

# PGY1 Pharmacy Residency Program Manual

Pharmacy Service (119)  
Oklahoma City VA Health Care System  
921 NE 13th Street  
Oklahoma City, OK 73104



Jennifer Bird, Pharm.D., BCPS, CACP  
PGY1 Residency Program Director  
Clinical Pharmacy Specialist  
Jennifer.bird@va.gov  
405-456-2538



**Caring for...AMERICA'S HEROES**  
[www.oklahoma.va.gov](http://www.oklahoma.va.gov)

## Table of Contents

<b>WELCOME!</b> .....	<b>4</b>
<b>DEPARTMENT OF VETERANS AFFAIRS (VA) MISSION &amp; VALUES</b> .....	<b>5</b>
VA Mission .....	5
Strategic Goals .....	5
Integrated Objectives.....	5
Major Initiatives .....	5
VA Core Values – I CARE (Who We Are).....	6
VA WE CARE BEHAVIORS .....	6
VA Core Characteristics (What We Stand For).....	6
VA is committed to being a high reliability organization (hro).....	7
<b>VETERANS INTEGRATED SERVICES NETWORK (VISN) # 19</b> .....	<b>7</b>
<b>OKLAHOMA CITY VA HEALTHCARE SYSTEM (635)</b> .....	<b>8</b>
Overview .....	8
Mission .....	8
VISION .....	8
Medical Center Facility Information .....	8
Facility Guide .....	8
<b>PHARMACY SERVICE</b> .....	<b>9</b>
Pharmacy Mission Statement .....	9
Pharmacy Goal Statement .....	9
Ongoing Goals.....	9
Operating Objectives .....	9
Pharmacy Hours of Operation .....	9
Pharmacy Service Delivery Process.....	9
Pharmacy Service Organizational Chart.....	10
Pharmacy Services .....	10
Office of the Chief .....	10
Budget, Automation, Controlled Substance, Opioid Treatment Program (OTP), State Vet Center (SVT)....	10
Primary Care, Community Based Outpatient Clinic (CBOC) Services (Outpatient Pharmacy) .....	10
Inpatient Care Services.....	11
Clinical Pharmacist Practitioners (formerly Clinical Pharmacy Specialists).....	11
Clinical Pharmacy Practices.....	11
Ambulatory Care PACT Clinics.....	11
Anticoagulation Management Clinic .....	11
Infectious Disease/Antimicrobial Stewardship Program.....	11
Infusion Clinic/Hazardous Drug.....	11
Internal Medicine Pharmacotherapy .....	12
Pharmacotherapy Critical Care Service .....	12
Pharmacotherapy Mental Health Service .....	12
Pharmacotherapy: Geriatrics/Community Living Center (CLC).....	12
Pharmacotherapy: Geriatrics/Home Based Primary Care (HBPC).....	12
Pharmacotherapy: Palliative Care and Geriatric Service.....	12
Investigational Drug Service (IDS) .....	13
Performance Improvement Program (Medication Errors and Adverse Drug Events).....	13
Formulary .....	13
Veteran’s Integrated Pain Management Team (VIP Team).....	13
Academic Affiliations .....	13
Computer Resources.....	13
Overview .....	13
Windows-Based Software .....	14
Server-Based Applications.....	14
Clinical Information Resources .....	14

<b>OKLAHOMA CITY VA PGY1 PHARMACY RESIDENCY PROGRAM</b> .....	<b>15</b>
Overview .....	15
Purpose Statement .....	15
<b>LEARNING ACTIVITIES and TAXONOMIES</b> .....	<b>15</b>
Competency Areas, Goals, and Objectives: .....	15
Resident and Residency Evaluation .....	19
PharmAcademic Evaluation System <a href="https://www.pharmacademic.com/">https://www.pharmacademic.com/</a> .....	19
Evaluation Rating Scale .....	19
Achieved for Residency .....	19
Position Information .....	19
Description .....	19
Benefits .....	19
General Expectations and Responsibilities of Residents.....	20
Citizenship .....	20
Pharmacy Education.....	20
Licensure Policy .....	20
Professional Conduct .....	21
Dress Code.....	21
Cell Phone Usage Policy .....	21
Social Networking.....	21
Patient Confidentiality .....	21
Mandatory VA Training/Continuing Education .....	21
Attendance and Leave .....	21
Typical work hours .....	21
Time Commitment .....	21
Leave .....	22
Leave Limits and Residency Completion Time .....	23
Well-being and Resilience .....	23
<b>PGY1 PHARMACY RESIDENCY STRUCTURE</b> .....	<b>25</b>
Required LEARNING EXPERIENCES (Rotations and Longitudinal Activities): .....	25
Projects: .....	26
requirements for completion of program.....	27
Learning Experience Descriptions:.....	27
Resident supervision .....	27
Resident Notebooks.....	27
Miscellaneous Schedules and Timetables.....	27
Eligibility and Qualifications of the Residency Program Director and Preceptors .....	28
Preceptor Appointments.....	28
Preceptor Training and Development.....	28
<b>RESIDENCY PROGRAM FUNCTIONS AND RESPONSIBILITIES</b> .....	<b>29</b>
Chief, Pharmacy Services .....	29
Residency Program Director .....	29
Rotation Preceptors .....	29
Residency Advisory Committee (RAC) .....	30
Resident Research Advisory Committee (RRAC)).....	30
<b>SELECTION AND QUALIFICATIONS OF THE RESIDENT</b> .....	<b>31</b>
Applicant screening process .....	31
candidate interview process .....	31
Candidate ranking process.....	32
Phase II Match.....	32
Post-Match scramble .....	33
<b>RESIDENCY PERFORMANCE ISSUES, PROBATION, DISMISSAL AND WITHDRAWAL</b> .....	<b>34</b>
<b>PGY1 PHARMACY RESIDENT ORIENTATION &amp; TRAINING CHECKLIST</b> .....	<b>36</b>

## WELCOME!

Welcome to the Oklahoma City VA Healthcare System Pharmacy Service and Pharmacy Residency Program. We are pleased with your choice to further your pharmacy education with our residency program. The Oklahoma City VA has a long history of providing exemplary distributive, clinical and administrative pharmacy services to our regional veterans' population. Our history of providing post-doctoral training opportunities spans over two decades. The first post-doctoral trainee was in the form of a Pharmacokinetics Fellowship in 1991. Our first ASHP-accredited (specialty) residency was granted in 1993 (Primary Care). Today, our ASHP-accredited residencies include the PGY1 Pharmacy Residency (ASHP- accredited in 2002) and the PGY2 Infectious Diseases Pharmacy Residency (established in 1998, ASHP-accredited in 2000). The administration and staff of the pharmacy service are composed of accomplished and experienced practitioners dedicated to providing you with the opportunities and experiences to prepare you for a competitive and rewarding pharmacy career. All members of our staff are committed to assisting you throughout the year.

The pharmacy residency program at the Oklahoma City VA is designed to produce well-rounded, independent professionals through a variety of clinical, research, and administrative experiences. We offer an opportunity to participate in direct patient care programs in a number of clinical settings.

You can look forward to a worthwhile and challenging year in our residency program, and we are confident you will enjoy your time at the Oklahoma City VA Health Care System. We look forward to your many experiences and contributions!

Sincerely,

Jennifer Bird, Pharm.D., BCPS, CACP  
PGY1 Pharmacy Residency Program Director

Todd Marcy, Pharm.D., BCPS, CDE, CACP  
Associate Chief, Clinical Pharmacy

Chris Gentry, Pharm.D., BCPS  
Chief, Clinical Pharmacy

## DEPARTMENT OF VETERANS AFFAIRS (VA) MISSION & VALUES

The establishment of the VA came in 1930 when Congress authorized the President to "consolidate and coordinate Government activities affecting war veterans." The responsibilities and benefits programs of the VA have grown enormously over the past six decades with a vast increase in a diverse Veteran population and continue to change. The VA health care system has certainly grown from its original 54 hospitals in 1930. Now with 153 hospitals, 807 community-based outpatient clinics (CBOC), and 288 vet centers nationwide, VA maintains the largest integrated health care system in America and provides a broad spectrum of medical, surgical, and rehabilitative care. VA is committed to delivering timely, high quality health care to America's veterans. VA Medical Centers within a Veterans Integrated Service Network (VISN) work together to provide efficient, accessible health care to veterans in their areas.

The VA has adopted three guiding principles that govern changes underway – being people-centric, results-driven, and forward looking.

### **VA MISSION**

To fulfill President Lincoln's promise, "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

### **STRATEGIC GOALS**

- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
- Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.
- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to achieve mission performance and make VA an employer of choice by investing in human capital.

### **INTEGRATED OBJECTIVES**

- Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.
- Educate and empower Veterans and their families through proactive outreach and effective advocacy.
- Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.

### **MAJOR INITIATIVES**

- Eliminating Veteran homelessness
- Enabling 21st century benefits delivery and services
- Automating GI Bill benefits
- Creating Virtual Lifetime Electronic Record
- Improving Veterans' mental health
- Building Veterans Relationship Management capability to enable convenient, seamless interactions
- Designing a Veteran-centric health care model to help Veterans navigate the health care delivery system and receive coordinated care
- Enhancing the Veteran experience and access to health care
- Ensuring preparedness to meet emergent national needs
- Developing capabilities and enabling systems to drive performance and outcomes.
- Establishing strong VA management infrastructure and integrated operating model
- Transforming human capital management
- Performing research and development to enhance the long-term health and well-being of Veterans
- Optimizing the utilization of VA's Capital portfolio by implementing and executing the Strategic Capital Investment Planning (SCIP) process
- Improving the quality of health care while reducing cost
- Transforming health care delivery through health informatics

## VA CORE VALUES – I CARE (WHO WE ARE)

- **Integrity** – Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all whom I engage.
- **Commitment** – Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA’s mission. Fulfill my individual responsibilities and organizational responsibilities.
- **Advocacy** – Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.
- **Respect** – Treat all those I serve and whom I work with dignity and respect. Show respect to earn it.
- **Excellence** – Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

## VA WE CARE BEHAVIORS

- **Welcome** – welcome the Veteran, beneficiary, or fellow employee with a smile and direct eye contact. For example, shake their hand and tell them you are glad to see them.
- **Explain** – explain who you are and what your role is and what they can expect from you. For example, share a bit about your background and why you work for VA.
- **Connect** – connect by having a pleasant interaction and learning a bit about who the other person is and about their service. For example, ask them about their MOS and what they did during their time in service.
- **Actively Listen** – actively listen to the needs and preferences of the other person. Be open to what they are saying and what their needs are. For example, look them in the eye, lean into the conversation, and be present.
- **Respond** – respond to the needs of the person and explain what you’re going to do for them. For example, talk them through the process step-by-step, and why you are going to do the things that need to be done.
- **Express Gratitude** – thank them for their service and thank them for choosing VA. Stand up, shake their hand again, and let them know you appreciate them.

