PGY1 Pharmacy Residency Manual

2022-2023

Jessica Mitchell, Pharm.D.
Residency Program Director

Amy Doten, Pharm.D.
Chief of Pharmacy Service

Welcome to the VA Black Hills Health Care System! You are joining a growing number of pharmacy school graduates who have elected to further their pharmacy education through a postgraduate year one (PGY1) pharmacy residency. This is a very special and exciting time in your career; it is a time of significant growth and development. We are glad you have chosen VA Black Hills to guide you through this year-long journey.

The goal of the residency program is to build upon Doctor of Pharmacy (Pharm.D.) education to develop clinical pharmacists with the knowledge and skills needed to provide pharmaceutical care for patients with a broad range of conditions. Graduates of our program are eligible for board certification and postgraduate year two (PGY2) residency training.

Residents will hone their problem solving and clinical decision-making skills by providing evidence-based, patient-centered pharmaceutical care under the supervision of our pharmacy preceptors. We believe that our preceptors are the shining stars of our program and have no doubt that they will provide the guidance needed to help residents reach their full potential. Residents will also be given ample opportunities to expand their leadership and project management skills through a year-long residency project and several other, smaller projects throughout the year.

The residency year is challenging and rigorous, but the resulting growth is exponential. We look forward to working with you, watching your progress, and subsequently seeing your professional career develop as our colleague.

Sincerely,

Jessica Mitchell, Pharm.D.
Residency Program Director

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Minimum Requirements of the Site

Veterans Administration Motto

On March 4, 1865, Abraham Lincoln was sworn in for his second term as President of the United States. In his inaugural speech he delivered his prescription for the nation's recovery "*To care for him who shall have borne the battle and for his widow, and his orphan."* This became the motto of VA in May of 1959.

Veterans Administration Pharmacy Mission

Our goal is to provide the highest quality care by promoting safe, effective, and medically necessary use of medications as we provide value added Pharmaceutical Care Services to our Veterans.

Veterans Administration Pharmacy Vision Statement

Our Pharmaceutical Care services will be of the highest quality.

1. We will be an essential component of the patient focused Health Care Team.
2. We will be respected and known for excellence.
3. We will be an employer of choice for pharmacists, pharmacy technicians and supportive staff by providing a compassionate, progressive work environment.
4. We will create a practice environment that fosters education, quality improvement and professional development.

VA BHHCS Description

The VA Black Hills Health Care System is located in the beautiful Black Hills of western South Dakota, where we are known for our blue skies, pine forests, rich history, moderate climate and friendly western hospitality. VA Black Hills provides primary and secondary medical and surgical care, along with residential rehabilitation treatment program (RRTP) services, extended nursing home care and tertiary psychiatric inpatient care services, for veterans residing in South Dakota and portions of Nebraska, North Dakota, Wyoming, and Montana. Care is delivered through the Fort Meade (near Sturgis) and Hot Springs VA Medical Centers, as well as through a number of community-based outpatient and rural outreach clinics.

VA Black Hills supports services at the Black Hills National Cemetery and the Veterans Outreach Center (Vet Center) in Rapid City, SD. VA Black Hills has sharing arrangements with Ellsworth Air Force Base, South Dakota Army National Guard, and many other community partners.

BLACK HILLS HEALTH CARE SYSTEM
FY22 FACILITY ORGANZIATIONAL CHART

08-05-2022
FACILITY FTE: 1417.325

Director
ES-0670 PN# 91083303
PD#002310O

- Associate Director
  Health System Administrator
  GS-0670-14 PN# 91255140
- Chief of Staff
  Physician
  VM-0602-15 PN# 91179765
- Associate Director, Patient Care Svcs
  Nurse
  VN-0610-5 PN# 91107903
- Quality, Safety, Value
  Nurse
  VN-0610-04 PN# 91365553
- EEO
  EEO Manager
  GS-0260-11 PN# 91254502
- Public Affairs
  Public Affairs Specialist
  GS-1035-12 PN# 91255158
- Chief Experience Officer
  GS-0670-13 PN# 91221583
- Compliance
  Government Info Spec.
  GS-0306-12 PN# 91237352
- Education & Training
  Nurse
  VN-0610-04 PN# 91348938

Associate Director
Health Systems Administrator
GS-0670-14 PN# 91255140
PD# 200090

- Business Office
  Business Manager
  GS-0301-13 PN# 91254703
- Facilities Management – Eng.
  Supervisory General Eng. (Chief)
  GS-0801-13 PN# 91234120
  - EMS
    Housekeeping Officer, Chief
    GS-0673-12 PN# 91255102
  - Safety & Emergency Mgmt
    Fire Chief
    GS-0081-11 PN# 91309131
- Safety & Emergency Mgmt.
  Industrial Hygiene Mgr.
  GS-0690-12 PN# 91266476
- Finance
  Financial Manager (CFO)
  GS-505-13 PN# 91220221
- Logistics
  Sup. Logistics Mgmnt, Spec.
  GS-0346-14 PN# 91147957
- Police
  Supervisory Security Officer
  GS-0080-12 PN# 91235669

Chief of Staff
Physician
VM-0602-15 PN# 91179765

- Dental
  Dentist
  VM-0680-15 PN# 91252495
- Diagnostics
  Med Tech (Lab Manager)
  GS-0644-13 PN# 91255271
- Rehab and Extended Care ICC
  Physician VM-0602-15
  PN# 91256110
- Pharmacy
  Pharmacist
  GS-0660-15 PN# 91252786
- Community Care
  Nurse Mgr.
  VN-0610-04 PN# 91626701
- Mental Health ICC
  Social Worker; Chief of Service
  GS-0185-14 PN# 91353255
- Primary Care ICC
  Physician - ACOS
  VM-0602-15 PN# 91179754
- Specialty Care ICC
  Physician - ACOS
  VM-0602-15 PN# 91255471
- Surgery ICC
  Physician VM-0602-15
  PN# 91254931

Associate Director, Patient Care Svcs.
Nurse
VN-0610-05 PN# 91107903

- Nutrition & Food Services
  Dietitian
  GS-0630-13 PN# 91173036
- Social Work Executive
  Supervisory Social Worker
  GS-0185-13 – 91353255
- Chaplain Service
  Supervisory Chaplain
  GS-0060-12 PN# 91504382
- Prosthetics
  Prosthetics Representative
  GS-0672-12 PN#91431683
- Sterile Processing Service
  Sup. Med Supply Tech., Chief
  GS-0622-10 PN# 91254194
- Integrated Care (Telehealth)
  Nurse Mgr.
  VN-0610-03 PN# 91276828

Tara R. Gordon 262142 — Digitally signed by Tara R. Gordon 262142 Date: 2022.08.05 07:52:32 -05'00'

V23 Manpower Mgmt & Prg Analyst,
Tara Gordon

Lisa R. Curnes 302676 — Digitally signed by Lisa R. Curnes 302676 Date: 2022.08.24 12:05:35 -06'00'

Black Hills Health Care System Director,
Lisa Curnes

Robert P. McDivitt, FACHE — Digitally signed by ROBERT MCDIVITT Date: 2022.08.25 06:35:08 -05'00'

Executive Director, VA Midwest Health Care
System VISN 23,
Robert P. McDivitt, FACHE

Qualifications of the Pharmacy

VA BHHCS Pharmacy Mission Statement
The VA Black Hills Health Care System (VA BHHCS) Pharmacy mission is to provide the highest quality care by promoting safe, effective, and medically necessary use of medications as we provide value added Pharmaceutical Care Services to our Veterans. The Pharmacy is affiliated with the Colleges of Pharmacy at South Dakota State University and University of Wyoming. These affiliations include the ancillary mission of educating and training pharmacy students and residents to become competent practitioners with abilities to apply, disseminate, and discover knowledge related to pharmacotherapy.

