Date</td>
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<tr>
<td>FEBRUARY</td>
<td>Will depend on due date listed on website – watch for email from research pharmacist</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>End of Month</strong></td>
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</table>
| MARCH      | By assigned date (see outlook calendar appointment) |   | Finish draft of Western States Conference presentation and complete first presentation to preceptors and pharmacy staff  
- Follow the required format as outlined on [http://www.westernstates-rx.org/](http://www.westernstates-rx.org/)  
- There will be a total of THREE presentations occurring March through May to allow for comments and polishing of your presentations. Your presentation dates will be scheduled via Outlook and will be by resident number (R1, R2...etc.). |
| 19         |                |   | Email draft of Western States Conference handout to research pharmacist and preceptor(s) for review and comments                                                                                          |
|            | As needed      |   | Quarterly meeting to discuss upcoming deadlines & answer questions                                                                                                                                           |
| APRIL      |                | Set personal deadline | Continue project data analysis, being sure to complete this prior to the second WSC presentation.  
Continue refinement of project presentation.                                                                                      |
|            |                |                | Continue writing manuscript  
Start results, conclusions, and discussion section (if applicable) and edit manuscript to meet author guidelines                                                                                     |
| 10         |                |                | Submit journal choice and author guidelines for manuscript to preceptor(s) and research pharmacist via email                                                                                              |
| 24         |                |                | Submit a current electronic copy of the project presentation (edits from second presentation must have been completed) and handout to the research pharmacist for regulatory review. |
| MAY        | Dates vary, check website |                | Attend Western States Conference and present project  
(MAY 23rd –May 25th, 2017)                                                                                                                                                                             |
<p>| 1          |                |                | Submit presentation and handout to the WSC and send email confirmation of submission to research pharmacist                                                                                             |
| 15         |                |                | Complete project manuscript due to preceptor(s), residency director and research pharmacist                                                                                                                  |</p>
<table>
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<th>Month</th>
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<th>Description</th>
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<td></td>
<td>The manuscript should meet all applicable author guidelines for the selected journal and be free of grammatical and spelling errors. It should be of sufficient quality for immediate submission to the journal.</td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td><strong>Submit 2 research project ideas for next year’s residents</strong> Residents will see a variety of project presentations at the Western States Conference with which to draw ideas from</td>
</tr>
<tr>
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<td><strong>Submit project closure documents to research department</strong> Note: this is only for research projects, no closure documentation is needed for non-research/QI projects Email a copy of documents to research pharmacist and confirm that these have been submitted for project closure.</td>
</tr>
<tr>
<td>JUNE</td>
<td>8</td>
<td></td>
<td><strong>Submit edited manuscript (if edits were requested)</strong> The manuscript should meet all applicable author guidelines for the selected journal and be free of grammatical and spelling errors. It should be of sufficient quality for immediate submission to the journal.</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td><strong>Give Western States Conference project presentation at NVSHP (locally) meeting with Renown residents</strong> The residency director will inform you of this date once it has been scheduled. This typically takes place during a weekday evening and is at a Renown Hospital auditorium.</td>
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**Completion of residency**
Attachment C: Functional Statement
Post Graduate Year 1 (PGY1) Pharmacy Resident
GS-660-12

Responsibilities/General Description

The role of the pharmacy practice resident is twofold. First, through sustained practice and self-study, the resident is expected to develop and hone skills to become a competent practitioner in pharmacotherapy of common medical disorders. Second, the resident participates in provision of pharmaceutical care services to patients and the staff who care for them. Within those contexts, the resident is a trainee under the general supervision of the residency director, and under the preceptorship of the residency director or other assigned personnel. Under such oversight the resident provides specialized pharmaceutical care to a broad and diverse patient population in both outpatient and inpatient care areas. The resident develops an ability to perform his/her functions with an increasing level of independence through the year while abiding by the rules of the institution.

Functions/ Scope

A. Clinical

1. Develops pharmacotherapy goals, designs treatment regimens and monitoring plans, monitors therapy Provides patient related clinical pharmacy and drug information services in various areas under limited preceptorship and takes responsible and appropriate actions to promote optimum evidence based drug therapy.

2. Develops individualized dosing regimens through the pharmacokinetic monitoring service based on the pharmacokinetics of the medications employed, the renal status, and other pertinent parameters.

3. Reviews medication use and history and recommends therapy changes. Efforts include assessing compliance, checking for drug interactions, reducing polypharmacy, cost containment and verification of therapy appropriateness.