## VA CORE CHARACTERISTICS (WHAT WE STAND FOR)

- **Trustworthy** – VA earns the trust of those it serves – every day – through the actions of all employees. They provide care, benefits, and services with compassion, dependability, effectiveness, and transparency.
- **Accessible** – VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.
- **Quality** – VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people. VA is a model of unrivalled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication.
- **Innovative** – VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency, and capability to deliver the highest standard of care and services to all of the people it serves.
- **Agile** – VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Service members.
- **Integrated** – VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA’s relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Service members.

## **VA IS COMMITTED TO BEING A HIGH RELIABILITY ORGANIZATION (HRO)**

An organization that experiences fewer than anticipated accidents or events of harm, despite operating in highly complex, high-risk environments. The result is an organization that celebrates transparency and celebrates contributions from every individual regardless of their position. HRO SharePoint: <https://dvagov.sharepoint.com/sites/OHT-PMO/high-reliability/Pages/Home-Page.aspx>

- **3 Pillars**

- **Leadership Commitment** – Safety and reliability is reflected in leadership’s vision, decisions, and actions
- **Safety Culture** – throughout the organization, safety values and practices are used to prevent harm and learn from mistakes
- **Continuous Process Improvement** – across the organization, teams use effective tools for continuous learning and improvement

- **5 HRO Principles**

1. **Sensitivity to Operations** (Focus on Front Line Staff and Care Processes) – closest to the patient, best understanding of daily work processes, expertise benefits the facility, clear understanding of systems
2. **Preoccupation with Failure** (Anticipate Risk – Every Member is a Problem Solver) – focus on predicting and eliminating problems, proactively minimize risks, put safety checks in place, embrace a problem-solving mentality
3. **Reluctance to Simplify** (Get to the Root Causes) – identify the underlying causes behind errors, identify the systemic issues, keep asking “why”, report and respond to errors
4. **Commitment to Resilience** (Bounce Back from Mistakes) – prevent errors from reoccurring, improve the system, learn from failures, leaders model resiliency
5. **Deference to Experience** (Empower and Value Expertise and Diversity) – value what everyone has to say, seek feedback, everyone contributes

- **7 Values**

1. It’s About the Veteran
2. Support a Culture of Safety
3. Commit to Zero Harm
4. Commitment to Learning, Inquiry and Improvement
5. Duty to Speak Up
6. Respect for People
7. Clear Communication

---

---

## **VETERANS INTEGRATED SERVICES NETWORK (VISN) # 19**

The Oklahoma City VA is a part of the VA Rocky Mountain Network (VISN19), one of 21 VISNs of the Department of Veterans Affairs (VA). VISN 19 covers a vast area of 540,000 square miles across 10 states and is the largest VISN in terms of geographic area in the 48 contiguous states. VISN 19 serves an area covering the states of Utah, Montana, Wyoming, Colorado, Oklahoma and portions of Idaho, Kansas, Nebraska, Nevada and North Dakota. It is estimated over 1,000,000 Veterans reside within VISN 19's geographic boundaries.

To provide medical care, VISN 19 operates 6 Health Care Systems (HCS) - [VA Eastern Colorado HCS](#), [VA Montana HCS](#), [Eastern Oklahoma VA HCS](#), [Oklahoma City VA HCS](#), [VA Salt Lake City HCS](#) and [Sheridan HCS](#); 2 hospitals - [Cheyenne VA Medical Center](#), and [Grand Junction VA Medical Center](#); and 85 additional sites of care. In addition to providing health care, VISN 19 also has missions to provide training for health care professionals; to conduct medical research; to serve as a contingency backup to DoD medical services; and, during national emergencies, to support the National Disaster Medical System (NDMS).

## OKLAHOMA CITY VA HEALTHCARE SYSTEM (635)

### **OVERVIEW**

The Oklahoma City VAHCS consists of a 192-operating bed facility and 63,000 patient primary care facility located on the University of Oklahoma Health Sciences Center in central Oklahoma serving forty-eight Oklahoma Counties and two counties in North Central Texas (Wilbarger and Wichita) with a veteran population of over 225,000. With over 2,200 employees and an operating budget of over \$541 million, the Oklahoma City VAHCS also operates 16 outpatient clinics in Ada, Altus, Ardmore, Blackwell, Clinton, Enid, Lawton, Stillwater, Yukon, Oklahoma City, and Tinker Air Force Base in Oklahoma, and in Wichita Falls, Texas. The Oklahoma City VAHCS is a tertiary care facility, classified as a VA complexity level rating of 1b. The Oklahoma City VAHCS is a teaching hospital, providing a full range of patient care services, with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care, tertiary care, and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. Annually, the Primary Care department provides more than 670,000 encounters and the Pharmacy processes over 1,600,000 prescriptions.

Specialized Programs: The Oklahoma City VA has specialized programs including Mental Health Intensive Case Management (MHICM), Reaching Out to Educate and Assist Health Care Families (REACH), Homeless Program / Compensated Work Therapy, Substance Abuse Treatment Center (SATC), Mental Health Primary Care inpatient unit, regional referral center for Open-Heart surgery, Telehealth Care Coordination, Center for Alzheimer and Neurodegenerative Diseases (Cando), Veteran Recovery Center, Women Veterans Health Center, Home Based Primary Care (HBPC), Healing Touch and Guided Imagery treatment, Therapeutic Recreation Program, Animal Assisted Therapy and a High Risk Foot Program. Additional special programs include: Health Promotion Disease Prevention (HPDP), MOVE!, Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF), and Former Prisoner of War (FPOW) programs. Additional information about the Oklahoma City VA can be found on the website (<http://www.oklahoma.va.gov>)

### **MISSION**

The mission of the Veterans Healthcare System is to serve the needs of America's veterans by providing primary care, specialized care, and related medical and social support services. To accomplish this mission, VHA needs to be a comprehensive, integrated healthcare system that provides excellence in health care value, excellence in service as defined by its customers, and excellence in education and research, and needs to be an organization characterized by exceptional accountability and by being an employer of choice.

### **VISION**

Healthcare Value begins with VA. The new Veterans Healthcare System supports innovation, empowerment, productivity, accountability and continuous improvement. Working together, we provide a continuum of high-quality health care in a convenient, responsive, caring manner — and at a reasonable cost.

### **MEDICAL CENTER FACILITY INFORMATION**

Oklahoma City VA Health Care System (635)  
921 NE 13th Street  
Oklahoma City, OK 73104  
405-456-1000 or 1-866-835-5273  
[www.oklahoma.va.gov](http://www.oklahoma.va.gov)

### **Facility Guide**

See the most recent facility guide for information about the layout, clinic locations, visitation policy, hours of operation, and patient services.

## **PHARMACY SERVICE**

### **PHARMACY MISSION STATEMENT**

Providing for the pharmaceutical needs of the Veteran patient through:

- Medication Distribution
- Patient Information and Education
- Pharmacotherapeutic Optimization and Drug Monitoring

### **PHARMACY GOAL STATEMENT**

Our service mission goal is to provide optimal pharmaceutical care to all veterans. This would be the assurance of efficacious, safe, and cost-effective drug therapy that affect positive patient outcome, health promotion, and disease prevention. It integrates the knowledge and skills of pharmacists and technicians in a system of drug use control.

### **ONGOING GOALS**

1. Right drug to right patient at right time – every time
2. Continue to look at most cost-effective methodologies for providing drug therapy – drug choice, drug cost, and drug delivery methods.
3. Be proactive
4. Provide internal leadership training

### **OPERATING OBJECTIVES**

1. Become an Organization Characterized by Exceptional Accountability
  - a. Develop an organizational culture that places high value on individual and collective accountability.
  - b. Create an organizational culture that is customer focused in its service delivery, promotes interdisciplinary teamwork and fosters a collaborative system of leadership.
  - c. Develop and implement strategies that conserve and enhance resources.
  - d. Utilize and support data based decision-making tools (e.g.: Proclarity, etc.)
2. Be an Employer of Choice
  - a. Assure all employees have the necessary information, training and resources to provide high quality service.
  - b. Provide workforce and organization with opportunity to grow for the future.
  - c. Continuously improve workforce satisfaction.
  - d. Promote partnership in the workplace and knowledge base.
  - e. Continue to attract and retain the best workforce.