Residency Advisory Committee
Oversight of the VA BHHCS PGY1 Residency program includes a Residency Advisory Committee (RAC). This committee is made up of the Residency Program Director (RPD) and preceptors assigned by the RPD who work together to coordinate and oversee all aspects of the program. Residents will attend a portion of the RAC meetings to facilitate communication between the residents and the RAC. The RAC meets approximately every month to review the program, discuss any residency issues, and ensure that practice experience and self-evaluations are reviewed and discussed.

Residents' Meeting with Program Director
Each resident is welcome at any time to discuss issues with the RPD. These can be individual discussions or group discussions. Scheduling a time to have individual discussions is preferred. However, if a need arises to discuss a topic regarding the residency, the resident should not hesitate to come into the office for a discussion.

Pharmacy Organizational Chart

VETERANS HEALTH ADMINISTRATION - BLACK HILLS HEALTH CARE SYSTEM
PHARMACY SERVICE - FY22 ORGANIZATIONAL CHART

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Black Hills Health Care System

Dept: Pharmacy Service
Dept ID: 16990 (8224.2150)

Approved FTE: 55.30
8/1/2022

1.0 Intermittent FTE:
GS-0661-12 Clinical Pharmacist
91215588 (.025)
91273977 (.025)
91336193 (.025)
91628665 (.025) temp NTE 11/6/2022
3.0 - Pharmacist Resident
T1-0660-00, PD 00000T
91215587
91273976
91350917

DIRECTOR

CHIEF OF STAFF

Chief of Pharmacy Service
1.0 - Pharmacist – GS-0660-15 - 91252786
(9.0)

1.0 – Asst. Chief of Pharmacy
GS-0660-14 - 91255220
(19.5)

14.5 - Pharmacist(Clinical Spec), GS–0660–13
91251604
91251649
91251664
91251684
91253049 - (0.5)
91253484
91253974
91253975
91255696
91256026
91259263
91503439
91513388
91624151
91640941

5.0 - Clinical Pharmacist, GS–0660–12
91254067
91254144
91254879
91255689
91253303

1.0 – Supervisory Pharmacist (568A)
GS-0660-13 - 91191985
(10.80)

4.0 - Pharmacist(Clinical Spec), GS–0660–13
91280198 - (568AO)
91360656 – (568A)
91348527 – (568A)
91638976

2.8 – Clinical Pharmacist, GS–0660–12
91348502 – (568A)
91123874 – (568A)
91266005 – (0.8) (568A)

1.0 - Pharmacy Technician, GS–0661–07
Lead Inpt Tech
91608388 – (568A)

1.0 - Pharmacy Technician, GS–0661–07
Lead Outpt Tech
91608390 – (568A)

2.0 - Pharmacy Technician, GS–0661–06
91253536
91350384

1.0 – Pharmacist (Clinical Spec), GS-0660-13
91639061

1.0 –Supervisory Pharm Tech.
GS-0661-08 – 91253485
(10.0)

1. 0 - Pharmacy Technician, GS-0661-07
Chemotherapy Tech
91608376

5.0 - Pharmacy Technician, GS–0661–07
Inpt Tech
91608383
91252129
91253042
91255636
91256627

4.0 - Technician, GS–0661–06
Opt Tech
91252176
91252988
91271213
91201267

1.0 –Administrative Officer
GS-0341-11 – 91604899
PD 203720
(5.0)

1.0 - Pharmacy Technician, GS-0661-08
Lead Procurement Tech
91608372

1.0 - Pharmacy Technician, GS–0661–08
Lead Clinical Pharm Tech
91608369

1.0 Pharmacy Technician (OA), GS–0661–07
91255688

2.0 – MSA, GS–0679–05
91638798
91638800

1.0 – Supervisory Facility Prg. Manager
GS-0660-13 -91272973

1.0 – Pharmacist (Prg Spec), GS–0660–13
91349105

2.0 – Facility Prg Manager, GS–0660–13
91587724
91368840

Tara R. Gordon 262142 — Digitally signed by Tara R. Gordon 262142 Date: 2022.08.01 13:38:48 -06'00'
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Chief of Pharmacy, Amy Doten

Carrie L. Belawske 994059 — Digitally signed by Carrie L. Belawske 994059 Date: 2022.08.03 10:58:27 -06'00'
CHRO, Carrie Belawske

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Chief of Staff, Dr. Brian Bowers

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BHHCS Director, Lisa Curnes

Design and Conduct of the Residency Program

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

Competency Areas
Pharmacists completing this residency will be competent and confident practitioners as evidenced by their ability in:

(1) patient care;
(2) advancing practice and improving patient care;
(3) leadership and management; and,
(4) teaching, education, and dissemination of knowledge.

They will interact effectively on multidisciplinary health care teams to achieve optimal outcomes. These pharmacists will provide education to patients, health care professionals, students and themselves. In addition, residents will learn to demonstrate leadership, communication, and management skills through self-monitoring and contributions to performance improvement. Residents will be encouraged to develop an approach to the profession that can lead to life-long learning and career satisfaction.

Educational Goals and Objectives
The residency program will provide each resident with specific experiences designed to enable the resident to improve their practice skills. These experiences will be varied in nature, but with an overall emphasis on patient care and the pharmacists' responsibility to patients for the outcomes of drug therapy. The goals for the PGY1 residency include:

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

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

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

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

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy. *
Criteria:
• Includes accurate assessment of patient's:
    o health and functional status,
    o risk factors
    o health data
    o cultural factors
    o health literacy
    o access to medications
    o immunization status
    o need for preventive care and other services when appropriate
    o other aspects of care as applicable.
• Identifies medication therapy problems, including:
    o Lack of indication for medication.
    o Medical conditions for which there is no medication prescribed.
    o Medication prescribed or continued inappropriately for a particular medical condition.
    o Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
    o Therapeutic duplication.
    o Adverse drug or device-related events or potential for such events.

- o Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug-laboratory test interaction, or potential for such interactions.
- o Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
- o Patient not receiving full benefit of prescribed medication therapy.
- o Problems arising from the financial impact of medication therapy on the patient.
- o Patient lacks understanding of medication therapy.
- o Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
- o Laboratory monitoring needed.
- o Discrepancy between prescribed medications and established care plan for the patient.

Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).*

Criteria:

- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
  - o Relevant patient-specific information including culture and preferences.
  - o The goals of other interprofessional team members.
  - o The patient's disease state(s).
  - o Medication-specific information.
  - o Best evidence.
  - o Ethical issues involved in the patient's care.
  - o Quality-of-life issues specific to the patient.
  - o Integration of all the above factors influencing the setting of goals.
- Designs/redesigns regimens that:
  - o Are appropriate for the disease states being treated.
  - o Reflect:
    - The therapeutic goals established for the patient
    - The patient's and caregiver's specific needs
    - Consideration of:
      - Any pertinent pharmacogenomic or pharmacogenetic factors.
      - Best evidence.
      - Pertinent ethical issues.
      - Pharmacoeconomic components (patient, medical, and systems resources).
      - Patient preferences, culture and/or language differences.
      - Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
  - o Adhere to the health system's medication-use policies.
  - o Follow applicable ethical standards.
  - o Address wellness promotion and lifestyle modification.
  - o Support the organization’s or patient’s formulary.
  - o Address medication-related problems and optimize medication therapy.
  - o Engage the patient through education, empowerment, and self-management.

• Designs/redesigns monitoring plans that:
    o Effectively evaluate achievement of therapeutic goals.
    o Ensure adequate, appropriate, and timely follow-up.
    o Establish parameters that are appropriate measures of therapeutic goal achievement.
    o Reflect consideration of best evidence.
    o Select the most reliable source for each parameter measurement.
    o Have appropriate value ranges selected for the patient.
    o Have parameters that measure efficacy.
    o Have parameters that measure potential adverse drug events.
    o Have parameters that are cost-effective.
    o Have obtainable measurements of the parameters specified.
    o Reflects consideration of compliance.
    o If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
    o When applicable, reflects preferences and needs of the patient.

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

Criteria:

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

• Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate. *
Criteria:
• Selects appropriate direct patient-care activities for documentation.
• Documentation is clear.
• Written in time to be useful
• Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise.

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.
Criteria:
• Gives priority to patient care activities.
• Plans prospectively.
• Routinely completes all steps of the medication management process.
• Assumes responsibility for medication therapy outcomes.
• Actively works to identify the potential for significant medication-related problems.
• Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
• Helps patients learn to navigate the health care system, as appropriate.
• Informs patients how to obtain their medications in a safe, efficient, and most cost-effective manner.
• Determines barriers to patient compliance and makes appropriate adjustments.

Goal R1.2: Ensure continuity of care during patient transitions between care settings.
Objective R1.2.1: (Applying) Manage transitions of care effectively.
Criteria:
• Effectively participates in obtaining or validating a thorough and accurate medication history.
• Conducts medication reconciliation when necessary.
• Participates in thorough medication reconciliation.
• Follows up on all identified drug-related problems.
• Participates effectively in medication education.
• Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
• Follows up with patient in a timely and caring manner.
• Provides additional effective monitoring and education, as appropriate.
• Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.
Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.*
Criteria:
• Correctly interpret appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
    o Identifying, clarifying, verifying, and correcting any medication order errors.
    o Considering complete patient-specific information.
    o Identifying existing or potential drug therapy problems.

- o Determining an appropriate solution to an identified problem.
- o Securing consensus from the prescriber for modifications to therapy.
- o Ensuring that the solution is implemented.

• Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
- o When required, accurately calibrates equipment.
- o Ensuring solutions are appropriately concentrated, without incompatibilities, stable, and appropriately stored.
- o Adheres to appropriate safety and quality assurance practices.
- o Prepares labels that conform to the health system's policies and procedures.
- o Medication contains all necessary and/or appropriate ancillary labels.
- o Inspects the final medication before dispensing.

• When dispensing medication products:
- o Follows the organization's policies and procedures.
- o Ensures the patient receives the medication(s) as ordered.
- o Ensures the integrity of medication dispensed.
- o Provides any necessary written and/or verbal counseling.
- o Ensures the patient receives medication on time.

• Maintains accuracy and confidentiality of patients' protected health information (PHI).
• Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.
Criteria:
• Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
• Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.

Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.
Criteria:
• When appropriate, follows the organization's established protocols.
• Makes effective use of relevant technology to aid in decision-making and increase safety.
• Demonstrates commitment to medication safety in medication-use process.
• Effectively prioritizes work load and organizes work flow.
• Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, expiration dates, and properly repackaged and relabeled medications, including compounded medications (sterile and nonsterile).
• Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.
• Promotes safe and effective drug use on a day-to-day basis.

Competency Area R2: Advancing Practice and Improving Patient Care
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.

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

Objective 2.1.2 (Applying) Participate in a medication-use evaluation.
Criteria:
• Uses evidence-based medicine to develop criteria for use.
• Demonstrates a systematic approach to gathering data.
• Accurately analyzes data gathered.
• Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
• Implements approved changes, as applicable.

Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system. *
Criteria:
• Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
• Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
• Uses best practices to identify opportunities for improvements.
• When needed, makes medication-use policy recommendations based on a review of practice (e.g., National Quality Measures, ISMP alerts, Joint Commission Sentinel Alerts).
• Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.
Criteria:
• Effectively uses currently available technology and automation that supports a safe medication-use process.
• Appropriately and accurately determines, investigates, reports, tracks and trends adverse drug events, medication errors and efficacy concerns using accepted institutional resources and programs

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

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.
Criteria:
• Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
• Determine an appropriate topic for a practice-related project of significance to patient care

• Uses best practices or evidence based principles to identify opportunities for improvements
• Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.
Criteria:
• Steps in plan are defined clearly.
• Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately
• Plan for improvement includes appropriate reviews and approvals required by department or organization, and includes meeting the concerns of all stakeholders.
• Applies evidence-based principles, if needed.
• Develops a sound research or quality improvement question realistic for time frame, if appropriate.
• Develops a feasible design for a project that considers who or what will be affected by the project.
• Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
• Uses appropriate electronic data and information from internal information databases, external online databases, and appropriate internet resources, and other sources of decision support, as applicable
• Plan design is practical to implement and is expected to remedy or minimize the identified opportunity for improvement.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.
Criteria:
• Follows established timeline and milestones.
• Implements the project as specified in its design.
• Collects data as required by project design.
• Effectively presents plan to appropriate audience (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation).
• Plan is based upon appropriate data.
• Gains necessary commitment and approval for implementation
• Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
• Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
• Change is implemented fully.

Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.
Criteria:
• Outcome of change is evaluated accurately and fully.
• Includes operational, clinical, economic, and humanistic outcomes of patient care.
• Uses Continuous Quality Improvement (CQI) principles to assess success of implementation of change, if applicable.
• Correctly identifies modifications or if additional changes are needed.
• Accurately assesses the impact, including sustainability if applicable, of the project.
• Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.
Criteria:
• Outcome of change are reported accurately to appropriate stakeholders(s) and policy making bodies according to department or organizational processes.
• Report includes implications for changes to/improvement in pharmacy practice.
• Report uses an accepted manuscript style suitable for publication in the professional literature.
• Oral presentations to appropriate audiences within the department, organization, or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

Competency Area R3: Leadership and Management
Goal R3.1: Demonstrate leadership skills.
Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.
Criteria:
• Demonstrates effective time management.
• Manages conflict effectively.
• Demonstrates effective negotiation skills.
• Demonstrates ability to lead interprofessional teams.
• Uses effective communication skills and styles.
• Demonstrates understanding of perspectives of various health care professionals.
• Effectively expresses benefits of personal profession-wide leadership and advocacy.

Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement. *
Criteria:
• Accurately summarizes one's own strengths and areas for improvement (knowledge, values, qualities, skills, and behaviors).
• Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
• Effectively engages in self-evaluation of progress on specified goals and plans.
• Demonstrates ability to use and incorporate constructive feedback from others.
• Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

Goal R3.2: Demonstrate management skills.
Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.
Criteria:
• Identifies and explains factors that influence departmental planning, including:
    o Basic principles of management.
    o Financial management.
    o Accreditation, legal, regulatory, and safety requirements.
    o Facilities design.
    o Human resources.
    o Culture of the organization.
    o The organization's political and decision-making structure.
• Explains the potential impact of factors on departmental planning.

• Explains the strategic planning process.

Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.
Criteria:
• Identifies appropriate resources to keep updated on trends and changes within pharmacy and healthcare.
• Explains changes to laws and regulations (e.g. value-based purchasing, consumer-driven healthcare, reimbursement models) related to medication use.
• Explains external quality metrics and how they are developed, abstracted, reported, and used (e.g., Risk Evaluation and Mitigation Strategy).
• Describes the governance of the healthcare system and leadership roles.

Objective R3.2.3: (Applying) Contribute to departmental management.
Criteria:
• Helps identify and define significant departmental needs.
• Helps develop plans that address departmental needs.
• Participates effectively on committees or informal workgroups to complete group projects, tasks, or goals.
• Participates effectively in implementing changes, using change management and quality improvement best practices/tools, consistent with team, departmental, and organizational goals.

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

Competency Area R4: Teaching, Education, and Dissemination of Knowledge
Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).
Objective R4.1.1: (Applying) Design effective educational activities.

Criteria:
• Accurately defines learning needs (e.g., level, such as healthcare professional vs patient, and their learning gaps) of audience (individuals or groups).
• Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and that address the audiences' defined learning needs.
• Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
• Selects content that is relevant, thorough, evidence-based (using primary literature where appropriate), and timely, and reflects best practices.
• Includes accurate citations and relevant references, and adheres to applicable copyright laws.

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

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.
Criteria:
• Writes in a manner that is easily understandable and free of errors.
• Demonstrates thorough understanding of the topic.
• Notes appropriate citations and references.
• Includes critical evaluation of the literature and advancement in knowledge or summary of what is currently known on the topic.
• Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate.
• Writes at a level appropriate for the reader (e.g., physicians, pharmacists, other health care professionals, patients, public).
• Creates one's own work and does not engage in plagiarism.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.
Criteria:
• Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
• Provides timely, constructive, and criteria-based feedback to learner.
• If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
• Determines how well learning objectives were met.
• Plans for follow-up educational activities to enhance/support/ensure goals were met, if needed.
• Identifies ways to improve education-related skills.
• Obtains and reviews feedback from learners and others to improve their effectiveness.

Goal R4.2: Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).
Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.
Criteria:
• Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating). o Selects direct instruction when learners need background content.
o Selects modeling when learners have sufficient background knowledge to understand skill being modeled.
o Selects coaching when learners are prepared to perform a skill under supervision.
o Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.
Criteria:
• Instructs students, technicians, or others, as appropriate.
• Models skills, including "thinking out loud," so learners can "observe" critical thinking skills.
• Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
• Facilitates, when appropriate, by allowing learner independence when ready and using indirect monitoring of performance.
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***Denotes a critical objective as defined by RAC (see Requirements to Receive a Residency Certificate below)**

Learning Experiences:

Direct Patient Care	***Additional Opportunities Include:***
Patient Aligned Care Team “PACT” (Required – Longitudinal)	Orientation “Orient” (Required – Rotational)
Anticoagulation "AC" (Required – Longitudinal)	Practice Management "PM" (Required – Rotational)
Community Living Center "CLC" (Required – Longitudinal)	Residency Project “Proj” (Required – Longitudinal)
Home Based Primary Care "HBPC" (Required – Longitudinal)	Medication Use Process “MUP” (Required – Longitudinal)
Inpatient Clinical Pharmacy “ICP” (Required – Rotational)	Professional Development “PD” (Required – Longitudinal)
Internal Medicine “IM” (Required - Rotational)	Practice Coverage “PC” (Required – Longitudinal)
Antimicrobial Stewardship “ASP” (Elective – Rotational)	Academia “Acd” (Elective – Rotational)
Pain Management “Pain” (Elective – Rotational)	Teaching Certificate “TC” (Elective – Longitudinal)

Evaluation of Goals and Objectives

The goals and objectives for the PGY1 pharmacy residency have been selected from the goals and objectives published by ASHP (included above) as a part of the Residency Program Design and Conduct. If a goal is not selected by the program it does not indicate that it will not be covered or discussed during the year. It simply implies that it is not formally taught or evaluated. The following TE grid shows where specific goals are taught and evaluated by the program. The RPD will orient the resident to the Residency Program Design and Conduct. Information is also available on ASHP's web-site at www.ashp.org.

	T/TE Count	AC	CLC	HBPC	ICP	IM	MUP	Orient	PACT	PC	PM	PD	Proj	TC	Pain	Acd	ASP
PGY1 Pharmacy (2014)																	
R1 Patient Care																	
R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process																	
R1.1.1 Interact effectively with health care teams to manage patients' medication therapy	TE - 3, T - 0				TE					TE					TE		
R1.1.2 Interact effectively with patients, family members, and caregivers	TE - 3, T - 0	TE							TE	TE							
R1.1.3 Collect information on which to base safe and effective medication therapy	TE - 4, T - 0		TE	TE	TE	TE											
R1.1.4 Analyze and assess information on which to base safe and effective medication therapy	TE - 4, T - 0		TE	TE		TE									TE		
R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)	TE - 5, T - 0	TE	TE			TE			TE								TE
R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions	TE - 2, T - 0	TE							TE								
R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate	TE - 5, T - 0	TE	TE	TE	TE	TE											
R1.1.8 Demonstrate responsibility to patients	TE - 2, T - 0	TE								TE							
R1.2 Ensure continuity of care during patient transitions between care settings																	
R1.2.1 Manage transitions of care effectively	TE - 1, T - 0				TE												
R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients																	
R1.3.1 Prepare and dispense medications following best practices and the organization's policies and procedures	TE - 1, T - 0									TE							
R1.3.2 Manage aspects of the medication-use process related to formulary management	TE - 3, T - 0						TE		TE	TE							
R1.3.3 Manage aspects of the medication-use process related to oversight of dispensing	TE - 1, T - 0									TE							
R2 Advancing Practice and Improving Patient Care																	
R2.1 Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization																	
R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol	TE - 2, T - 0						TE										TE
R2.1.2 Participate in a medication-use evaluation	TE - 1, T - 0						TE										
R2.1.3 Identify opportunities for improvement of the medication-use system	TE - 1, T - 0						TE										

