Policies and Procedures
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

This residency, like all Veterans Affairs (VA) Physician Assistant (VA) postgraduate residency programs are governed by VHA Handbook 1400.08 Education of Associated Health Professions and VHA Handbook 1400.04 Supervision of Associated Health Trainees. This residency program also follows ACGME requirements except when in direct contradiction to VA policies.

Polices found within this document:
- ARC-PA Accreditation Status
- Hiring Preference Policy
- Required Academic and Eligibility Criteria
- Required PA Competencies and Technical Standards
- Curricular Components
- Stipend, Benefits and Program Costs, malpractice
- Duty Hours Policy
- Advanced Placement Policy
- Academic Credit Policy
- Supervision Policy
- Moonlighting Policy
- Graduation Requirements
- Reduction in Size or Closure of Program Policy
- Requirements Prior to the Start of Postgraduate PA Program Policy

Definitions:
- ARC-PA - Accreditation Review Commission on Education for the Physician Assistant, Inc.
- PA - Physician Assistant
- ZVAMC - Clement J. Zablocki VA Medical Center
- NCCPA - National Commission on Certification of Physician Assistants
- PANCE - Physician Assistant National Certifying Exam
- HR - Human Resources
- OAA - Office of Academic Affiliations
- VA - Veterans Affairs
- MCW - Medical College of Wisconsin
- APP - Advanced Practice Provider
- AL - Annual Leave
- SL - Sick Leave

Updated 08/31/2022
Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
Accreditation Status
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

This Emergency Medicine Physician Assistant Postgraduate Residency Program is in the beginning stages of seeking provisional accreditation. This program will be seeking Clinical Postgraduate PA Program Accreditation through ARC-PA. The program currently does not hold accreditation.
Physician Assistant Resident Candidate Hiring Preference Policy

Policy:

- As a postgraduate physician assistant training program, preference is given to those candidates who are recent or new graduates of an ARC-PA accredited Physician Assistant Program.

- Recent or new graduates are preferred for the residency training program because the mission and goals of the residency program are best met by providing additional and advanced training to build upon the recent physician assistant graduate’s PA school education while their “generalist” training is still fresh and current.

- While more recent or new graduates are preferred, applications from Physician Assistants with years of experience as a Physician Assistant will not be denied and will be reviewed for consideration for an interview.

- The PA residency program does not discriminate against an applicant based on the applicant’s race, color, religion, sex (including pregnancy), national origin, age, disability or genetic information. Applicants, however, must be US citizens.
Required Academic and Eligibility Requirements
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

The Clement J. Zablocki Milwaukee VA Medical Center works with Veterans Health Administration Office of Academic Affiliations (OAA) to ensure that the VA’s standards and those of the relevant accrediting body are met or surpassed.

These standards are not meant to be all inclusive nor does it constitute all measures or standards. The EMPA resident must be able to execute the following academic and non-academic criteria.

Required Academic Standards:
Applicants are selected based on academic achievement, physical and emotional capacities to meet the requirements of the Emergency Medicine PA residency curriculum and career in emergency medicine. The residency admission committee considers academic ability as well as character, extracurricular achievement, prior healthcare experience, commitment to service and overall suitability for emergency medicine based upon information in the application documents, letters of recommendation, and personal interviews.

Required Application Criteria
• United States Citizen
• Graduate of an ARC-PA accredited physician assistant program (at time of entrance in residency)
• Current BLS and ACLS certifications
• Completed application form (VHA 10-2850)
• Resume/Curriculum Vitae (CV)
• Three (3) letters of recommendation
• Personal essay about why you are pursuing this particular residency program
• Official PA school transcripts with satisfactory grades achieved throughout the PA program
Required PA Competencies and Technical Standards
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

Required PA Competencies and Technical Standards:
The Veterans Health Administration (VHA) takes pride in providing the largest education and training enterprise for health professionals in the Nation. VHA and the Milwaukee VA are committed to providing outstanding postgraduate medical education to PA residents across a broad spectrum of specialties. In addition to developing academic, and clinical knowledge, the following non-academic standards and competencies specify attributes necessary for successful completion of residency training. This is not an all-inclusive list. Rotation specific competencies are located in the Goals and Objectives for each rotation.