### **PHARMACY HOURS OF OPERATION**

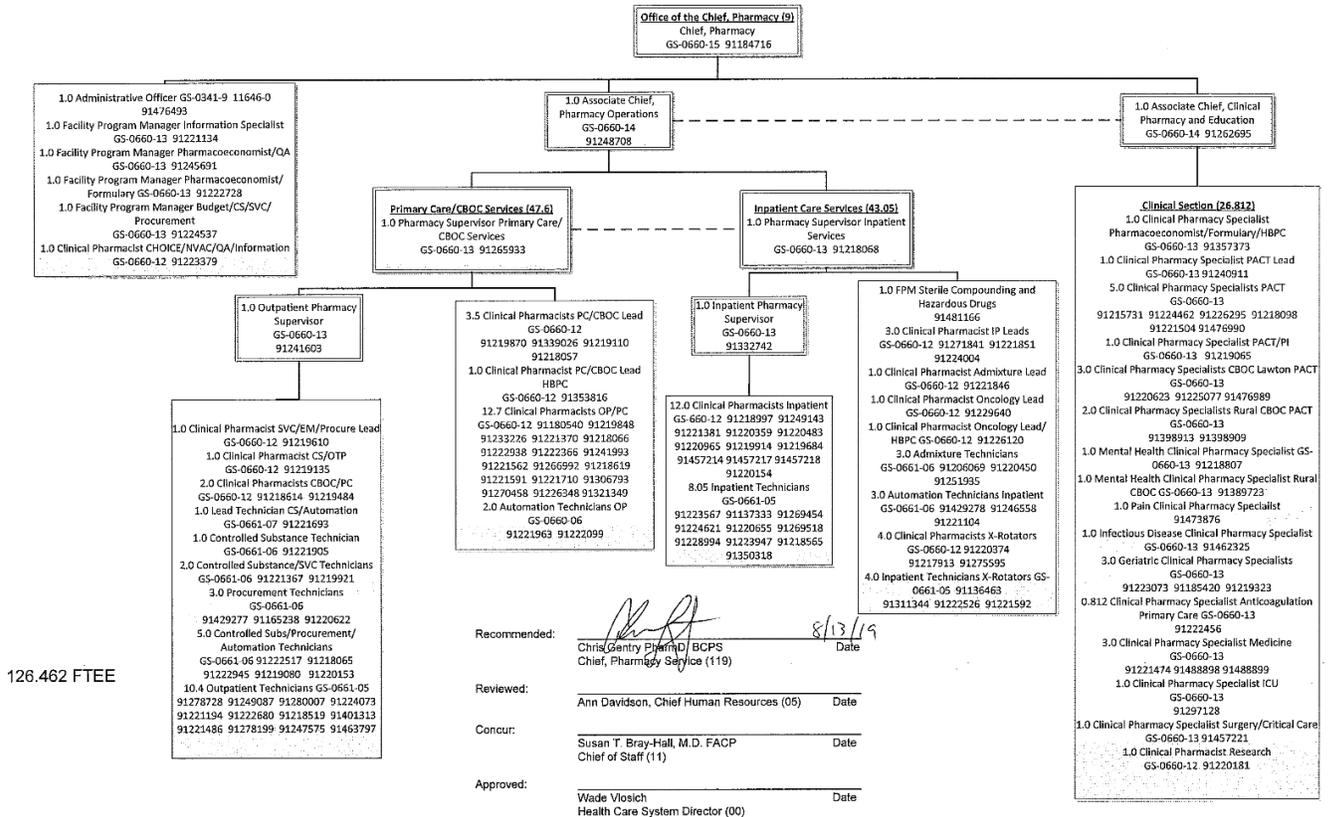
The pharmacy service provides inpatient services 24 hours per day. Outpatient pharmacy is open for the dispensing of new and discharge prescriptions from 08:00 to 20:30 each weekday and provides ER and discharge prescription services from 09:00 to 17:00 on weekends. Refill requests are to be processed by mail, telephone (locally 405-456-5158, toll free 800-694-8387), or online (MyHealthVet).

### **PHARMACY SERVICE DELIVERY PROCESS**

Pharmacy services (drug distribution) are delivered primarily through two distinct service components: outpatient and inpatient delivery systems. Outpatient delivery is performed through receipt of outpatient prescription orders and these orders are filled for either immediate (window) or mail processing. Inpatient delivery is similar in that the orders are electronic with medications delivered to patient areas/units in unit dose form/iv admixture or other special preparations. All orders are verified for interactions, etc. by pharmacists. Other services (primarily clinical) are provided through consults. Clinical staff support primary care, mental health, Community Living Center (CLC), Home Based Primary Care (HBPC), and specific areas of infectious disease and pharmacokinetics.

# PHARMACY SERVICE ORGANIZATIONAL CHART

(Current as of 8/2019)



pharm org chart  
8-19 Final.pdf

## PHARMACY SERVICES

### Office of the Chief

**Administrative:** Overall service direction, planning, budgeting, and program evaluation

Clinical support for research program and coordination of activities for clinical education programs and affiliations

**Program Managers:** formulary management, quality assurance, and information specialists

### Budget, Automation, Controlled Substance, Opioid Treatment Program (OTP), State Vet Center (SVT)

**Procurement:** Provides for ordering, receiving, storage and delivery of all pharmaceutical supplies

Liaisons with respective A&MMS and fiscal representatives to assure inventory management and product accountability

Supports Oklahoma State Veterans Home program and

**Controlled Substance:** Supports Opioid Treatment Program

Plans, directs, organizes and reports on the drug accountability activities of pharmacy service

Monitors stock levels and dispensing activities of controlled substances within pharmacy service

Maintains controlled substance inventories and appropriate records

Interprets DEA and VA controlled substances policies for pharmacy service and medical center personnel

### Primary Care, Community Based Outpatient Clinic (CBOC) Services (Outpatient Pharmacy)

Provides prescription filling services for outpatients including both window and mail out activities

Counsels patients on drug use and provides clinical clerkship training for pharmacy students  
Supports medical staff in provision of drug information and telephone inquiries

### **Inpatient Care Services**

Provides unit dose, intravenous admixture, total parenteral nutrition, and oncology services for inpatients and after hour's prescription filling services for outpatients  
Service is available on a 24 hour/7 day per week basis  
Pharmacy staff counsels patients on drug usage and provides drug information for the medical staff  
Provides training for interns, clerks, residents, and fellow.

### **Clinical Pharmacist Practitioners (formerly Clinical Pharmacy Specialists)**

Provide clinical pharmacy services in various areas of the medical center  
Function within an assigned scope of practice, design patient therapeutic plans  
Work with other health professionals in care of patients to achieve optimal outcome  
Serve as an information resource on drugs and their uses  
Provide training for pharmacy residents  
Provide lectures, in-services and instruction for medical center staff and personnel  
Support research and investigational studies, P&T/MUE/PI functions, and VISN/DC initiatives

## **CLINICAL PHARMACY PRACTICES**

The resident has an array of clinical experiences provided throughout the year. Provision of clinical pharmacy services is a dynamic process with services continually changing and being created based on the needs of the health care system. Pharmacy is a clinical profession and all our pharmacists provide clinical services at some level. The intent of the following section is to provide the resident with a brief description of some of the clinical pharmacy services that are likely to be encountered as part of residency training.

### **Ambulatory Care PACT Clinics**

The PACT Clinics provide disease state management for patients with diseases such as diabetes mellitus, hypertension, heart failure, and dyslipidemia. The Clinical Pharmacist Practitioners provide evidence-based drug therapy and monitoring, and patient education. The resident will assist in clinic. As a member of the team, the resident is responsible for providing and documenting pharmaceutical care for referred patients as well as assisting primary care providers as necessary.

### **Anticoagulation Management Clinic**

This is a centralized outpatient anticoagulation management clinic that focuses on warfarin management or other anticoagulants for high-risk patients. The Clinical Pharmacist Practitioner (CPP) provides evidence-based drug therapy and monitoring, and patient education. Patient care activities are documented in electronic progress notes at each clinic visit. The resident will assist in clinic and, as member of the team, is responsible for providing and documenting pharmaceutical care for referred patients and assisting other providers as necessary.

### **Infectious Disease/Antimicrobial Stewardship Program**

The pharmacist-directed antimicrobial stewardship program consults with the patient-care teams to determine optimal antimicrobial therapy in patients throughout the entire course of infection, assisting with culture and susceptibility interpretation, clinical course assessment, and with issues regarding duration of therapy, etc. In addition to participation in this program, the resident may participate in the institution's Infectious Diseases Consult Service and weekly outpatient Infectious Diseases/HIV Clinic.

### **Infusion Clinic/Hazardous Drug**

Patient Care is provided in the Outpatient Infusion Clinic via the PACT team model composed of a Primary Care Provider (i.e., physician, nurse practitioner), nurse care manager, infusion clinic nurses and administration staff, and an assigned Clinical Pharmacist Practitioner. The main practice site is the Outpatient Infusion Clinic located within the main Oklahoma City VA Medical Center (located in downtown OKC). The primary services utilizing the Infusion Clinic are Hematology/Oncology (HemOnc), Dermatology (Derm), Rheumatology (Rhue, Arthritis), and Gastroenterology (GI). This service list, however, is not exclusionary as the clinic is available to all services at the OKC VA Health Care System. While the majority of patients in the clinic receive chemotherapy the clinic also provides infusions for patients needing other types of infusions (e.g., IVIG, prolatin, antibiotics, iron therapy, etc.). There are 10 administration stations managed by 7 Oncology nurses. Approximately 15-20 patients can be scheduled each day.

The Oncology Clinical Pharmacist Practitioner (CPP) is responsible to assist the team with patient management requiring hazardous and non-hazardous drug infusions on a primarily outpatient basis. The Oncology CPP reviews the patient's orders, labels, and lab results; then recalculates all dosages for the current cycle. If the parameters are met, the CPP notifies the compounding team to prepare the day's medications. If the trigger parameters are activated, the Oncology CPP contacts the provider for the appropriate dose change. Once the order changes have been written, the compounding personnel are notified of the changes and the doses are prepared. Once the hazardous drugs are delivered, the Oncology CPP is on station to answer any nursing or patient question(s) that may arise. In addition to the daily review of all orders prior to compounding, the Oncology CPP reviews all known pending appointments for at least the next 72 hours. Each patient scheduled is confirmed to have current and appropriate infusion clinic chemotherapy med orders, as well as, any required active non-formulary approvals. Any deficiencies in the orders or non-formulary requests are addressed with the providers and any label corrections are performed. Finally, if required prior to a drug's administration, vaccine history is reviewed or, for the female veterans, pregnancy status discovered.

### **Internal Medicine Pharmacotherapy**

The Pharmacotherapy Inpatient Service provides clinical expertise to the providers and staff of the OKC VA internal medicine hospitalist team on a consultative and program-directed basis. As a team member, the resident will assess patient treatment and monitoring plans, make recommendations, and provide pharmacotherapy information to the internal medicine hospitalist team.