	T/TE Count	AC	CLC	HBPC	ICP	IM	MUP	Orient	PACT	PC	PM	PD	Proj	TC	Pain	Acd	ASP
R2.1.4 Participate in medication event reporting and monitoring	TE - 1, T - 0						TE										
R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system																	
R2.2.1 Identify changes needed to improve patient care and/or the medication-use system	TE - 2, T - 0												TE				TE
R2.2.2 Develop a plan to improve the patient care and/or the medication-use system	TE - 1, T - 0												TE				
R2.2.3 Implement changes to improve patient care and/or the medication-use system	TE - 2, T - 0												TE				TE
R2.2.4 Assess changes made to improve patient care or the medication-use system	TE - 1, T - 0												TE				
R2.2.5 Effectively develop and present, orally and in writing, a final project report	TE - 1, T - 0												TE				
R3 Leadership and Management																	
R3.1 Demonstrate leadership skills																	
R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership	TE - 1, T - 0											TE					
R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement	TE - 2, T - 0							TE				TE					
R3.2 Demonstrate management skills																	
R3.2.1 Explain factors that influence departmental planning	TE - 1, T - 0										TE						
R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the health care system	TE - 1, T - 0										TE						
R3.2.3 Contribute to departmental management	TE - 1, T - 0										TE						
R3.2.4 Manages one's own practice effectively	TE - 4, T - 0	TE						TE	TE			TE					
R4 Teaching, Education, and Dissemination of Knowledge																	
R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)																	
R4.1.1 Design effective educational activities	TE - 3, T - 0											TE		TE		TE	
R4.1.2 Use effective presentation and teaching skills to deliver education	TE - 2, T - 0											TE		TE			
R4.1.3 Use effective written communication to disseminate knowledge	TE - 2, T - 0											TE		TE			
R4.1.4 Appropriately assess effectiveness of education	TE - 3, T - 0											TE		TE		TE	
R4.2 Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals																	

			T/TE Count	AC	CLC	HBPC	ICP	IM	MUP	Orient	PACT	PC	PM	PD	Proj	TC	Pain	Acd	ASP
		R4.2.1 When engaged in teaching, select a preceptor role that meets learners' educational needs	TE - 3, T - 0					TE								TE		TE	
		R4.2.2 Effectively employ preceptor roles, as appropriate	TE - 3, T - 0					TE								TE		TE	

Learning Experience Schedule

Residents are scheduled for experiences throughout the year in order to allow for learning in various areas. Opportunities for electives are specifically intended to tailor the residency experience to the resident's needs. Residents may elect to work in a required area for more time to gain more confidence and skills (e.g., ambulatory care or internal medicine). Any changes to this schedule need to be in agreement with all preceptors involved, the RAC, and/or the RPD. See learning experience descriptions for additional information.

			When Learning Experience May Fall											
			July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Length	LNG	BLK												
Required														
1 week		X	Orient											
4 weeks		X		ICP										
5 weeks		X			IM									
4 weeks		X							PM					
4 wks then 3 days/mo X 10 mo	X		PC			PC								
8 weeks	X			PACT										
10 weeks	X			AC										
5 weeks	X					HBPC								
3 weeks	X					CLC								
Weekly X 12 months	X		PD											
1 week then 1 day/month	X					MUP								
Weekly X 12 months	X		Proj											
Elective														
12 months	X				TC									
6 weeks	X								*Other Elective Experiences (Acd, Pain, ASP, Extended Experience in a Required Area)					
Encouraged as available									Vacation (total of 13 days earned)					

Key: LNG = Longitudinal BLK = Block

When timing of rotation is longer then stated learning experience: bar is showing time when required experience may fall (i.e. to accommodate scheduling multiple residents, preceptor scheduling conflicts). *Electives will be provided on a case-by-case basis. Residents should demonstrate sufficient progress in core rotations prior to completing electives.

LONGITUDINAL EXPERIENCES:

RESIDENCY PROJECT:
A completed residency project is required during the residency program. The intent of the project is to provide the resident with the opportunity to develop the skills and processes necessary to complete a major project which will benefit the facility. VA BHHCS utilizes the inverted project model. The inverted model involves an altered project timeline. Incoming residents will complete data collection and analysis during the first half of their residency year for a project that was started by the previous residency class. The results of this project will be presented at the ASHP Midyear Clinical Meeting Resident Poster Sessions and at the Midwest Pharmacy Residents Conference. Residents will then develop and seek approval for a new project during the second half of their residency year to be completed the following year. If residents need assistance with project ideas, the preceptors do have some projects that we feel could be accomplished in the year. Initially the resident should consider something that is most interesting to the resident rather than doing a project the preceptor is interested in completing. The residents will also present the results of their projects to the Pharmacy Service and P&T Committee as assigned. The final written manuscript for the initial project must be submitted to the RAC in a format suitable for publication by the final day of the residency.

*All resident projects must go through VA BHHCS Pharmacy and Therapeutics (P&T) Committee for approval prior to the data collection period. Residency project posters, presentations and/or publications must receive P&T Committee approval prior to being presented outside the facility.

PROFESSIONAL DEVELOPMENT:
The goal of the Professional Development learning experience is to equip residents for continued growth and success after residency completion. Residents will be exposed to a variety of skills and strategies that are essential for professional development. A weekly Professional Development Discussion will be held throughout the residency year. Discussions will be led by members of the RAC, invited speakers and each resident. Possible topics include: leadership books (*Good to Great. 21 Indispensable Qualities of a Leader*, etc.), important techniques (coaching/mentoring, communication, etc.), and pharmacy specific information (demographics in pharmacy leadership White Paper, etc.).

MEDICATION USE PROCESS:
Residents will gain exposure to multiple aspects of medication usage including formulary management, Pharmacoeconomics, protocol/procedure development, adverse drug event reporting, and informatics during the Medication Use Process learning experience. Projects will include preparation and presentation of P&T agenda items, construction of CPRS order menus, development of a Pharmacy Standard Operating Procedure, completion of a medication-use evaluation, and evaluation of a reported medication error. Topics will be assigned based on facility and/or department needs and resident interests. Each resident will be scheduled for one week followed by one day per month of Medication Use Process after the initial orientation period. However, due to the nature of the learning experience and the associated projects, projects may require time outside of the scheduled time to complete.

