

PHARMACY RESIDENCY MANUAL

PGY2 Psychiatric Pharmacy Residency

2021 – 2022

VA Loma Linda Health Care System (VALLHS)

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Accreditation Status: Accredited



U.S. Department of Veterans Affairs

VA Loma Linda Healthcare System

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PART I – General Information

A. Welcome

We appreciate your sincere interest in the VA Loma Linda Healthcare System (VALLHS) PGY2 Psychiatric Pharmacy Residency Program. We are delighted you have selected our program to enhance your professional career. In this manual, you will find beneficial information about our medical center, pharmacy preceptors, clinical practice experiences, and ASHP accreditation.

At VA Loma Linda, we take pride in serving those who serve and protect our country, and we are dedicated to providing them with the best patient care possible. Pharmacy services at VA Loma Linda have made significant progress in healthcare delivery for our veterans. Our pharmacists serve as crucial members to the healthcare team and the demand for clinical pharmacy services is ever increasing. New opportunities for clinical pharmacy providers are continually being established, and we are excited that you are a part of our program.

Psychiatric pharmacy residents are essential members of our team as they provide patient-centered care and education to our patients, students, and staff. We offer exceptional clinical training and an excellent pharmacy practice curriculum for our pharmacy residents to develop their skills and become highly competent and confident healthcare providers.

Thank you for joining us at VA Loma Linda Healthcare System. We hope that this year will be a fulfilling year for you!

B. Overview of VA Loma Linda Healthcare System

The VA Loma Linda Healthcare System is part of the Desert Pacific Healthcare Network, providing services to Veterans in Southern California and Southern Nevada. Opened in 1977, this modern facility fulfills the agency's threefold mission of patient care, research, and teaching. It is in San Bernardino County ~60 miles east of Los Angeles, about an hour's drive to beaches, mountains, and desert resorts, and less than a mile from its major affiliate, Loma Linda University. The Medical Center is named in the memory of Congressman Jerry L. Pettis, who worked diligently to locate the facility in Loma Linda. The Medical Center provides a wide variety of services through inpatient, outpatient, and home care programs. The major bed services are Medicine, Surgery, Psychiatry, and Neurology. The facility has 162 acute care beds and 108 Community Living Center beds. The Medical Center, in partnership with its affiliate Loma Linda University, provides primary care at the Ambulatory Care Center as well as at VA Community Based Outpatient Clinics (CBOC) located in Victorville, Murrieta, Corona, Rancho Cucamonga, and Palm Desert.

C. VA Mission Statement, Vision, and Core Values

Mission

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

Vision

Veterans Health Administration (VHA) will continue to be the benchmark of excellence and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies.

Core Values

Integrity: Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment: Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy: Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect: Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

D. Overview of PGY2 Residency

The purpose of a PGY2 pharmacy residency program is to build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area (when board certification for the practice area exists).

The PGY2 Psychiatric Pharmacy Residency at VALLHS is a 12-month program designed to provide a comprehensive educational and practical experience in mental health pharmacy practice that is in line with the latest ASHP regulations on Accreditation of Pharmacy Residencies. Pharmacists completing the program will be competent to serve as an authoritative resource on the optimal use of medications used to treat individuals with psychiatric and neuropsychiatric disorders with emphasis in the geriatric population. Pharmacists will be able to optimize outcomes of diverse populations of inpatient and outpatient veterans with a variety of psychiatric and neuropsychiatric disorders and a range of complex

problems by providing evidence-based, patient-centered medication therapy as an integral part of the interdisciplinary team. Residents will establish collaborative professional relationships with healthcare team members along with prioritizing delivery of care to individuals with psychiatric and neuropsychiatric disorders. Residents will demonstrate leadership and practice management skills, demonstrate excellence in the provision of training and educational activities for healthcare professionals, healthcare professionals in training, and the public, and evaluate and improve the medication-use process in mental health patient care areas.

1. Orientation

The goal of orientation is to familiarize residents to the medical center and the pharmacy department. Residents will be introduced to VA policies and regulation, benefits coverage (including health, vision, and dental insurance, direct deposit, and parking), and electronic health medical records (including computerized patient records system (CPRS) and VistA processing interface).

After New Employee Orientation (NEO), residents will have a PGY2 psychiatric pharmacy residency program orientation with the Residency Program Director (RPD). During the orientation, residents will be oriented to the program to include its purpose and practice environment, applicable accreditation regulations and standards, designated learning experiences, and the evaluation strategy. They will meet with preceptors from each required learning experience and receive information including educational goals and objectives, associated learning activities, and evaluation strategies (see Part III). The orientation will also include spending a few days shadowing and understanding the work of each pharmacy services, including inpatient clinical, inpatient operation, ambulatory care, and outpatient operation. Other topics to be discussed with RPD include:

- Forms (keys/PIV access, SharePoint access, remote access, Resident academic and professional record)
- ASHP accreditation standards, competencies, goals, and objectives
- PharmAcademic
- Orientation schedule
- Learning Experience schedule
- Journal Club/Topic presentation
- Meetings/conferences
- Email groups and webinar
- Residency Research Project

2. Licensure and Citizenship

Pharmacists/Residents working at any VA Medical Center are required to be citizens of the United States and possess a valid license in any of the 50 states.

3. Benefits Package – Stipends, Holidays, and Leave

Benefits

- Salary: \$51,273 for the residency year
- Health/Life Insurance (employee contribution)
- Authorized Absence to attend the following professional meetings:
 - ASHP Midyear Clinical Meeting (~ December)
 - CPNP Annual Meeting (~ April)
 - VISN 22 Residents, Fellows, and Preceptors Conference (~ May)
- Thirteen (13) days annual leave accrued (4 hours every 2 weeks)
- Thirteen (13) days sick leave accrued (4 hours every 2 weeks)
- Eleven (11) paid holidays
 - New Year's Day
 - Birthday of Martin Luther King Jr.
 - Birthday of George Washington
 - Memorial Day
 - Juneteenth
 - Independence Day
 - Labor Day
 - Columbus Day
 - Veterans Day
 - Thanksgiving Day
 - Christmas Day
- Centralized office workspace with access to a personal computer
- Uniform allotment and laundry office
- Free parking

Leave Policy

Leave must be planned, and consideration must be given to the other members of the section. It is expected that annual leave will not interfere with responsibilities of the residents and other duties that are required. A request for leave must be sent via Outlook electronic mail to the specific learning experience preceptor and the RPD for approval, which should be noted in the leave request in the comment field. If the resident requests leave without preceptor approval, the leave request will be automatically cancelled. Requests must be entered into VATAS prior to any planned leave being taken. If all the resident annual leave is not taken prior to finishing the residency the resident will receive pay equal to the number of hours of unused annual leave.