### **Pharmacotherapy Critical Care Service**

The Pharmacotherapy Critical Care Service provides pharmacotherapy expertise to the medical intensive care unit (MICU) team and/or the surgical intensive care unit (SICU) team. These are multidisciplinary teams which are responsible for managing all patients in the MICU and SICU. The resident will become an integral member of the team and will round daily, providing pharmacotherapy and monitoring recommendations. The resident may also choose to gain experience responding to code blue alerts if so desired, but must complete advanced life support training prior to attending.

### **Pharmacotherapy Mental Health Service**

The Pharmacotherapy Mental Health Service provides psychiatric pharmacotherapy to the inpatient acute care psychiatry and geropsychiatry units for patients with mental illnesses such as depression, schizophrenia, bipolar disorder, etc. The resident will participate on multidisciplinary treatment teams, assess and make recommendations for patient treatment plans, and provide pharmacotherapy information to physicians and staff.

### **Pharmacotherapy: Geriatrics/Community Living Center (CLC)**

The Pharmacotherapy Geriatrics/CLC service provides pharmacist assessment and therapeutic recommendations to optimize patient drug therapy for patients in the Community Living Center (CLC). A pharmacokinetic dosing service with pharmacist management of drug therapy is also provided for patients in the CLC. The resident will participate in multidisciplinary treatment teams and will make recommendations to the medical team based on clinical practice guidelines and therapeutic outcome goals. In addition, the resident will conduct drug regimen reviews for CLC and will make recommendations based on Joint Commission long-term care standards.

### **Pharmacotherapy: Geriatrics/Home Based Primary Care (HBPC)**

The Pharmacotherapy Geriatrics/HBPC service provides pharmacist assessment and therapeutic recommendations for homebound patients with complex, chronic, disabling disease states admitted to this unique model of non-institutional, long-term care. The resident will complete new admission and quarterly medication regimen reviews, accompanied by therapeutic recommendations, which serve to optimize patient medication therapy, thereby maximizing patient function and quality of life while minimizing the need for institutionalization. The resident will also participate in interdisciplinary team meetings, answer patient-specific medication information questions for the healthcare team and complete medication regimen fall reviews as needed.

### **Pharmacotherapy: Palliative Care and Geriatric Service**

The Pharmacotherapy Palliative and Geriatric Service provides pharmacotherapy for outpatient clinical services for patients in two distinct clinics. Palliative Care Clinic services patients with life-limiting and/or chronic illnesses such as cancer or end-of-life heart failure and severe COPD with a focus on palliative symptom management. Geriatric Clinic services patients with geriatric syndromes (falls, dementia, urinary incontinence, frailty, etc.). Residents will participate in multidisciplinary treatment teams, assess and make recommendations to optimize patient medication therapy or deprescribe medications for patient treatment plans, and provide pharmacotherapy information to physicians and staff. In addition, residents will also participate in providing patient counseling on medications where appropriate, assist with medication reconciliation and information on medication disposal.

### **Investigational Drug Service (IDS)**

The Investigational Drug Service, through the Research Service and Pharmacy Service, assists investigators in conducting clinical research. Services that the Investigational Drug Service provides are: meeting with company sponsors for protocol review and pharmacy procedures, ordering and handling shipments of investigational drugs, compounding support for double-blind studies, patient randomization schedules for study protocols, investigational drug dosing adjustments based on drug levels (Non-blinded investigator), record keeping for investigational drugs (dispensing, inventory control), drug information sheet (VA Form 10-9012), consent form, unit dose with bar coding for inpatient services, and all other pharmacy investigational drug requirements to meet facility policies.

### **Performance Improvement Program (Medication Errors and Adverse Drug Events)**

The Pharmacy Service Adverse Drug Events Program is outlined in Center Memorandum 119-12 (Reporting Adverse Drug Events (ADE)). The CM establishes written procedures for the timely reporting of ADEs in accordance with the Joint Commission, the Department of Veterans Affairs, and the Food and Drug Administration (FDA) requirements. It also outlines the process to record reported ADE information in the patient medical record. The program utilizes the VA Adverse Drug Events Reporting System (VA ADERS) which is a VA-wide intranet-based reporting system to track and report verified ADEs. VA ADERS allows electronic reporting, when appropriate, to both the FDA MedWatch program and the CDC VAERS program for vaccine reactions. Monthly summaries are reported through the Pharmacy and Therapeutics committee and quarterly to the Adverse Drug Event subcommittee. The resident will participate in completing the ADE reviews and submitting into VA ADERS. Additionally, the resident may attend the quarterly ADE subcommittee meeting and lead a discussion of the MedWatch reports for that quarter.

### **Formulary**

The Oklahoma City VA Formulary, like all VA facilities, is based on the National VA Formulary System. The VA Formulary is operated in a tiered structure with nation, service network (VISN) and local administration. The VISN and local facilities can choose to restrict agents on the national formulary, but must make available all agents attaining National Formulary status. Provisions for ordering medication not on the local formulary are available as outlined in CM 119-6 (Policies Relating to Non-Formulary Drug Orders). The VA's formulary system is designed to promote rational, clinically appropriate, safe and cost-effective drug therapy. For a detailed explanation of formulary principals, please refer to the publication, "[Principles of a Sound Formulary System](#)".

As a component of the formulary system, the pharmacy service routinely performs Medication Utilization Evaluations (MUE; also referred to as Drug Utilization Evaluation (DUE)) to ensure appropriate medication decision making and positive patient outcomes. The ongoing MUE process involves structured reviews of provider prescribing, pharmacist dispensing, provider monitoring and patient use by comparing them against predetermined criteria and standards.

### **Veteran's Integrated Pain Management Team (VIP Team)**

The Veteran's Integrated Pain Management Team (VIP Team) is multi-disciplinary team that utilizes a biopsychosocial model of pain management for patients who have chronic pain not due to cancer. The clinic operates with two providers consisting of a Clinical Pharmacist Practitioner with experience in pain management and a psychologist with experience in pain management using psychological modalities in collaboration with the patients primary care provider. Each provider works in close collaboration in assessment and contribution to comprehensive multi-modal treatment plans for the management of chronic non-malignant pain. Providers are also active participating members of the Pain Board and Pain Committee, which meet twice monthly, as well as the VISN 19 Pain Committee which meets monthly. During local pain board meetings, patient cases are presented with recommendations to primary care providers for management of patients who have multiple risk factors for poor outcomes related to opioid therapy and/or are on high-dose opioids long-term for chronic non-malignant pain. Providers complete visits in-person, via telephone, through video teleconferencing, as well as through e-consults to other providers when requested.

### **ACADEMIC AFFILIATIONS**

The Oklahoma City VA Pharmacy Service does not currently hold any active affiliation agreements with the colleges of pharmacy in Oklahoma.

### **COMPUTER RESOURCES**

### **Overview**

The Oklahoma City VA's computer systems are serviced and managed by our Information Management Service. Approximately 1,300 personal computers, on an extensive network, provide the basis for the VA's infrastructure. Each resident is provided with a windows-based system with the necessary software to support their clinical, administrative, research and educational needs. The software available includes both PC and server-based applications. Additional hardware, software and VA/VISN programs support the input and dissemination of critical data.

### **Windows-Based Software**

Each PC is loaded with a Windows operating system and a Microsoft 365 Office Suite consisting minimally of Word (word processing), Excel (spreadsheet), Access (database), PowerPoint (presentation), OneNote (virtual notebook/organization), Outlook (email and personal management software), SharePoint, and Teams. Many of the reference documents necessary to support pharmacy operations may be found in shared folders or on the intranet website.

### **Server-Based Applications**

There are three clinical support packages used by health care personnel as part of an electronic health care architecture. The focus of this program consists of software modules that are integrated into a complete hospital information system. These components are:

- Veterans Information System Technology Architecture (VISTA): This is the original computer software for tracking patient data. It uses a line or text-based editor to enter and manage data. It contains demographic, eligibility, pharmacy, laboratory and other patient data in addition to communication software. VISTA serves as the backbone of the infrastructure and is the primary repository of clinical information. Pharmacy uses the VISTA package to process and manage patient prescriptions. Each resident is given an orientation to this package during their first month of training.
- Computerized Patient Record System (CPRS): CPRS is the graphical user interface for VISTA and is used by all health care providers to manage the care of the veteran patients. Specifically, CPRS is used to place orders of all types, enter progress notes, post lab results and procedural reports. It is also a ready source of patient demographic data. Each resident is given an orientation to this package during their first month of training.
- Bar Code Medication Administration (BCMA): BCMA is an integrated package used by nursing to manage medication orders and administration.

### **CLINICAL INFORMATION RESOURCES**

The Oklahoma City VA has access to a variety of electronic clinical resources - <http://yh3ys5kh8k.search.serialssolutions.com/> This link can also be accessed from the OKC VA homepage by clicking on the "Education and Training" tab, then clicking "OKC VAHCS Library Resources" link in the middle of the page.

Some of the available references include:

- Lexi-Comp Medical (<https://online.lexi.com/lco/action/home>) Username: visn16, Password: visn16 Contains databases and searching technology for time-sensitive clinical information. Provides quick access to clinical information at the point-of-care.
- Up-to-Date Online Use to quickly answer the clinical questions that arise in daily. Reviewed and updated on a continuous basis and a new, peer-reviewed version is issued every four months
- ACCESS Suite From McGraw-Hill (AccessPharmacy, AccessMedicine, AccessEmergencyMedicine, AccessAnesthesiology, AccessPhysiotherapy, AccessSurgery): Online curricular resources designed to meet changing demands of medical-related education. You can review numerous textbooks, select core curriculum topics, browse by an organ system, and search across online pharmacy references. Topics in evidence-based pharmacy practice are also available. Cases, care plans, and self-assessments are available to help build clinical application skills.
- Online Journals, Online Books, Clinical Databases, Study Guides, etc. (VALNET Ebooks: contains over 700 eBook titles available to all medical center staff)
- Other Resources: Pharmacist's Letter, OVID Clinical Edge, OVID Medline, Harrison's Online, Natural Medicines, Anatomy.TV, STAT!Ref, Washington Manual of Medical Therapeutics, databases and journals

## OKLAHOMA CITY VA PGY1 PHARMACY RESIDENCY PROGRAM

This residency is an ASHP-accredited program (73400) and participates in the ASHP Resident Matching Program administered by [National Matching Services Inc.](#) (National Matching Service Code: 122913). This program maintains compliance with the standards outlined in the following supporting ASHP literature available online:

- ASHP Residency Accreditation information:  
<https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation>

### **OVERVIEW**

The Oklahoma City VA Medical Center PGY1 Residency Program is a one-year position (approximately July 1<sup>st</sup> through June 30<sup>th</sup>) that provides professional training in various clinical rotations, inpatient and outpatient pharmacy services, pharmacokinetic dosing, patient education and counseling, and administrative services. Clinical rotation learning experiences provide the opportunity to practice in a variety of pharmacotherapy settings. Additional projects and activities throughout the year are designed to assist with the resident's professional development as a skilled clinical pharmacist, and achievement of both the resident's personal goals and the residency-specific goals and objectives associated with this accredited program.