PRACTICE COVERAGE RESPONSIBILITIES:
Each resident will be assigned to cover the service longitudinally as appropriate after completing a four week concentrated learning experience. The purpose of working as a pharmacist is to gain experience and improve skills in the medication use process. Understanding the process is part of leadership in the profession. Pharmacists must have a thorough understanding of the medication ordering/delivery system utilized by the individual institution to be fully successful. Residents will work with the unit-dose, IV admixture systems, and outpatient pharmacy systems. A pharmacist will always be available to assist the resident with any questions that arise during coverage. The resident should **never** hesitate to contact a pharmacist to discuss patient-specific drug related problems.

RESIDENCY EVALUATION & PROGRESS TRACKING

ASHP has assisted PGY1 Pharmacy Residency Programs by developing a set of goals and objectives. The goals and objectives are separated into four competencies listed on pages 11-22 of this manual. Each goal has an objective(s) that should be completed to successfully reach the goal. Residents must review these goals since they are the basis of the training experience. The goals and objectives are followed by criteria that have several components. The resident can review the criteria that are considered markers of reaching the objective as a guide to improving skills and as a basis for their success in the program.

At the beginning of every learning experience, the resident should review with the preceptor his/her goals and objectives, expectations that are established, and any specific plans for the resident during that time. The preceptor needs to discuss with the resident the plans and expectations for the experience in order to maximize the learning opportunity. There are activities paired with each objective to assist the resident in understanding what tasks need to be completed.

The criteria form the basis of formative and summative assessment. Formative and summative assessments are essential components of the resident training; there are important differences between them. Formative assessment (feedback) is given at short intervals to provide the resident with an ongoing assessment of individual tasks, patients, and problem solving exercises (e.g., having progress notes co-signed). Frequent feedback should be expected from the preceptor while the resident is completing various experiences. The resident should ask the preceptor for feedback on a regular basis. Feedback comes in many forms (verbal, written, etc).

Summative assessments or evaluations are a summation of the resident's skill development over a longer time interval and should reflect the feedback provided during the time period. The purposes of evaluations are to provide the resident with an assessment of progress in the various experiences and to make recommendations for improvement in practice. Prior to each experience the resident should review the specific expectations and the evaluation form to understand the expectations and the specific goals and objectives. If additional objectives are needed or desired, they should be considered prior to or early in the experience. The evaluation is intended to review with the resident the progress made over the course of the experience.

At the end of each learning experience, each resident will be asked to give an honest appraisal of the preceptor and the experience. The resident should also do a self-evaluation of their performance, and identify areas of growth and areas for improvement. The purpose of doing a self-evaluation is to provide a mechanism to improve the quality of one's performance through self-assessment. Professional development is a life-long process. Learning to do self-assessments assists in the development of personal skills.

After the resident and the preceptor have each completed an evaluation of the experience, they will meet to discuss the evaluations within 7 days of completing the rotation. It is the responsibility of the preceptor and the resident to schedule this meeting. The evaluations completed by the preceptor and residents are forwarded to the RPD after the residents and preceptor have discussed and reviewed them. These evaluations will be reviewed and deficiencies and/or disciplinary actions that are needed will be addressed by the RAC. Resident evaluation comments will also be utilized during the end of the year program assessment.

Evaluations in PharmAcademic will utilize the following scale:

- **Needs Improvement (NI):** resident is behind expected learning curve; significant improvement is needed to meet the objective during the residency year
- **Satisfactory Progress (SP):** resident is performing and progressing at a rate that should eventually lead to mastery of the objective during the residency year
- **Achieved (ACH):** resident has mastered this objective for this rotation and can perform the task independently or upon request for the experience/population
- **Achieved for Residency (ACHR):** resident consistently demonstrates mastery of the objective across learning experiences

Application and Selection Process

The VA BHHCS PGY1 Pharmacy Residency participates in the ASHP Resident Matching Program. Program applications are available and accessible through the website. The deadline for application materials is January 10th.

Applicants for the PGY1 Residency Program must meet the following requirements:

- Doctor of Pharmacy degree from ACPE accredited program
- U.S. citizenship
- Residency Matching Program participant
- Willing to complete an interview (may be virtual or onsite)

The following must be submitted as part of the candidate's application:

- Three Letters of Recommendation
- Letter of intent
- Curriculum vitae
- College Transcripts

Once completed applications are received, the RPD will pre-screen applications by an approved pre-screening tool and offer applicants an on-site interview. Applicants will not be invited for an interview if:

- Pre-screening score is less than 20
- Any recommendation states "do not recommend"
- He/she has 2 or more D's on transcripts
- The candidate's stated interests are not part of the core curriculum of the residency program
- Written communication score is less than 2 (i.e. more than 5 significant errors in letter of intent.)

The applicant screening, interview and selection process were revised in 2022 to increase diversity and decrease the potential for implicit bias. Some criteria/items/questions were added/deleted/changed. The points for some sections were increased and others decreased. These changes were made to focus on the most important criteria and provide credit for characteristics demonstrated in less traditional ways while maintaining credit for criteria which demonstrate extra effort by traditional candidates.

The RPD is then responsible for scheduling the interviews. Preceptors and current residents are scheduled to interview the applicants and complete a rating form at the end of the interview. The RPD then ranks the candidates based on results. The RAC meet to review the preliminary ranking list and discuss any changes they feel should be made. The RPD, in conjunction with RAC, makes the final decision regarding the rank order list. The RPD is responsible for submitting the final rank order list to the National Matching Service. If all positions are not matched during Phase I of the Match, the VA BHHCS PGY1 Pharmacy Residency will participate in Phase II of the Match unless extenuating circumstances exist.

Veteran residency candidates are likely to be more able to relate to the veteran patient population and help veterans achieve their healthcare goals due to their shared experiences as veterans. For this reason and in the spirit of VA policies regarding veteran preference, all things being equal, a Veteran candidate will be ranked/selected over a non-veteran.

In the event that the ASHP Matching program does not fill a residency position during either Phase I or Phase II, additional applicants may be considered. The RPD will review all completed applications and determine which applicants should be offered an interview. After each interview, the RPD will gather input from members of the RAC and make a decision regarding extending an offer.

Obligations of the Resident to the Program

Overall expectations:
PGY1 Residents will:

- Make active use of constructive feedback from preceptors
- Have a primary professional commitment to the residency program
- Adhere to the values and mission of the training organization
- Ask for verbal and written feedback from preceptors
- Residents will adhere to and be subject to the VA BHHCS standards and policies. You will need to complete mandatory online training found on the VA BHHCS intranet website

Licensure:
PGY1 residents are **required** to take the North American Pharmacy Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Exam (MPJE) as soon as they are deemed eligible by the state board, preferably **prior** to starting the residency. Each resident must be licensed as a pharmacist in any state by October 1 or three months from their start date, whichever is later. Resident's appointments are contingent upon this licensure according to the Veteran's Health Administration Office of Academic Affairs. (M-8, Part II, Chapter 2, paragraph 2.34d). If this requirement is not met, the obligations of the residency cannot be completed and the resident will be removed from the program.

Liability Insurance:
Residents are covered by the Public Officers Law and will not need any practice liability insurance during your residency. While performing within your scope of practice and in conformance with VA rules and regulations, the VA will cover all liability issues. Your only risk would be if you exceed your scope of practice or violate VA policies.