If the resident is sick, he/she is responsible for calling your preceptor and/or the RPD and within one hour of the time to report for work. Call is expected on each day of sick leave unless discussed with the preceptor previously. Electronic leave request must be completed on the day of your return.

All time off must be accounted for with a leave request, regardless of reason.

Extended Leave

The residency year is 12 months or 2080 hours of work. The program will not be considered complete until the full term and all other requirements are met. If an extended absence occurs (e.g., extended family, sick leave or military leave), extension of the residency program may be necessary. If the resident's need for leave exceeds the allotted SL and AL of 4 hours of each per pay period, an extension of the program would be required in order to complete the program if the resident's tracked hours do not meet the 2080-hour requirement. Opportunity to extend the program with pay will depend on the decision of the National Director of Residency Programs and Education. The RPD will also inform the local Chief of Pharmacy of the potential extension. If extended leave is granted, a resident must use all earned leave prior to going on leave without pay (LWOP). LWOP would be in effect until the resident returned to the program. With an approved extension of the residency program, completion of all requirements of the residency and the number of hours that exceeded the allotted leave must be accomplished within 1 year of the initially scheduled completion date (the date planned for completion if there had not been a need for extended leave). For military leave, veterans who are called to active duty may request an exemption from the National Director of Residency Programs and Education for the requirement to complete the 2080 hours within 1 year of the initially scheduled date of completion. Such exemption will be considered on an individual basis in collaboration with the local RPD if the veteran has been on active duty for the time of absence from the residency program.

4. Disciplinary Action/Dismissal Policy

Residents participating in a PGY2 Psychiatry Pharmacy Residency at VALLHS are employees of the Veterans Administration and are, therefore, subject to the provisions of the Medical Centers Policies and Procedures. Residents considered to have violated an established hospital standard, policy or procedure will be subject to corrective action.

Residents may be dismissed prior to completion of the year-long experience for unprofessional conduct or unacceptable performance.

Residents may also be disciplined for failure to meet minimal level of competency or making insufficient progress in the residency based upon established goals of the program. For insufficient progress in any of the outcome goals, a meeting shall be convened with RPD, the residency coordinator and resident in order for the resident to present relevant information in regard to the problem and to discuss available remedial action. In the event that such action fails to produce compliance, or does not result in satisfactory resolution, a dismissal from the program may be warranted, and the case will be referred to Human Resources Management Service.

Residents are responsible for participating in the care of a large number of patients in a highly complex, multi-divisional, and multi-departmental environment. They are, therefore, held to high standards of conduct, cooperation and service. Any resident who violates those standards in such a manner as to deliberately jeopardize patient welfare, the safety of patients and/or staff, or to impair the Medical Center's ability to provide essential care constitutes grounds for immediate dismissal. This includes, but is not limited to the following:

- Patient abuse

- Possession of a firearm, explosives, or other weapon on station
- Possession or use of illicit drugs or alcohol on government property
- Providing false information on application
- Providing false information during an official investigation
- Abandonment of duty

The residency is a year-long training experience. During that time, the resident is expected to become a competent practitioner. In order to assure that the resident becomes competent, he/she must achieve specific learning objectives, acquire certain skills and develop proficiency in certain functions. In some cases, certain objectives are best achieved in a specific setting as part of a particular component of the program. If the resident is unable to achieve those objectives or develop necessary skills and proficiencies within the allotted time, it may be possible to 1) meet the objectives in another setting, or 2) work with the preceptor to complete the requirements later, depending upon conditions and recommendations of affected preceptors.

If the resident is unable to complete the majority of the learning objectives in a particular component of the program, it may be necessary to extend the experience in that setting. The residency program is designed to allow a resident to repeat any experiences should the need arise, with the understanding that experience in other areas may be sacrificed. Persistent failure may be grounds for early dismissal. The resident may be dismissed early if it is clear that the resident cannot meet the majority of requirements for the residency certificate. Under such circumstances, the decision must be made by a panel of all the involved preceptors, residency director and the Chief of Pharmacy.

5. Duty Hours/Moonlighting

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The RPD must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

Personal and Professional Responsibility for Patient Safety

- Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
- Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.

Maximum Hours of Work per Week and Duty-Free Times

- 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.
- Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods
- Moonlighting hours will be monitored by the RPD using PharmAcademic and reported to preceptors.
- Each preceptor will evaluate residents' overall performance or residents' judgment while on scheduled duty periods to make sure their ability to achieve the educational goals and objectives of their residency program and provide safe patient care is not affected.
- If residents' participation in moonlighting affects their judgment while on scheduled duty hours, a meeting with RPD, preceptor, and resident will be conducted to address and correct the problem

6. Awarding a Residency Certificate

The program has the responsibility to determine whether a resident has satisfactorily completed the requirements of the residency. Any resident who fails to meet the accepted standards of the residency program will not be issued a certificate. Knowingly presenting a certificate of completing the residency when, in fact, inadequate achievement has occurred, can result in revocation of the accreditation of the residency by ASHP. Clearly, this makes the issuing of a residency certificate an important event. Throughout the course of the residency it will be made clear that objectives are or are not being met. Some individuals may need remedial actions. If remedial actions are insufficient the residency certificate will not be issued. This determination will be made jointly by the resident, RPD, RAC, and the Chief of Pharmacy.

Requirements to receive a Residency Certificate

- Meet all ASHP PGY2 Residency Requirements including achieving the required goals and objectives including 100% of outcomes R1, R2, and R5 and 80% of outcomes R3 and R4. Satisfactory progress of all required goals and objectives will be obtained.
- Achieve satisfactory completion of all learning experiences. If satisfactory completion of learning experience is not achieved, appropriate remedial work must be completed as determined by the preceptors and program director.
- Completion of a residency project with a manuscript that is ready for submission for publication. The residency project will be presented at CPNP and/or VISN 22 Residents and Preceptor Conference.

- Completion of all assignments, presentations, and projects as defined by the preceptors and residency program director.
- Completion of PharmAcademic evaluations.
- Compliance with all institutional and departmental policies.