### **PURPOSE STATEMENT**

This PGY1 residency program builds 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 PGY2 pharmacy residency training.

The pharmacist completing this residency will be equipped with the knowledge base and experience to practice as a clinical pharmacist capable of providing exemplary patient care and functioning as a strong leader in the profession. The pharmacist will be able to effectively and confidently communicate assessments and recommendations to interdisciplinary team members and to the patient. The pharmacist will be able to identify and prioritize patients who may significantly benefit from their services, providing the patients with comfort and counseling as appropriate.

### **LEARNING ACTIVITIES AND TAXONOMIES**

The residency standards for an ASHP accredited program call for a systematic approach to residency training. A resource for understanding learning levels and taxonomies can be found in ASHP's [Residents' Learning Activities: Understanding Learning Taxonomies and Levels](#) [http://www.ashpmedia.org/softchalknewbloomlearningtaxonomiesandlevels-2015-Jan/index.html?\\_ga=2.42808365.909794731.1649945392-1512839045.1646337281](http://www.ashpmedia.org/softchalknewbloomlearningtaxonomiesandlevels-2015-Jan/index.html?_ga=2.42808365.909794731.1649945392-1512839045.1646337281)

### **COMPETENCY AREAS, GOALS, AND OBJECTIVES:**

A complete list of both required and elective (suggested) outcomes, goals and electives recommended by the American Society of Health-System Pharmacists may be found at:

<https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/pgy1-competency-areas> These referenced ASHP documents contain each of the following items:

- **Competency Areas: Categories of the residency graduates' capabilities.**  
Competency areas are classified into one of three categories:
  - Required: Four competency areas are required (all programs must include them and all their associated goals and objectives).
  - Additional: Competency area(s) that residency programs may choose to use (in addition to the four required areas) to meet program-specific program needs.
  - Elective: Competency area(s) selected optionally for specific resident(s).
- **Educational Goals (Goal):** Broad statement of abilities.
- **Educational Objectives:** Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program.
- **Criteria:** Examples intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

**Required:**

<b>Competency Area R1:</b>	<b>Patient Care</b>
<i>Goal R1.1:</i>	<i>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.</i>
OBJ R1.1.1	(Applying) Interact effectively with health care teams to manage patients' medication therapy.
OBJ R1.1.2	(Applying) Interact effectively with patients, family members, and caregivers.
OBJ R1.1.3	(Analyzing) Collect information on which to base safe and effective medication therapy.
OBJ R1.1.4	(Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
OBJ R1.1.5	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
OBJ R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
OBJ R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
OBJ R1.1.8	(Applying) Demonstrate responsibility to patients.
<i>Goal R1.2:</i>	<i>Ensure continuity of care during patient transitions between care settings.</i>
OBJ R1.2.1	(Applying) Manage transitions of care effectively.
<i>Goal R1.3:</i>	<i>Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</i>
OBJ R1.3.1	(Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.
OBJ R1.3.2	(Applying) Manage aspects of the medication-use process related to formulary management.
OBJ R1.3.3	(Applying) Manage aspects of the medication-use process related to oversight of dispensing.

<b>Competency Area R2:</b>	<b>Advancing Practice and Improving Patient Care</b>
<i>Goal R2.1:</i>	<i>Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.</i>
OBJ R2.1.1	(Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.
OBJ R2.1.2	(Applying) Participate in a medication-use evaluation.
OBJ R2.1.3	(Analyzing) Identify opportunities for improvement of the medication-use system.
OBJ R2.1.4	(Applying) Participate in medication event reporting and monitoring.
<i>Goal R2.2:</i>	<i>Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.</i>
OBJ R2.2.1	(Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.
OBJ R2.2.2	(Creating) Develop a plan to improve the patient care and/or medication-use system.
OBJ R2.2.3	(Applying) Implement changes to improve patient care and/or the medication-use system.
OBJ R2.2.4	(Evaluating) Assess changes made to improve patient care or the medication-use system.
OBJ R2.2.5	(Creating) Effectively develop and present, orally and in writing, a final project report.

<b>Competency Area R3:</b>	<b>Leadership and Management</b>
Goal R3.1:	<i>Demonstrate leadership skills.</i>
OBJ R3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.
OBJ R3.1.2	(Applying) Apply a process of on-going self-evaluation and personal performance improvement.
Goal R3.2:	<i>Demonstrate management skills.</i>
OBJ R3.2.1	(Understanding) Explain factors that influence departmental planning.
OBJ R3.2.2	(Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.
OBJ R3.2.3	(Applying) Contribute to departmental management.
OBJ R3.2.4	(Applying) Manage one's own practice effectively.

<b>Competency Area R4:</b>	<b>Teaching, Education, and Dissemination of Knowledge</b>
Goal R4.1:	<i>Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).</i>
OBJ R4.1.1	(Applying) Design effective educational activities.
OBJ R4.1.2	(Applying) Use effective presentation and teaching skills to deliver education.
OBJ R4.1.3	(Applying) Use effective written communication to disseminate knowledge.
OBJ R4.1.4	(Applying) Appropriately assess effectiveness of education.
Goal R4.2:	<i>Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).</i>
OBJ R4.2.1	(Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.
OBJ R4.2.2	(Applying) Effectively employ preceptor roles, as appropriate.

**Additional:**

<b>Competency Area E1:</b>	<b>Pharmacy Research</b>
Goal E1.1:	<i>Conduct and analyze results of pharmacy research.</i>
Objective E1.1.1	(Creating) Design, execute, and report results of investigations of pharmacy-related issues.
<b>Competency Area E2:</b>	<b>Added Leadership and Practice Management Skills</b>
Goal E2.2:	<i>Contribute to the management and development of pharmacy staff.</i>
Objective E2.2.1	(Applying) Contribute to recruitment for specified positions.

**Elective:**

<b>Competency Area E2:</b>	<b><i>Added Leadership and Practice Management Skills</i></b>
Goal E1.1:	<i>Conduct and analyze results of pharmacy research.</i>
Objective E1.1.2	(Analyzing) Participate in prospective and retrospective clinical, humanistic, and economic outcomes analyses.
Goal E2.1	<i>Apply leadership and practice management skills to contribute to management of pharmacy services.</i>
Objective E2.1.1	(Applying) Demonstrate personal leadership qualities essential to operate effectively within the organization and advance the profession and practice of pharmacy.
Objective E2.1.2	(Applying) Contribute to the development of a new pharmacy service or to the enhancement of an existing service.
Objective E2.1.3	(Applying) Contribute to the pharmacy procurement process.
Objective E2.1.4	(Applying) Contribute to the financial management of the department.
Objective E2.1.5	(Applying) Manage the use of investigational drug products (medications, devices, and biologicals).
Goal E2.2:	<i>Contribute to the management and development of pharmacy staff.</i>
Objective E2.2.2	(Applying) Contribute to orientation, staff development, and training activities for practice area personnel.
Objective E2.2.3	(Understanding) Explain the components of an employee performance evaluation system.
Objective E2.2.4	(Understanding) Explain the principles and application of a progressive discipline process.
<b>Competency Area E5:</b>	<b><i>Management of Medical Emergencies</i></b>
Goal E5.1	<i>Participate in the management of medical emergencies.</i>
Objective E5.1.1	(Applying) Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures.
<b>Competency Area E6:</b>	<b><i>Teaching and Learning</i></b>
Goal E6.1	<i>Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.</i>
Objective E6.1.1	(Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education.
Objective E6.1.2	(Understanding) Explain academic roles and associated issues.
Goal E6.2	<i>Develops and practices a philosophy of teaching.</i>
Objective E6.2.1	(Creating) Develop a teaching philosophy statement.
Objective E6.2.2	(Creating) Prepare a practice-based teaching activity.
Objective E6.2.3	(Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.
Objective E6.2.4	(Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.
<b>Competency Area E8:</b>	<b><i>Health, Wellness, and Emergency Preparedness</i></b>
Goal E8.1	<i>Design and deliver programs that contribute to public health efforts.</i>
Objective E8.1.1	(Creating) Design and deliver programs for health care consumers that center on disease prevention and wellness promotion.
Objective E8.1.2	(Applying) Contributes to organizational procedures for emergency preparedness.

## **RESIDENT AND RESIDENCY EVALUATION**

### **PharmAcademic Evaluation System <https://www.pharmacademic.com/>**

PharmAcademic will be used for documentation of scheduled evaluations. For all evaluations completed in PharmAcademic, the resident and the preceptor will independently complete the assigned evaluation and save as a draft. The resident will schedule a time to meet with the preceptor(s), and then both will discuss the evaluations. This discussion will provide feedback both on performance of the activities and the accuracy of the resident's self-assessment skills. Evaluations will be signed in PharmAcademic following this discussion.

- **Formative assessment:** On-going evaluation given to residents about how they are progressing and how they can improve. Frequent, immediate, specific, and constructive. May be done in a variety of means (written, verbal, using "Feedback" function in PharmAcademic, etc.). Learning activities may be adjusted in response to feedback. This evaluation may be assigned on an as needed or on-demand basis for the purpose of resident assessment.
- **Summative evaluations:** This evaluation is completed by the resident and preceptor and summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences. This evaluation should be modified throughout the rotation in a continuous, on-going manner as suggestions are discussed regarding specific goals and objectives.
- **Preceptor evaluations:** This evaluation will be completed by the resident to provide feedback to preceptors.
- **Learning experience evaluations:** This evaluation will be completed by the resident and used to provide feedback on the learning experience.