Professional Practice:
1. Pharmacy residents are representatives of the Pharmacy Service and are expecting to uphold the high standards of professional conduct at all times, including professional meetings.

2. Patient confidentiality is essential. Any discussion of patients' therapies must be conducted privately with concern for the patient and his/her family. Another area of confidentiality that must be maintained is the computerized medical record. Employees should never leave a computer terminal open for access by other individuals.

3. Resident's and preceptor's activities should be coordinated in order to ensure optimal patient centered care. Residents are not expected to practice independently from the pharmacists, but should grow in their independence level throughout the residency year. Utilizing the knowledge, skills, and abilities of the preceptors to become more proficient at pharmacy practice is critical to the resident's development. Residents can assist the Pharmacy Service by asking if the way things are done can be improved. These challenges to the staff are an important contribution to our improvement process.

4. Communication with preceptors, pharmacists, technicians, nurses, physicians and others is important to prevent or resolve patient-specific problems. Preceptors will also assist residents in identifying problems that they may not have found. If the resident cannot solve a specific problem via routine channels, the preceptor, or RPD should be contacted, including calling a preceptor at home.

5. Residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of VA BHHCS. Clean, white lab coats may be worn. Any specific problems with attire will be discussed with the RPD. All employees are required to wear identification badges when on duty.

6. Residents will enhance their professional career by attending seminars and conferences. The resident is expected to be a member of ASHP and to attend the ASHP Midyear Clinical Meeting in December and Midwest Pharmacy Residents Conference in May. The resident is encouraged to attend state professional pharmacy organization meetings.

Customer Service
Everyone in health care has internal and external customers that are encountered every day. The pharmacy resident needs to consider that he/she is here to improve skills in providing pharmaceutical care while also helping everyone within the system. Residents have many opportunities to hone customer service skills. A basic tenet of customer service is treating someone else exactly the way the resident wants to be treated (e.g., respectfully).

Many encounters with other staff and patients are via the telephone. Having a greeting that reflects the nature of helping must be considered. A standard greeting when someone is calling the Pharmacy includes, the name of the person who is answering, and the offer to assist. One example of how to answer the telephone is:

Pharmacy, this is RESIDENT'S NAME. How can I help you?

Qualifications of the RPD and Preceptors

PGY1 RPD
The PGY1 Residency Program Director (RPD) is responsible for the administration, oversight, and coordination of the program to ensure the standards for accreditation set by the American Society of Health-System Pharmacists are met or exceeded. The RPD accepts or rejects applicants, dismisses enrollees if necessary, and certifies enrollee's completion of the program. The RPD selects individuals to serve as preceptors for PGY1 residency training. The RPD will be a professionally and educationally qualified pharmacist who is committed to providing effective training of the PGY1 residents.

Responsibilities include:
1. Arrange for the incoming residents' orientation to the Pharmacy Service and the residency program.
2. Develop and implement criteria for appointment and reappointment of preceptors.
3. Chair the Residency Advisory Committee (RAC)
4. In collaboration with the RAC, schedule the residents' learning experiences and assist in the development of a plan for special learning experiences and duties.
5. Monitor the residents' progress and ensure completion of requirements is documented appropriately.
6. Assist in the resolution of problems or difficulties, which the resident may encounter.
7. Maintain an open line of communication between the resident and other members of the Pharmacy Service.
8. Certify that all requirements of the residency have been completed prior to certification, upon the recommendation of the RAC.
9. Design and execute a preceptor development plan.
10. Conduct continuous residency program improvement with the assistance of the RAC.

Learning Experience Preceptor
Each residency learning experience is directed by a Preceptor with the following functions and responsibilities:
1. Develop and maintain learning experience description, which includes goals and objectives evaluated during learning experience and specific activities designed to meet assigned goals and objectives.
2. At the beginning of each learning experience orient the resident to the learning experience. Learning experience orientation will include a review of learning experience description. Once reviewed, the Resident and Preceptor will both sign the learning experience description. Signed learning experience descriptions will be scanned.
3. Extend sufficient assistance, guidance, and direction to the Resident in order for him/her to meet the goals of the learning experience. The Preceptor will meet with the Resident on a regular basis to determine progress.

4. Communicate with the next preceptor how the Resident is progressing from modeling, to coaching, to facilitating. This hand-off communication can take place verbally or over email.
5 Keep the RPD apprised of any difficulties which a resident may be having in a rotation or in the overall residency.
6. Provide criteria based feedback to the resident by completing formative and summative evaluations. The preceptor will discuss the summative evaluation as often as indicated in the learning experience syllabus.
7. Facilitate practice sites that promote residency responsibility for direct patient care activities.
8. Preceptors may develop and maintain an appropriate reading library or bibliography of readings for residents that will aid in competency in the learning experience disease states.
9. Participate in preceptor development activities and the residency program's continuous quality improvement process

Preceptor appointment will be made using the following criteria:

- Express interest in and desire to precept either verbally or in writing
- Meet ASHP eligibility requirements or be willing to take steps to meet requirements
- Complete ASHP Preceptor Academic and Professional Record
- Willing to meet attendance and participation requirements set forth in re-appointment criteria

Re-appointment criteria:

- Express desire to continue precepting and completion of the following:
  - Preceptor Academic and Professional Record updated annually
  - Annual self-assessment completed annually
  - Attendance at a minimum of 50% of preceptor meetings during the residency year. If unable to attend, notify RPD to be excused from the meeting.
  - At least 1 of the following: review of InPharmation newsletter article, attend and provide feedback at resident CE practice presentation, present a preceptor development topic at a monthly preceptor meeting, participate in resident project, provide staff education at a staff meeting or quarterly education day, conference attendance, serve as a poster judge, serve as a presentation judge

Review of PharmAcademic evaluations, preceptor self-assessment forms, Academic and Professional Records, direct observation, and discussion may be used for preceptor assessment.

Preceptors will be re-appointed annually and preceptor list will be approved by RAC.

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:

- Achieve for the residency 80% of the required goals and objectives, which must include achievement of all critical objectives as defined by RAC. Critical objectives include:
    1. R1.1.1
    2. R1.1.4
    3. R1.1.5
    4. R1.1.6
    5. R1.1.7
    6. R1.3.1
    7. R2.1.3
    8. R3.1.2
    9. R3.2.4
    10. R4.1.2
- Satisfactory progress of <u>all</u> required goals and objectives will be obtained.
- Satisfactory completion of all learning experiences. If a learning experience is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and program director.
- Completion of a residency project with a manuscript that is submittable for publication. The residency project will be presented at a formal meeting and at Midwest Pharmacy Residents Conference.
- Completion of all assignments, presentations and projects as defined by the preceptors and residency program director.
- Presentations will include at least two journal clubs and two in-services to include one continuing education presentation.
- Compliance with all institutional and departmental policies.