E. Responsibilities and Guidelines for Residency Program Director and Preceptors

Pharmacy Chief and Preceptors List

- | | |
|---------------------------------|--|
| • Chief of Pharmacy | Samineh Sam, Pharm.D. |
| • Residency Program Director | Risa Ishino, Pharm.D., BCPP, BCPS |
| • Residency Program Coordinator | Bosun Chung, Pharm.D. |
| • Preceptors | Emily Ishikawa, Pharm.D., BCGP, FASCP
Allie Kaigle, Pharm.D., BCPP
Tammie Lee, Pharm.D., BCPP
Aaron Tran, Pharm.D., BCPP, BCPS
Trang Tran, Pharm.D., MPA, BCPP |

Responsibilities of Residency Program Director (RPD)

The Chief of Pharmacy Service is ultimately responsible for the residency program, and the RPD is charged with creating the overall character and direction of the residency program. He/she is administratively responsible for the development, maintenance, and execution of the program's content and structure and to ensure it is sufficient to meet or exceed the standards for accreditation set by the American Society of Healthcare Systems Pharmacists (ASHP). The RPD accepts applicants, dismisses enrollees if necessary, and certifies enrollee's completion of the program. The RPD selects individuals on staff to serve as preceptors for portions of the residency training.

The RPD oversees the operation of the residency program within the Department of Pharmacy Services and assures that the educational outcomes of the program, the welfare of the resident, and the welfare of patients are not compromised by excessive reliance of residents to fulfill service obligations. The Director's primary function is to assist the resident in gaining the best educational and practical experience from the residency program. The RPD will:

1. Arrange for the incoming resident's orientation to the Pharmacy Service and the residency program.
2. Act as the chairman of the Resident Advisory Committee (RAC)
3. In cooperation with the RAC, schedule the resident's rotations and assist in the development of a plan for special rotations and duties.
4. Customize the training program for the resident based upon an assessment of the resident's entering knowledge, skills, attitudes, and abilities and the resident's interests
5. Continually monitor each rotation to ensure that the preceptors are maintaining a high level of education.

6. Track residents' overall progress toward achievement of their educational goals and objectives at least quarterly. Any necessary adjustments to residents' customized plans, including remedial action(s), will be documented and implemented.
7. Assure residency complies with the current duty hour standards (see Part I Section D 5)
8. Assist in the resolution of problems or difficulties, which the resident may encounter.
9. Maintain an open line of communication between the resident and other members of the Pharmacy Service.
10. Confirm that the end of rotation evaluation sessions are held by the Preceptor and the Resident.
11. Certify that all requirements of the residency have been completed prior to certification, upon the recommendation of the RAC.

Responsibilities of Preceptors

Each residency rotation is directed by a Preceptor with the following functions and responsibilities:

1. Develop goals and competencies for the rotation in conjunction with the RPD based on the resident's strengths and weaknesses.
2. At the beginning of each rotation develop with the Resident, based on the individual Resident's experience, a plan for meeting the goals and competencies of the rotation.
3. Extend sufficient assistance, guidance, and direction to the Resident in order for him/her to meet the goals of the rotation. The Preceptor will meet with the Resident on a regular basis to provide criteria-based verbal and written feedback, when needed, to determine progress.
4. Preceptors will teach by example, serving as a role model for residents.
5. Each Preceptor will develop and maintain an appropriate reading materials and resources for each Resident which will aid in the attainment of the competencies for the rotation.
6. Keep the RPD apprised of any difficulties with a Resident may be having in a rotation or in the overall residency.
7. Complete the proper evaluation (i.e. PharmAcademic) and the Resident Performance Evaluation at the conclusion of the rotation and review it with the Resident.

Responsibilities of the Residency Advisory Committee (RAC)

The overall residency program structure is guided by the RAC, chaired by the RPD, with the following functions and responsibilities:

1. Oversee the residency program and approves the completed Resident's rotation schedule developed for the resident based on his/her learning preferences.
2. Communicates the individual Resident's rotation schedule to appropriate Preceptors.
3. Ensures the continued progress of the resident throughout the residency program.
4. Conducts corrective actions and dismissals as necessary, under the advisement of the RPD.
5. Provides final certification of residency completion to the Residency Program Director.

F. Responsibilities and Guidelines for Residents

Responsibilities and Guidelines for Residents

1. Resident's primary professional commitment is to the residency program.
2. Residents adhere to the values and mission of the VALLHS.
3. Residents will follow the Medical Center and Department of Pharmacy policies and procedures regarding the provision of pharmaceutical care and maintaining confidentiality of patient's medical records.
4. Residents complete the requirements outlined under the completion of the residency (See Part I Section D 6).
5. Residents will continually prepare and motivate himself/herself in order to grow both personally and professionally to develop the necessary knowledge and skills to provide optimal drug therapy and to ensure best possible patient outcome.
6. Residents will ask for verbal and written feedback from preceptors and will seek assistance whenever necessary to help achieve the goals and objectives of this program. Residents will make active use of constructive feedback from preceptors.
7. Residents will participate in services and programs provided by the Pharmacy Department, such as the education and training of pharmacy students.
8. Residents will meet on a quarterly evaluation, as well as needed basis, with the RPD to address progress and concerns.
9. Residents will inform the assigned preceptors of any professional activities (e.g. scheduled meetings, seminars and conferences, annual leave, sick leave, etc.) involved that may conflict with the rotation requirements prior to the beginning of the rotation or as soon as possible of first notice.
10. Residents will contact the Chief of Pharmacy, RPD, and primary preceptor to request time off if applicable.

G. 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

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PART II – Learning Experience Descriptions, Projects, Conferences

A. Learning Experience Descriptions

1. Longitudinal Experiences
 - a. Psychiatry Pharmacy Research/Project (*Required*)
 - b. Formulary Management (*Required*)
 - c. Mental Health Intensive Case Management (MHICM)
 - d. Population management

2. Required Learning Experiences

- a. Adult Inpatient Psychiatry

During this rotation, the resident will serve as a member of acute inpatient psychiatry team. Through working with the acute inpatient psychiatry service, the resident will become familiar with a variety of psychiatric disorders and gain experience and knowledge in psychopharmacology in this patient population. With this experience, the resident will be afforded the opportunity to function as a psychiatric pharmacist in an acute inpatient psychiatry setting.

- b. Outpatient Mental Health Clinic

During this rotation, the resident will be a member of a multidisciplinary outpatient mental health team and actively participate in the treatment of individuals with psychiatric disorders. The resident will become familiar with a variety of psychiatric disorders and gain experience and knowledge in psychopharmacology. With this experience, the resident will be afforded the opportunity to function as a psychiatric pharmacist and participate in the care of individuals with psychiatric disorders in the outpatient setting, assuming responsibility for patient-centered medication therapy.