### **Evaluation Rating Scale**

- 5 Exceptional** (exceptional progress, exemplary performance)
- 4 Strong** (demonstrates strong performance, above average progress – refinement needed)
- 3 Average** (satisfactory performance – additional development needed)
- 2 Weak** (minimally meeting standard, needs improvement)
- 1 Deficient** (failing to meet standard, needs significant improvement)

**Achieved for Residency** - A resident will have an objective marked as "Achieved for Residency" when consistently demonstrating a rating of 'strong' (4) or 'exceptional' (5) across learning experiences for application and analysis-based objectives or upon completion of creation or understanding based objectives. This will be done during quarterly development plan updates with the residency program director.

## **POSITION INFORMATION**

### **Description**

- The Oklahoma City VAHCS PGY1 Pharmacy Residency Program consists of two civil servant appointments.
- a. The PGY1 Pharmacy Resident appointment is a full-time, temporary appointment of 1 year in duration. Appointment is within the Federal government and residents are therefore subject to all regulations and requirements of the Federal system. Typical Work hours will be 8:00am to 4:30pm M-F. Work site: Oklahoma City VA Health Care System.
  - b. The Clinical Pharmacist appointment is an intermittent, concurrent temporary appointment, not-to-exceed 1 year in duration. Appointment is within the Federal government as a licensed clinical pharmacist and subject to all regulations and requirements of the Federal system. This appointment is effective once successful state licensing is verified and the VA credentialing process is successfully completed. Typical work hours are one weekend/month (16 hours per month longitudinal pharmacy staffing) @ fee basis rates but are subject to change based on patient care needs.

### **BENEFITS**

Stipend: \$41,742 (2021-2022, 2022-2023)

Leave:

- Annual leave (AL) is accrued at a rate of 4 hours per pay period (104 hours or 13 days per year)
- Sick leave (SL) is accrued at a rate of 4 hours per pay period (104 or 13 days per year)
- Federal Holidays: 10 paid holidays
- Paid administrative leave (authorized absence; AA) may be approved for VA-authorized travel to professional meetings

Travel: Reimbursement to attend approved educational meetings and conferences (funding permitting)

Other Fringe benefits:

- Enrollment in government offered health insurance plans (Medical options available – see [www.opm.gov/insure/health/index.asp](http://www.opm.gov/insure/health/index.asp) for Plan Brochures and Guides)
- Appointment to intermittent pharmacist position for weekend staffing
- Free parking (OKC VA Employee Lot) or option for garage parking (fee, based on availability)
- Office workspace
- Lab coats available
- Employee Assistance Program (EAP)
- Federal discounts at many businesses
- Eligible for Oklahoma Federal Credit Union membership
- MicroSoft Home Use Program

## **GENERAL EXPECTATIONS AND RESPONSIBILITIES OF RESIDENTS**

### **Citizenship**

Pharmacy residents at the Oklahoma City VA Health Care System must be U.S. citizens.

### **Pharmacy Education**

Pharmacy residents must have graduated with a Pharm.D. from an ACPE accredited school of pharmacy.

### **Licensure Policy**

Pharmacy residents must hold an active pharmacist's license or be eligible for licensure in any U.S. state or territory. Within the VA, a license to practice in any state allows you to work at any VA, so residents are not required to obtain licensure in the state of Oklahoma but may choose to do so. PGY1 Pharmacy residents should schedule the NAPLEX exam provided by NABP and respective required law exam(s) as soon as possible upon receipt of an Authorization to Test, preferably prior to starting the residency if possible. The resident must be fully licensed as a pharmacist (successfully passing the NAPLEX and MPJE exam in the state and having an active pharmacist's license) within 90 days of the beginning of the residency.

- I. If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident.
  - A. If the resident has taken, but not successfully passed either the NABPLEX or MPJE exam, or both, the RAC may consider allowing a 30-day extension, which will allow the resident to complete two-thirds of the residency as a licensed pharmacist.
    1. If approved, this extension will be noted in the RAC minutes.
    2. If this extension is not approved, the resident will be dismissed from the program and employment terminated.
  - B. If the resident has not taken both the NABPLEX and MPJE exams within 90 days of the beginning of the program, the resident will be dismissed from the program and employment terminated.
- II. If a 30-day extension has been provided and the resident is still not licensed as a pharmacist, the following describes the outcome for the resident.
  - A. If the resident has signed up to retake the test not successfully completed, the RAC may consider allowing an additional extension, not to exceed 60 days (i.e. 180 days after the beginning of the residency). If an additional extension is agreeable to all RAC members, the RPD will seek approval of an extension to the residency program by the VA National Residency Program Director and the VA Office of Academic Affiliations (OAA).
    1. If approved, this extension will be noted in the RAC minutes, and the residency will be suspended (leave without pay) until such time as the resident is licensed as a pharmacist. Once licensed, the residency will be extended by the amount of time as the approved extension to ensure that the resident completes 12 months of training and completes two-thirds of the residency as a licensed pharmacist.
    2. If the resident is not licensed as a pharmacist by the end of this extension, the resident will be dismissed from the program and employment terminated.
    3. If the extension is not approved, the resident will be dismissed from the program and employment terminated.

## **Professional Conduct**

Residents are expected to conduct themselves in a professional manner consistent with the mission, vision and values of this Medical Center. Residents are expected to abide by the hospital's conduct regulations as delineated in the VA Employee Handbook. Such policies include, but are not limited to general standards of conduct, conflict of interest, outside employment, use of government property, treatment of patients, patient confidentiality, ethical behavior, and prevention of sexual harassment. Accordingly, residents can expect fair and considerate treatment, favorable working conditions, and a sincere concern on the part of the VA for them as individuals. Although an occasional resident may have to face disciplinary action(s), the resident can be assured that such actions will be in accordance with VA policy.

## **Dress Code**

Pharmacy residents are responsible for dressing professionally at all times, and in accordance with VA Pharmacy policies. It is required that identification badges are worn. If the resident wears attire that is deemed unprofessional by the Residency Program Director or preceptors, the resident will be asked to leave and change into professional attire.

## **Cell Phone Usage Policy**

Resident will refrain from using cell phones or text messaging devices while in direct patient care areas. Cell phones may be used only in case of emergency or special circumstances, and this should receive prior approval from rotation preceptor or RPD.

## **Social Networking**

Residents are expected to maintain professionalism at all times. Residents are to refrain from posting negative, inflammatory, or sensitive information regarding preceptors, students, Veterans, or any person associated with the VA on social networking or any other public internet sites.

## **Patient Confidentiality**

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy. Residents will undergo Health Insurance Portability and Accountability Act (HIPAA) training during new employee orientation and abide by HIPAA regulations during practice.

## **Mandatory VA Training/Continuing Education**

All VA residents must complete and maintain compliance with mandatory training classes or programs as assigned throughout the year.

## **ATTENDANCE AND LEAVE**

### **Typical work hours**

Attendance at all rotations must conform to the goals and objectives of the rotation. While typical work hours (tour of duty) are 8am to 4:30pm, tour of duty may fluctuate for each learning experience based on the needs of the service and the duty hours of the preceptor. Any absences must be excused in accordance with the procedures of the Pharmacy Department and be approved by the preceptor of record and the Residency Program Director.

### **Time Commitment**

Residents must complete a minimum of 12 months and full-time practice commitment or equivalent. Time away, such as leave without pay, is not counted towards the 12 months.

Residents are expected to spend the majority of their time (a minimum of 8 hours/day) in patient care related activities. Patient care activities include but are not limited to appointment scheduling, seeing patients, profile reviews, note writing, rounding, administrative assignments (Pharmacy Administration rotation) and other activities directly related to patient care. Time spent attending scheduled meetings, case presentations, Journal Club, etc. will also be considered patient care activities. Preparation (non-patient care) time for these scheduled events will not take precedent over patient care activities and may/should be performed outside the 40-hour workweek. Should scheduling conflicts arise between patient care and non-patient care related activities, preceptors and/or residents should contact the RPD for guidance.

### **Pharmacy-Specific Duty Hours**

The Oklahoma City VA Pharmacy Residency Program follows the ASHP duty-hour standards: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>. Definitions as described in this document:

**Duty hours:** Defined as all hours spent on *scheduled* clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

1. Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
2. Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

**Moonlighting:** Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

### **Working externally**

From the ASHP Residency accreditation standard: Residents' primary professional commitment must be to the residency program. Therefore, it is expected that any commitments made outside of the residency do not interfere in any way with the residency obligations. **Residents are required to secure written approval from the residency program director prior to working externally or requesting additional VA staffing hours.** If additional working hours are approved, the resident must submit duty hours completed to the RPD in writing within 2 business days. All pharmacy-specific hours must maintain compliance with the current ASHP duty-hour standards and are not to exceed a weekly average of 80 hours. This program does not participate in an on-call program.

### **Documenting Pharmacy-Specific Duty Hours**

Residents are required to document all pharmacy-specific duty hours each month. This is achieved by updating the designated table contained within the resident project checklist in the resident's shared folder. Complete the fields for month, tour of duty schedule, dates and hours of assigned pharmacy staffing, dates and hours of RPD-approved additional staffing or moonlighting, and the date RPD provided approval. Additionally, PharmAcademic will be implementing an attestation evaluation beginning in July 2022 for residents to complete at the end of each month to attest to adherence to duty hour policy.

### **Leave**

#### **Application for Leave**

All leave requests are submitted electronically using VATAS. For any planned leave, please email your preceptor requesting the days off and once you receive approval from them, forward that email to the Residency Program Director, then enter the leave into VATAS with a notation that you have approval from them in the comments section. This should be done one month prior to all planned leave if possible. All time off must be accounted for in the computer, regardless of reason.

#### **Annual Leave**

Annual leave (AL) may be, and is encouraged to be, used throughout the residency program. Residents accrue annual leave at a rate of 4 hours per pay period (13 days during the course of the residency program). Annual leave should be requested off as far in advance as possible and cleared with your preceptor and program director as described above. At the end of the residency year, unused annual leave may have the option to be paid out (contact HR for details). Residents transferring to a permanent VA position may carry their leave into the position.