Patient Care:
1. Conduct effective interviews with patients of all varieties.
2. Understand how to perform and complete physical exam vs a limited physical exam depending on complaint while demonstrating technical proficiency and sensitivity to the needs of patient.
3. Gain experience in the diagnosis and management of clinical problems of specific importance to the practice of emergency medicine.
4. Demonstrate the ability to recognize and understand the basic pathophysiology, manage, and developed safe disposition for conditions.
5. Learn to function as a member of an interdisciplinary team.
6. Provide direct patient care applying analytical and clinical decision-making skills.
7. Rotation specific patient care objectives noted on each rotation’s goals and objectives.

Medical Knowledge:
1. Understand how diagnostic studies such as laboratory, radiology, and procedures are utilized and how to monitor treatment.
2. Gain understanding of the conditions noted on each specific rotation’s goals and objectives
3. Gain understanding and expertise in procedures with the appropriate level of physician supervision.

Interpersonal & Communication Skills:
1. Understand how to provide care in a humanistic manner (caring, concern, kindness, and respect) that address the needs to the whole patient.
2. Exhibit collegial and collaborative behavior in all interactions with faculty, peers, students, members of other healthcare teams and departments and administrative personnel.
3. Document daily notes, progress, critical issues, and changes in health status in a timely manner and clearly delineate care plans.
4. Communicate effectively and clearly during patient handoffs and when writing orders, ensuring continuity of care and patient safety.
Professionalism:
1. Demonstrate reliability and a strong work ethic by consistently carrying out duties with honesty, integrity, compassion, self-motivation, self-discipline, and respect for others.
2. Acknowledge and accept consequences for own actions and behaviors and be receptive to feedback.
3. Consider the needs of patients, families, and caregivers ahead of your own.
4. Recognize conflicts of interest and avoid relationships that allow personal gain to supersede a patient’s best interests.
5. Maintain patient confidentiality and HIPPA standards.
6. Demonstrate appropriate appearance, language and sensitivity to patients, staff, and other providers.
7. Demonstrate sensitivity and responsiveness to patient’s culture, age, gender, sexual orientation and/or disability.
8. Participate and work effectively with others on interdisciplinary and/or multidisciplinary services to promote optimal patient care.
9. Attend conferences and meetings as required.
10. Foster compliance with duty hour regulations by working as a member of a team.
11. As a member of a team, assume responsibility for monitoring for fatigue in self and others.
12. Demonstrate a working knowledge and adhere to all designated lines of authority to maximize quality care and patient safety.

Systems Based Practice:
1. Understand the systems involved in assuring a safe departmental environment for patients and health care team members.
2. Demonstrate knowledge of cost impact, availability of diagnostic and treatment options, risk and benefits and participate in cost effective patient care plans.
3. Discuss medical errors with team members within the context of quality improvement to promote patient safety, trust, and self-learning.
4. Adhere to institutional code of conduct, demeanor, behavior, and attire.

Practice Based Learning & Improvement
1. Read and study resource textbooks to help care for patients on the rotation.
2. Access digital resources, critically appraise findings, and apply evidence-based medicine to help care for patients on the rotation.
3. Facilitate the learning of colleagues and other health care professionals on the rotation.
4. Demonstrate knowledge of appropriate documentation and coding.
5. Serve as a role model to more junior trainees and other health care professionals.
Curricular Components
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

Throughout this 12 month residency program, PA residents will rotate through multiple high yield off service specialties in both the inpatient and outpatient setting, in addition to the time spent in the VA emergency department and the Froedtert Health System. (Froedtert Health rotations subject to change). Certification courses may also be available. The exact courses and rotations may vary based on federal approval, funding, scheduling, and availability.