Benefits:

STIPEND:

$41,742

LEAVE:

- 13 paid accrued annual days per year
- 13 paid accrued sick days per year
- 7 - 11 paid holidays

OTHER BENEFITS:

- Office workspace with telephone and supplies.
- Access to a personal computer with word processing, spreadsheet, slide-making and drug information retrieval capabilities. Access to a MedLine searches and the Internet.
- Free parking, copying and lab coats with laundry service.
- Health and Life Insurance is available as in the Federal Benefits package.
- Liability insurance is not required. The United States Government accepts responsibility and liability for the actions of its employees during the exercise of their official duties. Employees performing within the course and scope of their duties in or for the Department of Veterans Affairs (VA) are afforded the protection of the Federal Tort Claims Act.
- Year counts toward future Federal position benefits (for residents choosing to also work Dual Appointment).

Residency Policies:

Attendance
The residency is a full-time temporary appointment of one year and one day in duration. The resident is expected to be onsite for 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Additional time is expected to complete assignments and projects in a timely manner. When the resident will not be onsite, the program director and preceptor must approve the time off or away and procedures for leave must be followed. At times, the resident will be expected to attend other residency-related conferences or experiences off site during regular working hours. The resident will be scheduled for rotations and staffing assignments and is expected to be in the designated location.

Discipline/Dismissal Policy
It is not expected that any disciplinary actions will be needed during the residency. However, criteria have been established to avoid making an unpleasant situation more difficult. Each resident is expected to perform in an exemplary manner. If a resident fails to meet the requirements of the program, disciplinary action will be taken. Examples of inadequate or poor performance include dishonesty, repetitive failure to complete assignments, being late for clinical assignments, plagiarism, abuse of annual and/or sick leave, violating VA BHHCS or VA policies and procedures, patient abuse, and violating ethics or laws of pharmacy practice. The following sequence of discipline is outlined:

1. Minor or initial failure to adhere to requirements will result in a verbal counseling by the primary preceptor or the RPD. A note stating a verbal counseling has occurred will be sent to the RAC. If a resident is late to work more than one time the resident will be considered absent without leave and a pay reduction will be assessed for the time missed.
2. For repeated or more severe incidents, the RPD or RAC will give residents a formal written warning of failure to meet the requirements of the residency program. A list of actions and/or additional assignments required to continue in the program will be determined by the RAC and must be signed by the resident. The RAC will follow the resident's compliance with the required actions. Failure with compliance may lead to the dismissal of the resident from the program.

Failure to comply with the required actions set forth by the RAC will be documented in writing by the preceptor, RAC, or RPD. RAC, Chief of Pharmacy, RPD will decide whether dismissal is necessary after reviewing the situation with the resident and preceptor. If dismissal is necessary the proper process will be initiated.

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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Leave Policy (vacation, authorized absence, sick time, etc.)
Leave must be planned and consideration 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. It is understood that residents will need time in the spring for interviews; leave should be planned for accordingly. No specific times are set aside for vacations, therefore, the resident and preceptor must agree about leave. A request for leave must be sent via Outlook electronic mail to the specific experience preceptor and the RPD for approval, which should be noted in the leave request in the comment field. If you request leave without preceptor approval, you leave request will be automatically cancelled. Requests must be entered into the VA Time and Attendance System (VATAS) PRIOR to any planned leave being taken. If all of 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 sick, residents are responsible for calling the pharmacy secretary (605-720-7060) within one hour of the time they were to report for work. A call is expected on **each** day of sick leave unless discussed with the preceptor previously. A leave request must be entered on the day of your return. If a resident is ill on a day of a scheduled conference, the resident will be required to present at the earliest possible time upon returning. The resident must make arrangements with the coordinator for a specific time.

Application for Leave
There are 4 types of leave granted during your residency. Leave requests will only be accepted electronically in VATAS. Leave classes are as follows:
1) **Annual leave**- This type of leave is used for vacations and time off for any personnel reasons. You will earn four hours of annual leave each pay period (every two weeks). Requests for use of annual leave are made per pharmacy policy and through VATAS.
2) **Sick Leave**- You use this leave for illness and physician appointments. You will earn four hours of sick leave each pay period (every two weeks). Excessive use of sick leave could negatively affect performance and the achievement of the goals of the residency. In the event that an extended sick or family leave is necessary, the facility will consider the arrangements on an individual case basis. Human Resources will become involved in the arrangements. VA policies will be followed. The RPD will advocate for the resident but will not excuse the resident from meeting the goals and objectives of the Pharmacy PGY1 Residency or the ASHP requirements.
3) **Administrative Leave**- This leave is granted to attend official outside functions (administrative absence requires advanced approval and residents must complete the appropriate forms at least 30 days before the meeting). The forms that are needed are available from the pharmacy secretary. This is the leave status you use to attend conventions and seminars. This is granted on a case-by-case basis. When sent to convention or on official travel it is mandatory that you attend the convention and obtain all possible CE hours. This leave may also be used for licensing exams and VA interviews at the discretion of the RPD and Chief of Pharmacy.
4) **Leave Without Pay**- This class of leave is used for emergency use only. Examples would be a death in the family or some other crisis. It would not be used to extend annual leave for purposes of weddings, vacations, or family reunions. It can only be used after all annual or sick leave has been used up.

Extended Leave:
Any sick or personal leave used beyond the earned amount will result in leave without pay [LWOP]. Any time a resident takes as LWOP will need to be made up at the end of the residency year. [E.g. If two weeks of LWOP are used, then 2 weeks must be made up at the end of the residency year]. If an extended absence occurs (i.e. extended family or sick leave), extension of the residency program may be necessary. Opportunity to extend the program with pay will depend on the decision of the VA regarding extending the funding.

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

Duty Hours/Moonlighting:
VA BHHCS adheres to the Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies (available at www.ashp.org). Duty hours attestation is completed monthly in PharmAcademic and reviewed by RPD.

External moonlighting is not encouraged. Any external moonlighting requires approval through the RAC prior to engaging in that activity.

Dual Appointment:
Dual appointment (i.e., internal moonlighting) is defined as working as a pharmacist for the VA during the residency year. This is additional to residency duties and should not encumber residency responsibilities in any way. Dual appointment time is paid at pharmacist salary for the amount of time worked. Dual appointment time counts toward VA retirement benefits and seniority. The timekeeper should be notified by electronic mail of scheduled dual appointment hours on weekends and holidays the Monday prior to ensure proper posting of timecards.

Organizational Policies:
The resident will be protected by and abide by all VA Directives, policies and procedures of the Medical Center and pharmacy team and the by-laws of the medical staff when applicable. Such policies include, but are not limited to: policies on Sexual Harassment, Employee Grievances, Equal Employment Opportunity (EEO) Complaint Process, Compliance, Organizational Ethics: Code of Ethical Behavior, Standards of Ethical Conduct, Drug Testing, and Vaccination. See below for drug testing information and the conduct and courtesy policy, which will be reviewed during on-boarding.

drug testing letter and information (002)

conduct courtesy.pdf