- c. Geriatric Psychiatry in Long Term Care (Community Living Center) and Geriatric Evaluation and Management Clinic

During this geriatric rotation, the resident will be an integral member of an interdisciplinary team and actively participate in the treatment of geriatric veterans with psychiatric disorder(s). Emphasis is placed on identification of changes in drug action and side effects in the elderly, therapeutic drug monitoring, appropriateness of dosing, reducing polypharmacy, and participation in the selection of therapeutic alternatives to promote optimum patient care. Additional activities will include patient care consultations, staff education, and medication reconciliation both at time of admission and discharge. Residents will also be involved in inpatient, interdisciplinary rounds, such as behavioral and palliative & hospice rounds, with a geriatrician, psychologists, nurses, dieticians, social workers, and case managers to serve as a drug information resource and to ensure appropriateness of therapy. In addition, residents will also actively be involved in providing pain management recommendations, as well as end of life symptom management (e.g. depression, insomnia, anxiety, etc.). In the outpatient setting, residents will be participating in a geriatric care clinic, consisting of a geriatrician, pharmacist, nurses, and a social

worker, to optimize patients' therapy. Time allocated to inpatient and/or outpatient setting will vary depending on the interests and focus of the resident.

3. Selected Learning Experiences (at least one learning experience from this category is required)

a. Substance Use Disorder

During this rotation, the resident will have the opportunity to gain experience and develop a knowledgebase in the area of substance use disorders. The resident will learn how substance use and abstinence affect the diagnosis and treatment of specified psychiatric disorders and symptoms. Training will incorporate outpatient experiences and related to the early and late stages of recovery/remission, treatment of individuals with both substance use and mental illness, detoxification, and medication management for relapse prevention. Emphasis will be placed on pharmacotherapy, however, the resident will also learn the role of motivational counseling and group psychotherapy in the management of individuals with substance use disorders and gain appreciation for the process of recovery and relapse prevention.

b. Consultation Liaison Psychiatry

During this rotation, the resident will serve as a member of the consultation and liaison (C&L) inpatient psychiatry team. Through working with the C&L service, the resident will become familiar with a variety of psychiatric disorders occurring in medically ill inpatients and gain experience and knowledge in psychopharmacology in this patient population.

c. Pain Management

During this rotation, the resident will participate in an interdisciplinary Opioid Safety Initiative (OSI) Task Group and be involved in the treatment of individuals with Chronic Non-Malignant Pain (CNMP). The resident will become familiar with a variety of chronic pain disorders and gain knowledge and experience with both pharmacologic and non-pharmacologic modalities in pain management. With this experience, the resident will be afforded the opportunity to function as a pain pharmacist and participate in the care of individuals with complex chronic pain disorders in the outpatient setting, assuming responsibility for patient-centered medication therapy.

4. Elective Learning Experiences

a. Administration

During this rotation, the resident will be exposed to general administrative responsibilities by attending relevant meetings to hospital operation such as preparation for the Joint Commission Survey and attending the Pharmacy and Therapeutics (P&T) Committee meeting. As a formulary management project, the resident will learn current VA psychotropic formulary and mental health initiatives [e.g. Psychotropic Drug Safety Initiative (PDSI)] and use academic detailing methods to improve current prescribing practice. The resident will also work closely with the Residency Program Director (RPD) to make improvements on the psychiatric pharmacy residency program.

b. Geriatric Evaluation and Management Clinic

During this geriatric rotation, the resident will be an integral member of an interdisciplinary team and actively participate in the treatment of geriatric veterans with psychiatric disorder(s). Emphasis is placed on identification of changes in drug action and side effects in the elderly, therapeutic drug monitoring, appropriateness of dosing, reducing polypharmacy, and participation in the selection of therapeutic alternatives to promote optimum patient care. Additional activities will include patient care consultations, staff education, and medication reconciliation both at time of admission and discharge. Residents will also be involved in inpatient, interdisciplinary rounds, such as behavioral and palliative & hospice rounds, with a geriatrician, psychologists, nurses, dieticians, social workers, and case managers to serve as a drug information resource and to ensure appropriateness of therapy. In the outpatient setting, residents will be participating in a geriatric care clinic, consisting of a geriatrician, pharmacist, nurses, and a social worker, to optimize patients' therapy. Time allocated to inpatient and/or outpatient setting will vary depending on the interests and focus of the resident.

c. Hospice/Palliative Care

The resident will be instrumental in providing medication recommendations to the interprofessional team in palliative care. Medication management of end of life symptoms will include but are not limited to: pain, depression, anxiety, insomnia, delirium, etc. In demonstrating leadership and practice management skills, the resident will contribute to the body of palliative care knowledge.

d. Specialty Clinics (Hepatitis, HIV/AIDS, dialysis, TBI, Women's Health, etc.)

Rotation descriptions can be developed based on the resident's interest.

B. Projects

1. Residency research project

- a. Involves background preparation, protocol, research design, IRB submission (if applicable), data collection and analysis
- b. Poster presentation at professional meetings (i.e. CPNP, VISN 22 Conference)
- c. Manuscript submission to a professional journal

2. Monthly topic and journal club presentations (alternating)

Residents collaborate with a preceptor to complete a selected topic presentation or review of a journal article on a monthly basis

3. Mental health pharmacy newsletter

Residents collaborate to develop and release a biannual newsletter focusing on mental health-oriented topics

4. Precepting and teaching opportunities

- a. Precept pharmacy students and PGY1 residents (depending on rotation)

- b. Work with course coordinators at Loma Linda University, Western University, and University of the Pacific to develop and present teaching activities for pharmacy students (e.g. lecture, recitation, workshop, capstone review)

C. Conferences

1. American Society of Health-System Pharmacists (ASHP) Midyear usually in December
 - a. Recruitment
 - b. Poster presentation (if accepted)
 - c. Professional development, continuing education, and networking
2. College of Psychiatric & Neurologic Pharmacists (CPNP) Annual Conference usually in April
 - a. Research poster presentation (if accepted)
 - b. Professional development, continuing education, and networking
3. Veterans Integrated Service Network (VISN) 22 Annual Resident, Fellow, and Preceptor Conference
 - a. Research presentation
 - b. Professional development, continuing education, and networking

PART III – Learning Experience Goals and Objectives

A. Adult Inpatient Psychiatry

Adult Inpatient Psychiatry I

Expectations of learners

During the learning experience, the resident will focus on the goals and objectives outlined below by performing the activities associated with each objective. The resident will gradually assume responsibility for all of the patients on the inpatient psychiatry unit. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

1. Establish collaborative professional relationships with other healthcare professionals on the different acute inpatient psychiatry teams
2. Serve as an authoritative resource on the optimal use of medications used to treat individuals with psychiatric disorders
3. Provide concise, applicable, accurate, and comprehensive responses to drug information requests
4. Become familiar with the organization's formulary and evaluate requests for non-formulary and restricted psychiatric medications
5. Establish collaborative pharmacist-patient relationships
6. Perform discharges so that resident will learn to effectively counsel individuals with psychiatric and neuropsychiatric disorders and formulate a strategy and communicate medication therapy for continuity of care
7. Lead a weekly medication education patient group to develop techniques and strategies for managing group education and group dynamics