Emergency Medicine Residency conferences (grand rounds) occur every Thursday Morning (in person or virtual) with the exception of major holidays. Conference is hosted by the Medical College of Wisconsin (MCW) Emergency Medicine Physician Residency Program. Conferences range from case based topics, quality improvement, specialty service presentations, small group discussions, to global health, diversity, and biases in medicine. This is not an all-inclusive topic list. All clinical topics are evidence based. Thursday afternoons are dedicated to core curriculum discussions, simulation, procedure and ultrasound based training.

<table>
<thead>
<tr>
<th>Clinical Rotations</th>
<th>Rotation Length</th>
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<tbody>
<tr>
<td>VA Emergency Department</td>
<td>23-25 weeks* based on vacation</td>
</tr>
<tr>
<td>Froedtert Health System (ED/Trauma)</td>
<td>8 weeks</td>
</tr>
<tr>
<td>VA Medical Intensive Care Unit (ICU)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>VA Cardiology</td>
<td>4 weeks</td>
</tr>
<tr>
<td>VA Mental Health</td>
<td>4 weeks</td>
</tr>
<tr>
<td>VA Dental</td>
<td>2 weeks</td>
</tr>
<tr>
<td>VA dermatology</td>
<td>2 weeks</td>
</tr>
<tr>
<td>VA Physical Medicine &amp; Rehabilitation (PM&amp;R)</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Vacation Time</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Orientation</td>
<td>1 week</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Certification Courses</th>
<th>CME Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Trauma Life Support (ATLS)</td>
<td>16 Credits</td>
</tr>
<tr>
<td>Pediatric Advanced Life Support (PALS)-optional</td>
<td>8 Credits</td>
</tr>
<tr>
<td>Advanced Life Support (ALS) RQI</td>
<td>None</td>
</tr>
<tr>
<td>Basic Life Support (BLS) RQI</td>
<td>None</td>
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</tbody>
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Updated 08/31/2022
Curricular Components Continued
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

<table>
<thead>
<tr>
<th>Other Curricular Requirements</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Presentation to fellow VA PA residents (virtual)</td>
<td>30-45 minutes in duration</td>
</tr>
<tr>
<td>Completion of Hippo EM online training</td>
<td>&gt;100 Cat 1 CME hours in Emergency medicine</td>
</tr>
<tr>
<td>Completion of all assigned Talent Management System (TMS) courses</td>
<td>10-20 hours</td>
</tr>
<tr>
<td>Completion of online Dermatology Modules and IHI Modules</td>
<td>10-15 hours</td>
</tr>
<tr>
<td>Participation in CV/Resume development workshop series with MCW Advanced Practice Provider (APP) fellows (virtual)</td>
<td>6 hours</td>
</tr>
<tr>
<td>Participation in process improvement training sessions with MCW APP fellows (virtual)</td>
<td>4-6 hours</td>
</tr>
<tr>
<td>Participation in professional development curriculum with MCW APP fellows (virtual)</td>
<td>15-20 hours</td>
</tr>
</tbody>
</table>
Emergency Medicine Physician Assistant Residency

Stipend, Benefits and Program Costs
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

Appointment:
PA Resident Health Professions Trainees are appointed under 38 U.S.C. 7405 with a one (1) year appointment. Appointment may be renewed for no more than three years.

Stipend:
The stipend is highly competitive based on national data from Office of Academic Affiliations (OAA). The stipend for each Physician Assistant Residency Program location is determined by OAA based on market analysis. It changes annually. Please contact Carolyn.Krech@va.gov for specific stipend amount.

Benefits:
• PA trainees within the VA system are eligible for health insurance
• Up to 11 paid holidays *
• Access to online asynchronous education from Hippo EM with up to 174.5 CME possible
• Preferential hiring within VA upon completion of training
• Education Debt Reduction Program (EDRP) may be available upon employment, depending on site, and subject to funding

*May be scheduled to work on federal holiday during inpatient or emergency department rotations.*