4. Collects patient specific information to detect and resolve drug related problems and make therapy recommendations.

5. Provides consultation to physicians, nurses and other health care professionals concerning drug therapy.

6. Outcomes and appropriately modifies pharmacotherapy plans.

7. Evaluates patients' medication and the patients' ability to understand medication instructions, while providing oral and written counseling to clarify or reinforce the patients understanding.
8. Provides primary patient care in the Anticoagulation Clinic under the supervision of a preceptor.

9. Completes necessary monthly documentation for patients in the Community Living Center.

10. Staffs outpatient or inpatient pharmacy one weekend per month throughout the residency year.

B. Education

1. Precepts pharmacy students on clinical clerkships/rotation as assigned.

2. Provides accurate and comprehensive information about drugs and drug use to other health care providers.

3. Shares information with other pharmacists which is necessary for daily operations of the pharmacy.

4. Participates in inservice education programs to pharmacists, nurses, and other health care professionals.

5. Reviews and presents evaluations of articles in Pharmacy Journal Club as scheduled.

6. Assumes responsibility for self-development in learning about new medications and current changes within the practice of pharmacy.

7. Provides and promotes education for patients.

8. Provides constructive feedback to the preceptors on their teaching effectiveness and the structure and content of the residency experiences.

9. Promotes the profession of pharmacy through Pharmacy Week and other leadership activities throughout the residency year.

C. Quality Improvement/Drug Use Evaluation/Research

1. Designs, develops and completes at least one program to evaluate the quality of clinical pharmacy services, other pharmacy service, or drug usage and prescribing practices.

2. Participates in other projects as directed.
D. Administration

1. Attends, participates and contributes to decisions of P&T Committee.

2. Assists in the drug utilization evaluation process and the adverse drug event program.

E. Dispensing

1. Evaluate physician's orders and appropriateness based on medication profiles and known facts; inputs information into the computer system if assigned; dispenses medication in accordance with dosage requirements and fully capable of functioning at areas which trained in, i.e. Outpatient, Unit Dose, IV Admixtures.

2. Takes appropriate action on all medication orders including non-formulary, compounds, and out of stock items.

3. Takes responsibility for assisting technicians under his/her control or guidance.

4. Shares information with other pharmacists that is necessary for daily operations of the pharmacy.

F. Duties

1. Abide by the bylaws, rules, and regulations of this Medical Center which apply to activities as a member of the professional staff

2. Abide by the professional standards established by the American Society of Hospital Pharmacists and the policies and procedures of this Medical Center and the Department of Veterans Affairs

3. In the performance of official duties, the employee has regular access to both printed and electronic information containing sensitive data which must be protected under the provisions of the Privacy Act of 1974 and other applicable laws, federal regulations, VA statutes and policies, and VHA policy. The employee is responsible for (1) protecting that data from unauthorized release or from loss, alteration or unauthorized deletion and (2) following applicable regulations and instructions regarding access to computerized files, release of access codes, etc., as set out in a “Rules of Behavior” signed by each employee.

4. The resident is required to obtain a pharmacist license as defined by the Department of Veterans Affairs and the VASNHCS Residency Manual.

5. Meet the requirements of the ASHP Accreditation Standard for post graduate year 1 (PGY1) pharmacy residency program.
Qualifications


Additional/Preferred Qualifications:

A. Meets the age specific competency as outlined in the "Competency Assessment Plan". Meets the general competencies as outlined in the "Competency Assessment Plan", which includes the following:

3. Knowledge of Medical Center Quality Assurance.
4. Knowledge of the appropriate responses for initiating CPR.
5. Knowledge of the principles of information management.
6. Knowledge of the customer service standards and interpersonal skills.
7. Knowledge and skill to meet the position specific competencies as outlined in the "Competency Assessment Plan ".

B. The ability to communicate effectively in consultative roles with physicians, allied health care professionals, and counsel patients on drug therapy is essential to the accomplishment of the pharmacy mission.

C. The resident will review and evaluate medication therapies and recommend viable alternatives to the providers on problems concerned with drug regimens. The difficulty and complexity of the resident's responsibilities are compounded by personal contacts with an ambulatory patient population who are (a) usually severely handicapped and/or mentally/physically ill or (b) harbor/manifest attitudes of depression, resentment or anger which may present emotional/physical stress factors. It is requisite that courtesy, tact, discretion, resourcefulness, initiative and a sympathetic understanding of the patient's manifested behavior are exercised at all times.