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Resident will be interacting with 3 different mental health teams that consist of a psychiatry attending, psychiatry residents, and social workers. Also, resident will be interacting with various other interdisciplinary team members (i.e. nurses, MSAs, psychologists, recreation therapists) to help ensure proper medication therapy is given and continuity of care.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.
By participating in rounds daily, resident will be able to explain the expectations of the pharmacist's role on the psychiatric interdisciplinary team from the viewpoint of different collaborating professions (i.e. psychiatrist, care manager, social worker). Also, resident will be participating in treatment team meetings to help explain the responsibilities of other professions on the team and identify the interpersonal dynamics of each member of the interdisciplinary team.	R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders.
Resident will be interacting with patients during treatment team planning meetings, discharge counseling, medication education groups, and per	R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication

patients' requests so if an issue arises during these encounters, they will need to prioritize that need and ensure that it is addressed with the interdisciplinary team.	therapy for patients with psychiatric and neurologic disorders.
Resident will be documenting all discharge medication reconciliation and counseling, medication education groups, and SOAP notes as appropriate during this rotation.	R1.1.7 (Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate.
Resident will be juggling going to rounds, attending treatment planning meetings, and performing discharges on a daily basis which will help to identify and explain factors to consider when determining priority for care.	R1.1.8 (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy.
Resident will be participating in the discharge process when an individual is transitioning from one healthcare setting to another (i.e. nursing home, assisted living, board and care facility) by providing the individual's medication regimen. Also, when an individual has other VA facility medications that may have been changed, they will be contacting the other VA facilities to have those medications placed on hold or canceled.	R1.2.1 (Applying) Manage transitions of care effectively for patients with psychiatric and neurologic disorders.
Resident will discuss how to recognize and respond appropriately to psychiatric emergencies. Resident will be able to witness, help facilitate medication selection, and process psychiatric emergent medications if possible.	R5.1.1 (Analyzing) Recognize and respond appropriately to psychiatric emergencies.
Resident will be co-leading a weekly medication education patient group which will allow them to develop techniques and strategies for managing group education, how to customize a group educational program to meet the immediate needs of the patients, and to become more familiar with major psychiatric topics (i.e. depression, anxiety, sleep).	R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.

Adult Inpatient Psychiatry II

Expectations of learners

During the learning experience, the resident will focus on the goals and objectives outlined below by performing the activities associated with each objective. The resident will assume responsibility for all of the patients on the inpatient psychiatry unit. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

1. Collect and analyze patient-specific information and design evidence-based, patient-centered psychopharmacologic regimen recommendations for individuals with psychiatric and neuropsychiatric disorders as part of the psychiatric interdisciplinary team
2. Initiate the patient-centered, evidence-based therapeutic regimen and monitoring plan and be able to assess and redesign the plan as necessary
3. Serve as an authoritative resource on the optimal use of medications used to treat individuals with psychiatric disorders

4. Provide concise, applicable, accurate, and comprehensive responses to drug information requests
5. Perform discharges so that resident will learn to effectively counsel individuals with psychiatric and neuropsychiatric disorders and formulate a strategy and communicate medication therapy for continuity of care
6. Lead a weekly medication education patient group to develop techniques and strategies for managing group education and group dynamics.

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Assess the healthcare needs of the individual or individual's caregiver (i.e. providing medication calendar, coordinating care with outpatient clinic, changing schedule of medications to help with adherence).	R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders., R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions.
Compare realistic expectations of outcomes in patients with acute versus chronic psychiatric and neuropsychiatric disorders, explain the concept of target symptoms and its application to the management of individuals, and explain the range of therapeutic goals that the psychiatric pharmacist may establish for patients with psychiatric and neuropsychiatric disorders.	R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders., R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions.
Detect the presence of any medication therapy problems along with comparing the impact of medication tolerability (i.e. assessing adverse effects during medication group), schedule, and co-occurring disorders (i.e. personality disorders, substance use disorders, cognitive disorders) on adherence and persistence in patients with psychiatric and neuropsychiatric disorders.	R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions.
Discuss how to recognize and respond appropriately to psychiatric emergencies. Resident will be able to witness, help facilitate medication selection, and process psychiatric emergent medications if possible.	R5.1.2 (Applying) Demonstrate understanding of the management and treatment of psychiatric emergencies according to the organization's policies and procedures.
Follow individuals from admission to discharge on a daily basis which will allow them to redesign the regimen and monitoring plan depending on the evaluation of monitoring data and therapeutic outcomes.	R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions.
Follow patients on an assigned acute psychiatry team on a daily basis so they will be able to assess target symptoms, adverse reactions, and adherence of their medication regimen.	R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions.
Identify the sources of disease management and medication-use guidelines currently used in psychiatric practice.	R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.
Identify types of information the pharmacist requires to anticipate, prevent, detect, and/or	R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens

resolve medication-related problems and make appropriate evidence-based, patient-centered medication therapy recommendations. Also, by collecting information, the resident will be able to explain signs/symptoms, pathophysiology, clinical course, laboratory findings, and treatment of psychiatric and neuropsychiatric disorders.	and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.
Participate in rounds daily with the interdisciplinary psychiatry team and recommend ordering tests when needed.	R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.
Work closely with 1st and 2nd year psychiatry residents who may not be as familiar with the facility's policies and procedures for ordering medications so the resident will be able to help explain those to them. Co-lead weekly medication education groups for patients on the acute inpatient psychiatric unit.	R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.

B. Outpatient Mental Health Clinic

Outpatient Mental Health I

Expectation of Learners

At the end of this learning experience, the resident should be able to:

1. Establish collaborative professional relationships with other healthcare professionals on the BHIP team
2. Serve as an authoritative resource on the optimal use of medications used to treat individual with psychiatric disorders
3. Provide concise, applicable, accurate, and comprehensive responses to drug information requests
4. Become familiar with the organization's formulary and evaluate requests for non-formulary and restricted psychiatric medications
5. Process prescriptions and provide counseling for psychiatric medications
6. Establish collaborative pharmacist-patient relationships

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Complete non-formulary and restricted formulary medication requests. Review a request for frequently used psychiatric medications at least once and discuss with the preceptor if there is no request on these medications during the rotation.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders., R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders.
Follow up with provider and/or patient to assess the effectiveness of drug information and to provide additional information if necessary.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.
Participate in the medication management clinic. Complete patient work-up on all scheduled	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.,

patients and engage in an interview during the clinic.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders., R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders., R1.1.7 (Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate.
Participate in the weekly team meeting for the assigned BHIP team. Provide drug information and pharmacotherapy recommendations in a timely manner when requested.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.
Provide drug information when requested from healthcare professionals and as assigned by the preceptor. Work with the preceptor initially with a goal to complete drug information assignments independently by the end of the rotation.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders., R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders.
Staff a half-day weekly in the outpatient mental health clinic to provide prescription processing and counseling to patients with psychiatric disorders	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.