Resident Leave (annual and sick):
• For all preplanned leave (annual leave and some sick leave), residents must send a written leave request, with appropriate approval of the clinical supervisor to whom the resident is responsible, and to the program director.
• Leave time, including annual leave, is handled on an individual basis. All leave requests must be made in writing and approved by the program director prior to the resident taking leave.
• In order to facilitate continuity of patient care and optimize the resident's educational experience, preplanned leave must be requested prior to release of the next schedule. Generally 3-4 weeks prior to the next month. The sooner leave requests are made the more likely the program is able to accommodate. Leave should generally NOT fall in the following time periods:
  o Simulation Thursdays (generally the 4th Thursday of the month)
  o PA residents are not allowed to take leave while rotating at Froedtert Hospital for Trauma Surgery or during their Community Emergency Department rotation
• As PA trainees within the VA, PA residents will accrue annual leave (AL) at the rate of 4 hours and sick leave (SL) at the rate of 4 hours for each full biweekly pay period.
• Family/Parental leave is handled on an individual basis. PA resident is not eligible for FMLA or paid parental leave due to temporary appointment of 365 days.
• Leave of absence, in the event that other leave (sick or annual) is not available or appropriate for use, a leave of absence may be requested. Direct VA-paid HPTs who accrue leave should use their annual and sick leave for extended medical leave, may request
advanced leave and can receive donated leave. When all leave is exhausted the employee can be approved for Leave Without Pay (LWOP). Appointment may need to be extended beyond 12 months to accommodate LWOP.

- All other forms of leave of absence are handled on an individual basis with program director, OAA and HR as necessary in accordance with VA policies.

Costs:

- PA trainee is responsible for all costs associated with taking the PANCE exam.
- PA trainee is responsible for all costs associated with obtaining WI state licensure.
- PA trainee is responsible for securing their own housing for the year of training.
- PA trainee is responsible for any relocation costs that may be necessary to move to this training site.
- PA trainee is responsible for travel to and from rotations.
- PA trainee is responsible for cost of Urine Drug Screen (8 panel) to rotate at trauma center/community hospital.
- If previously licensed, mandatory self-query on the National Practitioner Data Bank (NPDB). Queries are done through https://www.npdb.hrsa.gov.
- PA trainee may choose to purchase reference materials to aid in rotations.
- If PA trainee chooses to attend Pediatric Advanced Life Support (PALS) training or Society of Emergency Medicine (SEMPA) 360 conference PA trainee is responsible for all costs.
- No tuition or application fee (PA trainee applicant is responsible for any costs associated with obtaining PA school transcripts).

Since this program does not require any tuition or fees, there are no refunds if resident wishes to withdrawal from program. Financial support is not applicable for this program.

**Malpractice Insurance:**
As a VA employee malpractice insurance is not required and you are covered for liability under the Federal Torts Claims Act.

From VHA Handbook 1400.08 Education of Associated Health Professions: When providing professional services at a VA health care facility, supervising VA employee practitioners, trainees of a VA sponsored program, and trainees of an affiliated institution who are training at a VA health care facility are protected from personal liability under the Federal Employees’ Liability Reform and Tort Compensation Act 28 U.S.C. 2679 (b)-(d).

a. The government is liable, under the 28 U.S.C. 2679 (b) -(d), for malpractice claims involving trainees who were acting within the scope of their educational program at a VA health care facility.

b. All trainees must be supervised by practitioners with relevant clinical privileges during all clinical activities related to their specific educational program. The supervising practitioner is professionally and legally responsible for the care provided by trainees.
c. The policy for notification of licensed practitioners that a claim for malpractice has occurred is specified in VHA Handbook 1100.17, National Practitioner Data Bank (NPDB) Reports. Under this policy, the VA medical facility Director must provide written notification to all practitioners identified by VHA as involved in the episode of care that led to the claim. This notification ideally will occur within 30 days from the date that Regional Counsel notifies a director that a claim for medical malpractice has been filed under the Federal Tort Claims Act. In addition, the DEO, the training program director, and any trainees listed in the claim must be notified.

d. Trainees will not ordinarily be reported to the National Practitioner Data Bank unless an individual trainee was grossly negligent or acted with willful professional misconduct (38 CFR Part 46; Policy Regarding Participation in National Practitioner Data Bank). Generally, it is the name of the supervising practitioner that is entered into the NPDB and not the trainee.

e. VA-sponsored trainees who engage in clinical activities at a non-VA site are provided the same protection by the Federal Tort Claims Act as if they were at VA as long as this provision is appropriately addressed in the affiliation agreement with the non-VA site.
Duty Hours Policy
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

The average duty hours for this residency program are 50-60 hours per week between clinical, didactic and asynchronous education. Duty hours vary based on clinical rotation with the maximum of 80 hours per pay period.