Supervisory Controls

The resident serves with considerable independence in all areas of pharmacy activity under the general supervision of the Residency Director. The resident reports to and keeps the Clinical Pharmacy Specialist Preceptor apprised of trends/problems affecting any aspects of the activity, also, recognizing the need for changes in policy and procedures and makes viable recommendations.
**Customer Service**

A. Relationships with supervisors, co-workers and others within the organization must be consistently courteous and cooperative in nature and overall contribute to the effective operation of the office. Performance must demonstrate the ability to adjust to change or work pressure in a pleasant manner; handle differences of opinion in a businesslike fashion; follow instructions conscientiously; and function as a team member, helping the group effort where possible.

B. Interacts with a wide variety of staff and demonstrates sensitivity to and an understanding of their needs by taking ownership of the problem and adopting the customer’s needs as their own.

C. Provides professional and technical advice, support and assistance to all customers with a view towards accomplishing the service mission (i.e. customer service). Personal interactions will be free of legitimate negative feedback.

D. Customers are treated in a professional manner, with tact, courtesy and respect. Instills confidence and trust with supervisors, peers and subordinates by providing timely and quality service. Meets established time frames and deadlines in area of responsibility.

**Age Related Competency**

A. The resident demonstrates the skills and knowledge necessary to provide care appropriate to the adult and geriatric patients served, including the ability to obtain and interpret information to identify patient needs to provide the care needed.

B. Demonstrates the ability to work with a variety of diagnosis and ages meeting the special needs of the following age groups as stated on the "Competency Assessment Plan ":

1. Young Adulthood: 18 -39 Years Old
2. Middle Adulthood: 40 -64 Years Old
3. Older Adult: 65 -80 Years Old
4. Geriatric: 80+Years Old

**Drug Testing Position**

In accordance with criteria contained in Executive Order 12564, this position has been determined as "sensitive" for drug testing purposes. VA employees in positions involving law enforcement, national security, the protection of life and property, public health or safety, or other functions requiring a high degree of trust and confidence, will be designated as subject to drug testing.
Occupational Safety and Health

A. Follow safe work practices and procedures, including use of required personal protective equipment (PPE).

B. Recognize and report unsafe or unhealthy conditions/practices to supervisory personnel.

C. Report work-related injuries or illness to supervisory personnel.

ADP Security

In the performance of official duties, the employee has regular access to printed and electronic files containing sensitive information, which must be protected under the provisions of the Privacy Act of 1974, Health Insurance Portability and Accountability Act (HIPAA) of 1996, and other applicable law and regulations. The employee is responsible for (1) protecting that information from unauthorized release or from loss, alteration, or unauthorized deletion and (2) following applicable regulations and instructions regarding access to computerized files, release of access codes, etc. as set out in a computer access agreement which the employee signs.

Language Proficiency

The resident in this position has direct patient care duties and must be proficient in the English language.

I have read and received a copy of this Functional Statement. I understand that I am responsible for the contents within.

Employee Signature:_________________________ Date:__________________

Supervisor Signature:_________________________ Date:__________________
Attachment D: Critical Goals and Objectives

Critical Goals and Objectives: July 2017

Competency Area R1: Patient Care
R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple comorbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

- **OBJ R1.1.1** (Applying) Interact effectively with health care teams to manage patients’ medication therapy.
- **OBJ R1.1.2** (Applying) Interact effectively with patients, family members, and caregivers.
- **OBJ R1.1.3** (Analyzing) Collect information on which to base safe and effective medication therapy.
- **OBJ R1.1.4** (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
- **OBJ R1.1.5** (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
  - Specifies evidence-based, measurable, achievable therapeutic goals
  - Adhere to the health system’s medication-use policies.
  - Support the organization’s or patient’s formulary.
  - Designs/redesigns regimens that are appropriate for the disease states being treated that reflects best evidence and therapeutic goals established for the patients and meets specific patient or caregiver needs.
- **OBJ R1.1.6** (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
  - Ensures recommended plan is implemented effectively for the patient, including ensuring that the activity complies with the health system’s policies and procedures.
- **OBJ R1.1.7** (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
  - Selects appropriate direct patient care activities for documentation.
- **OBJ R1.1.8** (Applying) Demonstrate responsibility to patients.
  - Gives priority to patient care activities.
  - Actively works to identify the potential for significant medication-related problems.

Competency Area R2: Advancing Practice and Improving Patient Care
R2.1 Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

- **OBJ R2.1.3** (Analyzing) Identify opportunities for improvement of the medication-use system.
  - Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
  - Uses best practices to identify opportunities for improvements.
Competency Area R4: Teaching, Education, and Dissemination of Knowledge

R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

- OBJ R4.1.1 (Applying) Design effective educational activities.
- OBJ R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education.