Outpatient Mental Health II

Expectation of Learners

At the end of this learning experience, the resident should be able to:

1. Collect and analyze patient information and design evidence-based psychopharmacologic regimen for the various psychiatric disorder including, but not limited to, schizophrenia, bipolar disorder, major depressive disorder, anxiety disorders, and sleep disorders
2. Implement psychopharmacologic treatment regimens and monitor progress
3. Make and follow up on referrals when appropriate by working with BHIP team members
4. Appropriately document direct patient care activities

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Appropriately document each patient encounter in CPRS in a timely manner and alert appropriate team members.	R1.1.8 (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy. R1.2.1 (Applying) Manage transitions of care effectively for patients with psychiatric and neurologic disorders.
Based on the information collected through chart review and patient interview, devise psychiatric pharmacotherapy goals and design an evidence-based medication regimen, monitoring	R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.

parameters, and follow-up plan for each patient seen for medication management appointments.	
Determine the need for referral to non-pharmacological and pharmacological treatment options and follow up on referral process.	R1.2.1 (Applying) Manage transitions of care effectively for patients with psychiatric and neurologic disorders.
Triage and prioritize the patient's medication request from various referral sources including view alerts and telephone while managing patients scheduled in the medications management clinic.	R1.1.8 (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy.
Obtain pertinent information by reviewing patient charts and interviewing patients to assess psychiatric pharmacy needs in the medication management clinic.	R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions.

C. Geriatric Psychiatry in Long Term Care (Community Living Center)

Geriatric Psychiatry I

Expectation of Learners

At the end of this learning experience, the resident should be able to:

1. Review the therapeutic management of the following chronic disease states/medical conditions often encountered in the geriatric/long term care patient population:
 - a. Neurological Disorders (e.g., cerebrovascular disease [stroke, TIA], movement disorders [Parkinson's disease, essential tremor], dementia [Alzheimer's, Lewy body disease, ischemic vascular dementia], delirium, seizure disorders, neuropathies, and acute/chronic pain syndromes)
 - b. Psychiatric Disorders (e.g., depression/mood disorders, schizophrenia/psychotic disorders, sleep disturbances, anxiety disorders, and behavioral disorders)
2. Demonstrate a viable role as a geriatric clinical pharmacy consultant associated with the following:
 - a. Patient care rounds
 - b. Interdisciplinary Rounds
 - c. Monthly interdisciplinary drug regimen reviews and documentation of progress notes
 - d. Monthly psychotropic drugs assessment and documentation of progress notes
3. Demonstrate the ability to obtain a thorough patient medication history in both the inpatient and outpatient settings.
4. Demonstrate the ability to streamline medication regimens to decrease the incidence of polypharmacy and adverse drug reactions.

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Actively participate and provide recommendations in weekly patient care rounds by prioritizing the urgency of each patient. Resident will monitor patient's progress towards therapeutic goals and make therapeutic adjustments as appropriate.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.,

	<p>R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.,</p> <p>R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders.,</p> <p>R1.1.7 (Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate.</p>
<p>Collaborate by assisting the interdisciplinary team with psychiatric pharmacy specific patient care needs through frequent follow-up with team members.</p>	<p>R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.,</p> <p>R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.,</p> <p>R1.1.7 (Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate.</p>
<p>Completing a comprehensive drug regimen review (including interviewing patients at bedside) with the interdisciplinary team and making psychiatric pharmacy recommendations based on patient's needs.</p>	<p>R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.,</p> <p>R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.,</p> <p>R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.,</p> <p>R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders.,</p> <p>R1.1.7 (Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate.</p>
<p>Gain thorough understanding of Long-Term Care in addition to Joint Commission standards. Recommend gradual dose reductions in psychotropic medications per OBRA guidelines.</p>	<p>R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders.,</p> <p>R1.1.7 (Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate.</p>

Writing notes with clear documentation of patient care recommendations in a timely fashion.	R1.1.7 (Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate.
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Geriatric Psychiatry II

Expectation of Learners

At the end of this learning experience, the resident should be able to:

1. Provide at least one educational in-service to the professional staff of the CLC and/or geriatric clinic related to pharmacotherapy in the geriatric psychiatric population.
2. Recognize patient's potential barriers to communication, such as cognitive impairments, visual and/or auditory impairments, and language or literacy barriers, and develop strategies to overcome these barriers to effectively educate geriatric patients/caregivers on medication therapy and related-disease states.
3. Resident will collaborate with IDT to monitor and when able, minimize psychotropic medication utilization in the CLC. The resident will ensure psychotropic medications have an appropriate indication for use, a specific and documented goal of therapy, assessment of medication effectiveness and presence of medication-related adverse effects, and utilization of the medication only for the duration needed at the lowest effective dose.

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Actively participate and provide recommendations in weekly patient care rounds by prioritizing the urgency of each patient. Resident will monitor patient's progress towards therapeutic goals and make therapeutic adjustments as appropriate.	R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders., R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions., R1.1.8 (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy.
Collaborate by assisting the interdisciplinary team with psychiatric pharmacy specific patient care needs through frequent follow-up with team members.	R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders., R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions., R1.1.8 (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy.

<p>Completing a comprehensive drug regimen review (including interviewing patients at bedside) with the interdisciplinary team and making psychiatric pharmacy recommendations based on patient's needs.</p>	<p>R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders., R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions., R1.1.8 (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy.</p>
<p>Lead staff in-services specific to psychiatric pharmacy.</p>	<p>R1.1.8 (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy.</p>
<p>Writing notes with clear documentation of patient care recommendations in a timely fashion.</p>	<p>R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders., R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions., R1.1.8 (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize, and demonstrate responsibility for the delivery of patient-centered medication therapy.</p>

D. Substance Use Disorder

Expectation of Learners

At the end of this learning experience, the resident should be able to:

1. Review all patients independently and thoroughly work up all of the patients in assigned clinic(s), utilizing appropriate monitoring techniques and rating scales (i.e. Mental Status Exam, COWS, CIWA-Ar), present assigned patients to preceptor, design/implement evidence-based monitoring plan for patient, provide pharmacy recommendations/interventions to the team for assigned patients and record interventions when appropriate
2. Attend and actively participate in daily team staffing meeting; resident will gain understanding of the roles/responsibility of each team member and devise a strategy to work effectively with members of the interdisciplinary team
3. Explain psychosocial issues that may impact treatment
4. Work up all new admits to STAR program and conduct an initial medication reconciliation and education appointment
5. Attend psychotherapy groups in STAR program and AA/NA meeting to become familiar with the 12 step model
6. Assist preceptor with drug information questions and non-formulary medication requests
7. Conduct naloxone teaching education as needed for all patients in SUD clinics
8. Actively participate in medication assisted treatment clinics