The Emergency Medicine PA Residency Program is coordinated such that the program complies with the ACGME 2015 Approved Duty Hours Standards (currently in effect) and Specialty-Specific Duty Hours Definitions, as published by the Accreditation Council for Graduate Medical Education (ACGME) (www.acgme.org).

- Residents are expected to arrive at least 15 minutes prior to the start of every shift
- Rotations will vary in terms of shifts, days and holidays. Expect to work on average of two full weekends per month.
- Thursday’s will be dedicated to didactic training with emergency medicine conference/ grand rounds in the morning and afternoon dedicated to lecture/simulation/procedure time or ultrasound training.
- Residents may trade shifts/rotations with each other at their discretion within the guidelines of, and final approval of, the program director.
- During off hours, self-learning activities and online (asynchronous) learning will be expected
- Resident is responsible for approximately 60 hours per week devoted to residency training between duty hours (onsite training, conferences, rotations) and reading, online modules and research activities
- Residents are expected to work the schedule set by preceptor and/or program director which may consist of days, evenings, nights, weekends and holidays.

**There are no overnight in-house or at home call duties for this residency program at this time with the exception of trauma surgery which may require several overnight shifts**
Advanced Placement Policy
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

This Emergency Medicine Physician Assistant Postgraduate Residency Program does not offer advanced placement.
Academic Credit Policy
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

This Emergency Medicine Physician Assistant Postgraduate Residency Program does not offer academic credit. A certificate of completion is presented at the end of the program.
Supervision Policy
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency
Responsibilities of Supervising Practitioner

The PA Resident is considered an Associated Health Trainee and therefore should abide by the requirements for supervision in accordance with VHA Handbook 1400.04. The Resident Supervision document can be found at: https://www.va.gov/Vhapublications/ViewPublication.asp?pub_ID=3087

Important Points:
There are 4 types of documentation of resident supervision allowed:
1. Supervising Practitioner, progress note or other entry into the medical record.
2. Supervising Practitioner addendum to the PA resident’s note
3. Co-signature by the Supervising Practitioner implies that the supervising practitioner has reviewed the resident note, and absent an addendum to the contrary, concurs with the content of the resident note or entry.
4. Resident documentation of attending supervision. (includes the involvement of the attending i.e. I have seen and discussed the patient with my supervising practitioner Dr. X and Dr. X agrees with my assessment and plan).

Documentation: independent note, addendum to resident’s note, or resident note description of Supervising Practitioner involvement. Co-signature not sufficient. Intermittent audits of PA resident charts will be conducted to ensure compliance with co-signatures and documenting who the patient was staffed with.

Outpatient: New Patient Visit (including ED): Supervising Practitioner must be physically present in the ED; every patient must be seen by or discussed with a Supervising Practitioner.

THE SUPERVISING PRACTITIONER:
The supervising practitioner provides a central role in the clinical education of PA residents. They are responsible for monitoring the residents progress and for general supervising the residents activities. Residents look to the supervising practitioner for answers to clinical questions and direction in patient management problems.

Specific guidelines for the various clinical experiences are included in the rotation specific clinical education objectives. The supervising practitioner should ensure that the resident accomplishes those objectives which are appropriate for their particular practice. The supervising practitioner evaluates the clinical acumen of the resident and documents this through the use of the MyEvaluations or paper evaluation.