#### **Sick Leave**

Sick leave (SL) is accrued at a rate of 4 hours per pay period (13 days during the course of the residency program). If you are sick, you are responsible for contacting a supervisor (generally the RPD or Associate Chief of Education) unless they are out

of the office) within two hours of the time you were to report for work, although ideally prior to the start of your scheduled tour. Your call is expected on each day of sick leave unless discussed with the supervisor previously. If applying for sick leave, enter the request into the computer on the day of your return. If you are using sick leave for a planned medical, dental, or other health related appointment, the leave must be cleared with your preceptor and entered prior to the appointment. Sick leave can also be used for care purposes if you need to help a family member attend a medical appointment, care for them or for bereavement purposes due to the death of a family member. According to OAA, Health Profession Trainees are temporary employees and do not qualify for Family Medical Leave, including Paid Parenteral Leave.

### **Administrative Leave and Travel**

For authorized absence/educational leave where no travel funding is being provided by the VA, appropriate requests should be submitted at least one month according to current education department processes. For educational leave that the VA will be providing travel funding, a travel request must be completed. Expenses for travel that has already occurred cannot be reimbursed. If your travel request is approved, you will receive travel orders and you must provide a copy of this to the timekeeper prior to leaving. Education and travel requests are made through the LEAF and ePAS portal and associated leave is entered in the VATAS system. Travel arrangements are set up in Concur.

### **Military Leave**

According to VA Handbook 5011, trainees may take up to 15 days of military leave. For VA stipend paid trainees needing extended military leave, the RPD will contact the National Director of Residency Programs and Education and will coordinate the leave with HR and the appropriate section of the Office of Academic Affiliations to ensure appropriate procedures are followed.

### **Leave Limits and Residency Completion Time**

Any required learning experience that you will miss more than 5 days during a 4-week period (not including holidays or approved education or travel leave) may require that you make up that time as determined by the residency program director and preceptor. This may be in the form of an additional project or presentation or may include shortening an elective experience to make up that time. This determination will be made based on the resident's progress towards completion of the objectives of the learning experience.

ASHP requires that residents complete 12 months of full-time work to successfully complete a residency program. Within the VA, this is considered to be 2080 hours and federal leave policies are applied to residents in the same manner as all federal employees. Residents are expected to complete the residency program within one year of beginning the program, and 2/3 of the program must be completed as a licensed pharmacist. If an extended absence occurs (e.g., extended family, sick leave or military leave, etc.), extension of the residency program may be necessary. If the resident's need for leave exceeds the allotted SL and AL of 4 hours of each per pay period, an extension of the program would be required in order to complete the program. Accommodations for an extension of the residency up to 60 days due to extended leave may be considered on a case-by-case basis by the National VA Pharmacy Residency Program Office and the OAA. The RPD and Pharmacy Administration would coordinate securing authorization and approval from the National VA Pharmacy Residency Program Director. The RPD will also inform the local Chief of Pharmacy of the potential extension. If extended leave is granted, a resident must use all earned leave prior to going on leave without pay (LWOP). LWOP (up to 60 days) would be in effect until the resident returned to the program at which time pay would resume until completion of the one year of residency. There are not circumstances that would allow more than one year of pay for a residency program. Additional information regarding LWOP can be found here [Leave Without Pay \(opm.gov\)](https://www.opm.gov/policy-data-oversight/leave-limits/).

### **Well-being and Resilience**

Pharmacists, including residents, are at risk for burnout and depression and need to be aware of the associated signs and symptoms to monitor. Coping and resilience can help mitigate stress and burnout. Residents should be aware of the resources available to increase their knowledge and awareness, as well as how and when to seek assistance. VA residents have access to several resources below.

1. Residents will be provided with education about signs and symptoms of burnout and depression during residency orientation with the RPD. They will also have frequent meetings with the RPD, initially weekly then twice monthly for the first half of the program and will taper to once monthly as appropriate throughout the year to discuss the program, well-being of the residents, and any issues or concerns that residents may have. Additionally, the RPD has an open-door policy and is available to meet with a resident one-on-one to discuss any concerns or issues.

2. VA has employed a Clinical Health Psychologist to lead efforts in providing education, awareness, and assistance to pharmacy residents and preceptors. Currently, this is Jason Bonner, Ph.D. ([Jason.Bonner@va.gov](mailto:Jason.Bonner@va.gov) 919-212-0129, ext. 163182).
  - a. Monthly educational emails – “Resilient Resident Check-In” and “Preceptor Development Brief”
  - b. Pharmacy Residency Wellness Center SharePoint [https://dvagov.sharepoint.com/sites/VHAPBM/Pharmacy\\_Residency\\_Program\\_Office/SitePages/Residency-Wellness-Center.aspx](https://dvagov.sharepoint.com/sites/VHAPBM/Pharmacy_Residency_Program_Office/SitePages/Residency-Wellness-Center.aspx) contains information about stress, burnout, grief, mental health, resilience, active coping, and mental health support
  - c. Consultant Corner SharePoint [https://dvagov.sharepoint.com/sites/VHAPBM/Pharmacy\\_Residency\\_Program\\_Office/SitePages/Consultant-Corner.aspx](https://dvagov.sharepoint.com/sites/VHAPBM/Pharmacy_Residency_Program_Office/SitePages/Consultant-Corner.aspx) where private and confidential consultations can be set up to discuss concerns or issues. For residents this may be things related to personal stress, burnout, mental health, resilience/coping, relationship concerns, issues beyond residency, or thinking through how to address concerns in residency (in general) or with your leadership. For preceptors this may also be things like programmatic needs or issues or guidance for how to assist a resident with well-related issues.
3. Virtual Wellness to Live Whole Health – Live classes to support physical, mental, and spiritual health. Virtual yoga, tai chi and qigong classes for all fitness levels.
  - a. To get started visit <https://www.veteransfirst.sofiahealth.com/> select register, complete the form.
  - b. Please allow up to 24 hours to activate your free subscription ([hello@sofiahealth.com](mailto:hello@sofiahealth.com) – 424-272-0534)
4. Employee Assistance Program (EAP)
  - a. Available for individual counseling
    - i. for individual counseling requests - [VHAOKLEmployeeAssistanceProgram@va.gov](mailto:VHAOKLEmployeeAssistanceProgram@va.gov)
    - ii. for urgent needs or critical incidents - [VHAOKLBHCrisisResponseTeam@va.gov](mailto:VHAOKLBHCrisisResponseTeam@va.gov)
  - b. EAP and Employee Whole Health Wellness Webinar (Wednesdays 1200-1230)
    - i. Microsoft Teams meeting - [Click here to join the meeting](#) Or call in (audio only) +1 872-701-0185,,641725641# United States, Chicago. Phone Conference ID: 641 725 641#
  - c. Virtual support group (Thursdays 1500-1600)
    - i. WebEx meeting -click to [Join meeting](#).
    - ii. Join by phone 14043971596
    - iii. Meeting number (access code): 2760 739 9863
    - iv. Meeting password: UfQB9iJ@22
5. 30 Days of Self-Care with COVID Coach
  - a. Email [Reach25@va.gov](mailto:Reach25@va.gov) to be added to receive daily prompts and participate in motivational chats.
  - b. The full “30 Days of Self-Care with a COVID Coach” guide can be found here (Created by the Mobile Mental Health Apps Team at the National Center for PTSD)
 



30DaysSelfCareCOV  
IDCoach508.pdf
  - c.
6. Whole Health Internet: [Whole Health Internet](#) / [Whole Health Library](#)
7. Internal VA Websites: [WH SharePoint](#) / [WH Intranet](#) / [Employee WH](#) / [WH Education](#)
8. Refresh and Reset: Care for Ourselves and Our Teams
  - a. 6-session series of caring for ourselves and our teams
  - b. Click [Refresh and Reset: Caring for Ourselves and Our Teams SharePoint](#)
  - c. Questions – email the team at [contactCIC-VIP@va.gov](mailto:contactCIC-VIP@va.gov)
9. Suicide Crisis and Lifeline
  - a. Veterans: 1-800-273- TALK (8255), press 1 <https://www.veteranscrisisline.net/>
  - b. Non-Veterans: 1-800-273-TALK (8255) [Lifeline \(suicidepreventionlifeline.org\)](https://www.suicidepreventionlifeline.org)
10. See something say something portal
  - a. Good ideas to share? Want to recognize something great? Have concerns to express? Do it anonymously with the [See Something Say Something Portal](#)
11. If you would like to encourage someone else by expressing your thanks or compliment, [Click Here to #VAGratitude Message to Someone Else in VA](#)
12. ASHP Well-Being and You [Workforce Well-Being and Resilience - ASHP](#)

## PGY1 PHARMACY RESIDENCY STRUCTURE

The grids below describe the residency structure with respect to the required rotations and experiences in which the resident will participate. Learning experience descriptions can be found in PharmAcademic.

### **REQUIRED LEARNING EXPERIENCES (ROTATIONS AND LONGITUDINAL ACTIVITIES):**

Orientation is the first rotation provided to ensure the resident possesses a good working knowledge of the institution prior to being in the patient care areas. Institutional Pharmacy Practice will be the second or third rotation (or may overlap with orientation), depending on when the resident secures pharmacist licensure, to allow the resident sufficient training to provide the required weekend staffing. Otherwise, the experiences will be structured according to resident preferences and preceptor availability. The ambulatory care clinic longitudinal will begin around October and will run through the end of the residency year to provide experience over 9 months. Rotations will be tailored to the resident, but no more than 1/3 of the 12-month program may deal with a specific disease state or population.