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Attend at least one AA/NA meeting in the area to become familiar with the 12 step model.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.
Attend daily staffing meeting and interact collaboratively with members of the healthcare team.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.
Attend STAR clinic medication management appointments with STAR physician, psychiatrist, and pharmacist.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
Attend various psychotherapy groups within the outpatient substance treatment and recovery program.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy., R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
Collect information from patients to assess walk-in needs.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
Complete various non-formulary requests appropriately and timely for SUD clinics.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.
Conduct chart reviews, collecting all information needed to make evidence-based individualized treatment plan.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
Conduct educational activities for nursing staff, contract housing, and other case-by-case basis.	R4.1.1 (Applying) Design effective educational activities related to care of patients with psychiatric and neurologic disorders.
Conduct medication reconciliations for veterans entering STAR housing and communicate findings to appropriate staff members.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.
Conduct patient interviews in STAR MH pharmacist clinic.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
Conduct state PDMP monitoring when appropriate and take follow-up action to communicate findings to appropriate members of the healthcare team.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy., R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
Conduct weekly medication education group for veterans in STAR IOP.	R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.
Demonstrate effective counseling techniques to patients/caretaker when teaching naloxone education.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care

	of patients with psychiatric and neurologic disorders.
Devise a strategy to work effectively with members of the interdisciplinary team.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.
Explain and collect information regarding psychosocial issues unique to individuals with substance use disorders that should be considered when designing a monitoring plan.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
Explain issues unique to the counseling of individuals with psychiatric and neuropsychiatric disorders.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.
Explain lay terms that can successfully be used when counseling individuals with psychiatric and neurologic disorders.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.
Explain the critical role of adherence and persistence in the short and long-term achievement of treatment goals.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.
Explain the expectations of the pharmacist's role on the psychiatric interdisciplinary team from the viewpoint of different collaborating professions.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.
Explain the impact of potential patient, family member, caregiver, and/or health care professional misconceptions of realistic treatment outcomes on the setting of therapeutic goals for individuals with psychiatric and neuropsychiatric disorders.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.
Explain the kinds of issues that require particular sensitivity when discussing treatment plans with individuals with psychiatric and neuropsychiatric disorders.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.
Explain the role of clinical rating tools in monitoring of patients with psychiatric and neuropsychiatric disorders; resident will be able to independently conduct assessments by the end of the rotation.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
Explain the types of patient and caregiver education required to facilitate self-care.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.
Explain various genetic, gender-related, age-related, and disease-related factors that influence response to psychiatric and neuropsychiatric disorders-related medication therapy.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
For each of the professions with which one interacts on the psychiatric interdisciplinary team, explain the profession's view of its role and responsibilities in collaborations on patient-centered care.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy.
Interview veterans and their family members in order to collect pertinent information necessary for medication management.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers.

Provide opioid overdose education and education regarding use of naloxone to veterans in STAR IOP.	R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.
Select and conduct in-service presentation for members of the STAR IOP team based on needs of treatment team.	R4.1.1 (Applying) Design effective educational activities related to care of patients with psychiatric and neurologic disorders.
Work with pharmacist in pharmacist-run substance use disorder medication management clinic to collect pertinent information in order to design a patient-centered evidenced-based treatment plan.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.

E. Consultation Liaison (C&L)

Expectations of learners

During the learning experience, the resident will focus on the goals and objectives outlined below by performing the activities associated with each objective. The resident will assume responsibility for all of the patients on the C&L service. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

1. Establish collaborative professional relationships with other healthcare professionals on the C&L psychiatry team
2. Serve as an authoritative resource on the optimal use of medications used to treat individuals with psychiatric disorders
3. Collect and analyze patient-specific information and design evidence-based, patient-centered psychopharmacologic regimen recommendations for individuals with psychiatric and neuropsychiatric disorders as part of the psychiatric interdisciplinary team
4. Initiate the patient-centered, evidence-based therapeutic regimen and monitoring plan and be able to assess and redesign the plan as necessary

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Resident will be assigned to the C&L psychiatry team and will be able to design a patient-centered, evidence-based regimen using treatment guidelines. Resident will need to take into consideration situations where pharmacotherapy for individuals with psychiatric and neuropsychiatric disorders plays a secondary role to other treatments (i.e. treating an underlying medication condition).	R1.1.8 (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy.
Resident will be assigned to the C&L psychiatry team and will be expected to collect and organize patient-specific information for the patients assigned to this team. With this information, the resident will be able to identify the sources of disease management and medication-use guidelines currently used in psychiatric practice. Also, the resident will be able to compare realistic expectations of outcomes in patients with acute	R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders., R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.

versus chronic psychiatric and neuropsychiatric disorders, explain the concept of target symptoms and its application to the management of individuals, and explain the range of therapeutic goals that the psychiatric pharmacist may establish for patients with psychiatric and neuropsychiatric disorders in the medically-ill population.	
Resident will be rounding with the C&L psychiatry team daily so they will be able to prioritize a caseload of a patients depending on severity of psychiatric symptoms and will help ensure that patient-centered medication therapy will be implemented by the primary team.	R1.1.8 (Applying) For a caseload of patients with psychiatric and neurologic disorders, triage, prioritize and demonstrate responsibility for the delivery of patient-centered medication therapy.
Resident will follow individuals from consultation to discharge/transfer along with the C&L psychiatry team which will allow them to redesign the regimen and monitoring plan depending on the evaluation of monitoring data and therapeutic outcomes.	R1.2.1 (Applying) Manage transitions of care effectively for patients with psychiatric and neurologic disorders.