In addition to clinical teaching, the physician assistant residency program looks to supervising practitioners for other areas of expertise. They play an important role for the program by providing input which is used to modify the didactic curriculum, clinical objectives, and other requirements of the clinical experience.
Supervision Policy Continued
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

RESPONSIBILITIES OF A SUPERVISING PRACTITIONER
1. The supervising practitioner is responsible for providing an orientation to the supervising practitioner’s area and introducing the PA resident to the people they will be working with on a regular basis.
2. The supervising practitioner is responsible for the organization and administration of local resources to meet the goals and objectives of the physician assistant residency program.
3. The supervising practitioner will provide patients (both ambulatory and in the hospital) and associate physicians/staff to share and assist in the teaching program, and other resources available in the community which might strengthen the program.
4. The supervising practitioner is responsible for supervising all diagnostic and therapeutic procedures carried out by the PA resident.
5. The supervising practitioner is responsible for making sure that appropriate documentation of resident supervision is adhered to in accordance with VHA Handbook 1400.04 (see above).
6. The supervising practitioner is responsible for providing adequate feedback to the PA resident based on the quality of their work. The supervising practitioner is required to complete a formal evaluation of the resident’s abilities for grading purposes.
7. The supervising practitioner will be the channel for communication and collaboration with the residency program director. The supervising practitioner will take an active role in communicating with the Program Director in a timely fashion should they identify a PA trainee who appears to be struggling with meeting expected learning outcomes or competencies.
8. The supervising practitioner will participate in the overall evaluation of the Milwaukee VA physician assistant residency program.
9. The supervising practitioner will, in the event of any potential medical liability incident, confer immediately with the physician assistant program director.
10. The supervising practitioner must never use the PA resident to substitute for clinical or administrative staff.
Moonlighting Policy
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

PA residents are not permitted to moonlight within the VA system while enrolled in a VA training program. Moonlighting and other employment outside the VA is not strictly prohibited but is highly discouraged and should be discussed with the program director to ensure that there will not be significant distraction from an optimum learning and training experience. If moonlighting outside the VA, you will need to obtain malpractice insurance.
Graduation Requirements
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

Graduation Requirements
The following are required to successfully graduate from this EMPA postgraduate residency program:

• Successful completion of all rotations or at least 90% of the residency program including earned leave
• Completion of all assigned evaluations (except end of program evaluation)
• Successful completion of ultrasound bootcamp course
• 100% completion of Hippo EM lectures and attempt all questions in Qbank (1,360 question)
• Completion of all assigned Talent Management System (TMS) courses, dermatology online modules and Institute of Healthcare Improvement (IHI) modules
• Successful completion of 1-2 oral presentations
• Attend scheduled lectures and conferences as well as afternoon simulation and procedure training, unless excused by Program Director
• Attend and participate in assigned meetings and workshops, unless excused by Program Director (including professional curriculum with MCW, quarterly meetings)
• Obtain Advanced Trauma Life Support (ATLS) certification, if offered
• Maintain ACLS/ALS and BLS throughout residency
Reduction in Size or Closure of Postgraduate PA Program Policy
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

VA Physician Assistant Postgraduate Programs are funded by VHA’s Office of Academic Affiliations (OAA). The budget is determined per fiscal year (12 months) and paid to host VA facilities quarterly for PA resident stipend. Any changes in size of programs or closure recommendations would not affect the current class. Any future, already accepted, residents would be made aware of changes and offered alternative programs to apply to.
Requirements Prior to the Start of Postgraduate PA Program Policy
Clement J. Zablocki Emergency Medicine Physician Assistant (EMPA) Residency

Accepted PA residents must meet the following requirements prior to starting this PA residency program:

- Graduate from a PA Training Program approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
- NCCPA PANCE exam eligible (successful completion of PANCE exam preferred and highly recommended prior to start of residency)
- When eligible, obtain Wisconsin state PA license
- NPI number
- Completion of any paperwork as required by HR and the PA residency program
- Completion of “VHA Mandatory Training for Trainees” through Talent Management System (TMS). This is required for PA residents to be granted computer access. The instructions for this training will be e-mailed to you and should be completed prior to first day of training.
- Completion of “Am I Eligible” Checklist [Am I Eligible? Checklist for VA HPTs](link) and all required documentation submitted to Program Director and HR
- Must comply with VA mandated vaccination requirements