F. Administration

Expectations of learners

At the end of the learning experience, the resident should be able to:

1. Become familiar with various administrative roles, including duties and planning, of a director and associate directors of the pharmacy department
2. Describe the organization's psychotropic formulary process, including preferred and restricted medications, and process to handle medication shortages
3. Become familiar with various medication use improvement initiatives including Psychotropic Drug Safety Initiative (PDSI)
4. Understand the ASHP accreditation standards for the PGY2 psychiatric pharmacy program
5. Participate and co-lead the Residency Advisory Committee (RAC) with the RPD

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Identify an area of improvement that affects the patient care and outcomes related to psychiatric pharmacy; collect and analyze the data and present recommendations to the P&T committee.	R2.1.1 (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of patients with psychiatric and neurologic disorders, including proposals for medication-safety technology improvements., R2.1.2 (Evaluating) Participate in a medication-use evaluation related to care of patients with psychiatric and neurologic disorders., R2.1.3 (Applying) Participate in the review of medication event reporting and monitoring related to care for patients with psychiatric and neurologic disorders., R2.1.4 (Analyzing) Identify opportunities for improvement of the medication-use system

	related to care for patients with psychiatric and neurologic disorders.
Review and complete prior authorization and non-formulary medication requests.	R2.1.2 (Evaluating) Participate in a medication-use evaluation related to care of patients with psychiatric and neurologic disorders.
Shadow the director and associated directors of pharmacy and attend pharmacy and hospital- wide meetings to understand their roles and responsibilities within the healthcare system.	R3.1.1 (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for patients with psychiatric and neurologic disorders., R3.1.2 (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for patients with psychiatric and neurologic disorders., R3.2.1 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the health care system.
Understand the functions of the Residency Advisory Committee (RAC) and co-lead the monthly meeting with the RPD.	R3.1.1 (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for patients with psychiatric and neurologic disorders.
Understand the national psychotropic- related initiatives including PDSI and SAIL and work with the psychiatric pharmacists to improve the outcomes.	R2.1.4 (Analyzing) Identify opportunities for improvement of the medication-use system related to care for patients with psychiatric and neurologic disorders.
Work closely with the pharmacoeconomic pharmacist to appropriately handle psychiatric medication shortages.	R2.1.4 (Analyzing) Identify opportunities for improvement of the medication-use system related to care for patients with psychiatric and neurologic disorders.
Work directly with the PRD on residency quality improvement projects.	R3.1.1 (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for patients with psychiatric and neurologic disorders., R3.1.2 (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for patients with psychiatric and neurologic disorders.

G. Geriatric Evaluation and Management Clinic

Expectations of learners

By the end of this learning experience, the resident should be able to:

1. Understand older patients including biology and socioeconomics of aging and safety concerns
2. Learn communication skills that are required to effectively understand and treat older adults
3. Provide medication reconciliation, taking into account of polypharmacy, medication errors, prescribing cascade and inappropriate medication use
4. Conduct physical and functional assessment, utilizing appropriate monitoring and rating scales including Clinical Frailty Scale, GDS, Cornell, MOCA, CLUMS, MMSE, FAST score, KATZ ADLs and IADLs
5. Manage chronic disease states seen in older adults including Geriatric Syndromes
6. Understand the different types of dementia and become an expert in pharmacological treatment options

7. Understand Caregiver stress
8. Understand and provide treatment options for behavioral issues in dementia

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Actively participate in the monthly caregiver education class.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.
Conduct phone appointments for geriatric evaluation and management and primary care clinics.	R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.
Participate in the Geriatric Evaluation and Management Clinic weekly and actively participate in the treatment of geriatric veterans with psychiatric disorder.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy., R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders., R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders., R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.
Participate in the geriatric primary care clinic to manage older patients with chronic disease states.	R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders., R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders., R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.

H. Pain Management

Expectations of learners

1. Develop familiarity with the pharmacokinetics and pharmacodynamics of opioids and non-opioid medications for pain.
2. Cultivate skills in order to perform a comprehensive pain review which includes:
3. Precept pharmacy students or PGY1 residents on rotation at VA Loma Linda.

4. Allow for one-on-one visits with specific patients.
5. Demonstrate proper interviewing techniques for each psychiatric illness.
6. Understand current hospital policies and the implications on pain treatment.
7. Participate in development/revision and implementation of pain policies and procedures.

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
<p>Conduct clinic or telephone interviews to assess current pain condition, treatment response, adverse effects, current or past pain regimen, or other pain modalities.</p>	<p>R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders., R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders., R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders by taking appropriate follow-up actions.</p>
<p>Discuss with patient the potential benefit of naloxone kit, educate patient on long-term risks of opioids, and educate pain on various pharmacologic agents for pain.</p>	<p>R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.</p>
<p>Provide drug information, formulary guidance to healthcare team, and design a patient-specific therapeutic treatment plan.</p>	<p>R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy., R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders., R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.</p>
<p>Utilize CURES, interpret urine tox screen, successful develop opioid rotation strategy, provide recommendations for managing opioid withdrawal symptoms, devise plan for opioid tapering, counsel patient on risks of long term opioid therapy for chronic pain, conduct comprehensive chart review, serve as drug information resource for multidisciplinary pain team.</p>	<p>R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy., R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with psychiatric and neurologic disorders.</p>
<p>Document any pain recommendations or changes in pain regimen appropriately in the medical record or pain consults.</p>	<p>R1.1.7 (Applying) For patients with psychiatric and neurologic disorders, document direct patient care activities appropriately in the medical record or where appropriate.</p>

I. Hospice/Palliative Care

Expectation of Learners

At the end of this learning experience, the resident should be able to:

1. Establish collaborative interprofessional relationships.
2. Serve as an authoritative resource on the optimal use of medications used in palliative care.
3. Resident will optimize the outcomes of these patients by providing evidence-based, patient-centered therapy as an integral part of the interprofessional team.
4. Resident will demonstrate excellence in the provision of training and educational activities for health care professionals, health care professionals in training, and the public in palliative care.

Activities for this learning objectives and associated objectives

Activity	Associated Objectives
Perform assessment for adverse reactions from psychotropic medications including Abnormal Involuntary Movement Scale (AIMS) for antipsychotic use.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.
Attend inpatient, interdisciplinary rounds, such as palliative care rounds and psychiatry rounds, to serve as a drug information resource and optimize pharmacotherapy.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy., R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders., R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders., R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.
Independently interview and conduct assessment and plan for palliative care patients.	R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders., R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders.
Perform monthly interdisciplinary drug regimen reviews and psychotropic assessments with proper progress note documentation.	R1.1.1 (Applying) Interact effectively with health care teams to manage patients with psychiatric and neurologic disorders' medication therapy., R1.1.2 (Applying) Interact effectively with patients with psychiatric and neurologic disorders, and their family members, and caregivers., R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy to patients with psychiatric and neurologic disorders.,

	<p>R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for patients with psychiatric and neurologic disorders.,</p> <p>R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for patients with psychiatric and neurologic disorders.</p>
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J. Specialty Clinics (ALS, Dialysis, Hepatitis, HIV/ID, LGBT, TBI, Women’s Health, etc.)

Rotation experience, including goals and objectives and learning experience, can be developed based on the resident’s interest.

Appendix:

REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR TWO (PGY2)
PSYCHIATRIC PHARMACY RESIDENCIES



Psychiatric-Pharmac
y-2016.pdf