<b>REQUIRED</b> <i>(subject to change and availability – residents will be notified of any changes)</i>
Orientation (4 weeks)
Ambulatory Care I (5 weeks)
Internal Medicine (5 weeks)
Geriatrics Community Living Center/PCU (5 weeks)
Institutional Pharmacy Practice and Staffing (4-week rotation + 9 months longitudinal) <i>(Longitudinal weekend staffing, 2 days per month (minimum 14 shifts), fee-basis pharmacist's salary – preceded by a 4-week training block but may vary depending on learning needs and experience of the resident)</i>
Ambulatory Care Clinic (8 months longitudinal) <i>(After appropriate training and orientation, the resident will assume the responsibility of a 3-4-hour weekly clinic under the direct supervision of a clinical pharmacist practitioner. The practice area for this clinic will depend upon the interests of the resident and the availability of a suitable preceptor (e.g., anticoagulation, PACT, etc.)</i>
Inverted Research Model (IRM) IRM Project 1 (data collection, analysis, manuscript, presentation of findings) – 10 months longitudinal IRM Project 2 (project development, protocol, approvals, data source) – 6 months longitudinal
Pharmacy Administration Part 1: ADE & QA (10 months longitudinal) Pharmacy Administration Part 2: Recruit-Interview (5 months longitudinal) Pharmacy Administration Part 3: Leadership-Management (3 months longitudinal) Pharmacy Administration Part 4: MUE (3 months longitudinal)
Presentation and Teaching (10 months longitudinal)
<b>SELECTIVES – required to choose 2</b> <i>(subject to change and availability – residents will be notified of any changes)</i>
Ambulatory Care II (5 weeks)
Critical Care (5 weeks)
Infectious Diseases (5 weeks)
Mental Health (5 weeks)
<b>ELECTIVES – required to choose 2</b> <i>(may also choose from list of selective options that were not yet chosen)</i> <i>(Every effort will be made to tailor to resident interests and new experiences may become available and not yet listed)</i>
HBPC / Oncology (5 weeks)
Infusion Clinic / Hazardous Drugs (5 weeks)
Integrated Pain Management (5 weeks)
Internal Medicine II (5 weeks)
<b>Additional Optional Learning Experiences</b>
UConn Teaching Certificate (10 months longitudinal) - <i>Residents interested in obtaining a teaching certificate may be able to select this elective experience pending availability of the program and funding. If the program is available and funding is not approved, residents may elect to pay for tuition themselves.</i>

**PROJECTS:**

<b>Core Projects and Activities</b> <i>* Denotes required for certificate</i>	<b>Activities will be customized on individual resident development plans</b>
Journal Clubs (*2)	x 2-3
Staff Development*	x 1
In-service*	x 1
Case Presentation*	x 1
Grand Rounds Presentation*	x 1 <i>Comprehensively review the pharmacotherapy of a medical disorder, examine a therapeutic controversy, or review unique drug therapy in a specific disease state</i>
Guideline, Protocol, Treatment Review, or Monograph*	x 1 <i>Resident will work with RPD to identify which one of the four project types will be added to the resident's development plan for completion based on facility needs and resident interests.</i>
Medication Use Evaluation (MUE)*	x 1 <i>Resident will develop indicators, request data, complete data collection, review data, write-up findings, and present to P&amp;T</i>
Major Projects*	<u>Longitudinal Learning Experiences: IRM Project 1 and IRM Project 2</u> <i>The resident is expected to complete a significant project and start a significant project within the residency year using the inverted research model approach. Projects may include research, outcomes project, pharmacoeconomic evaluations, etc. Guidance from the program director, designated preceptor(s), and/or residency advisory committee is provided throughout the process.</i>
Presentation of major project (*2 - at least two different types required, additional may be scheduled based on opportunities and tailored to resident development plan)	<u>Conference Platform Presentation</u> <i>(Examples of typical Conferences include: OK Resident Research Conference, ALCALDE Residency Conference, VA Resident Project Forum (RPro4))</i> <u>Poster Presentation</u> (e.g., ASHP Midyear Clinical Meeting, National VA PRPO virtual session, etc.) <u>Research Seminar</u> (final results presented to OKC VA facility-wide as CE)
Major Project Manuscript*	<i>Publishable quality manuscript for completed major project (IRM Project 1)</i>
RPD-resident meetings (50%*)	<i>As scheduled (frequency gradually drops from twice weekly to monthly)</i>
Development Plan – Quarterly Evaluation and Review*	<i>Initial development plan is designed with RPD within first 30-days then updated quarterly in October, December, and March</i>
<b>Additional Activities</b>	
Reviews for Pharmacy Administration Part 1: ADE & QA	<i>Monthly chart reviews as assigned – type may vary throughout experience</i>
Recruitment	<i>Assist with updating recruitment materials and participate in recruitment events such as residency showcases. Examples: OSHP Residency Showcase (~October), ASHP Residency Showcase (~December), Other virtual open houses or showcases as available</i>
PGY1 Interviews	<i>Assist with PGY1 interviews (~January/February)</i>
Meetings to attend	<i>IRB (1), R&amp;D (1), P&amp;T (4 – one per quarter), Pharmacy Department meetings as schedule allows</i>
VA National Journal Club Call Participation	<i>Target 2 – 4 (monthly, recurring call)</i>
National VA Pharmacy Resident Conference Call Series	<i>X 5 (4<sup>th</sup> Thurs of every month except Nov date change – no call Dec, Apr, Jun)</i>
BLS Certification	<i>Required to be kept current – complete RQL quarterly in TMS. ACLS/EKG Certification may be considered for addition to the resident's development plan based on interests and goals.</i>
Understanding Deigns for Clinical Research VA Conference Course	<i>2-4-session course</i>
Federal Resident Council (FedReC) National Journal Club Workshop (NJCW) series	<i>4-session course</i>
VA – facility-required online training (TMS)	<i>As assigned by VA in TMS required to be completed and kept up to date</i>
Student Teaching Opportunities	<i>Residents are not required to precept students, but may be called upon to assist their preceptor with the supervision and training of students in a manner</i>

consistent with accomplishing relevant objectives of the residency as opportunities are available.

## **REQUIREMENTS FOR COMPLETION OF PROGRAM**

Residents successfully completing all required elements of the program will receive a certificate on completion for a Post-Graduate Year I Pharmacy Residency.

1. Complete all required learning experiences
2. Complete all PharmAcademic evaluations
3. No objectives rated below 3 (average) on final rating
4. 80% learning objectives marked as ACHIEVED for residency
5. Complete 2 journal club presentations
6. Complete 1 staff development presentation or exercise
7. Complete 1 in-service
8. Complete 1 case presentation
9. Complete 1 grand rounds presentation
10. Complete and present 1 MUE
11. Prepare 1 guideline, protocol, treatment review, or monograph
12. Complete major project (designated as IRM Project 1 and IRM Project 2)
13. Present IRM Project 1 in 2 different styles/settings
14. Complete manuscript of publishable quality for IRM Project 1 and approved by primary project preceptor
15. Attend at least 50% of scheduled RPD-resident meetings
16. Complete all quarterly evaluations and reviews
17. Weekend inpatient staffing minimum 14 shifts

## **LEARNING EXPERIENCE DESCRIPTIONS:**

Learning Experience Descriptions can be found in the PharmAcademic System. The LED will be reviewed with the resident by each preceptor during the orientation of the experience.

## **RESIDENT SUPERVISION**

The overall supervision of the residents is the responsibility of the Program Director. Each resident meets with the Program Director on a regular basis to review their progress and attend to issues at hand. Further, their global performance is evaluated by the Program Director quarterly using predefined objectives approved by the accrediting body. A customized development plan is also created with each resident at the start of the program and updated quarterly.

The residents operate under the direct supervision of a preceptor during each learning experience or rotation. Each preceptor is an appropriately credentialed pharmacy practitioner. The preceptor meets with resident on a regularly scheduled basis (varies between rotations, but in most cases daily). The preceptor reviews all resident's work to ensure appropriateness. All notes and interventions are co-signed by the preceptor.

## **RESIDENT NOTEBOOKS**

In lieu of a traditional notebook, all materials completed by the resident throughout the residency year are maintained in a shared drive "virtual notebook". This is readily accessible to the RPD and all preceptors.

## **MISCELLANEOUS SCHEDULES AND TIMETABLES**

<b>Title</b>	<b>Date/Time</b>	<b>Location</b>
Weekly Grand Rounds & Seminars	See <a href="http://www.ouhsc.edu/rounds/">http://www.ouhsc.edu/rounds/</a> for current schedule	
OKC VA Facility Grand rounds	Monthly	tbd
ID Conference	Wednesdays 8:15-9:00 am	Coussins Conference Room (Childrens)
P&T Committee	1 <sup>st</sup> Thursday of month 3-4:30pm	TBA
Pharmacy Staff Meetings	4 <sup>th</sup> Wednesday of month 8-9am	TBA

Pharmacy Clinical Section Meetings	2 <sup>nd</sup> Wed 1-2pm – all Clinical Section 4 <sup>th</sup> Wed 1-2 pm – alternating groups	TBA
Pharmacy Admin Quarterly Reports	Beginning of Oct, Jan, April, July	
Pharmacy Admin Budget, Shortfall Reports	End of Fiscal year (end of Sept)	
ASHP Midyear Clinical Meeting	December	
Oklahoma Residency Conference	May	
Residency Candidate Recruitment	October – January	
Residency Candidate Interviews	January – February	
ASHP Accreditation Survey	Varied	
Joint Commission Accreditation Survey	Varied	

### **ELIGIBILITY AND QUALIFICATIONS OF THE RESIDENCY PROGRAM DIRECTOR AND PRECEPTORS**

The Residency Program Director is appointed by the Chief of Pharmacy Services to oversee the residency program. The Residency Program Director is an established practitioner dedicated to the establishment and maintenance of quality learning experiences for each resident. In addition to holding an advanced degree, the Director has completed a specialty residency and has previously precepted residents.

The PGY1 Pharmacy Residency program is an institutional endeavor calling upon the services, skills and expertise of numerous disciplines. Each rotation; however, is precepted by a qualified pharmacist competent in their respective area of practice, professional education, and experience, and each possesses a desire and aptitude for teaching. Many preceptors have completed residency programs and hold board certifications. Eligibility and Qualifications of preceptors are described in Standard 4 of the *ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs*.

### **Preceptor Appointments**

Pharmacy PGY1 residency preceptors are appointed by the Residency Program Director in conjunction with the Residency Advisory Committee (RAC). Preceptors complete/update the ASHP Preceptor Academic and Professional Record (APR) form each year (~ April) for consideration and attesting that criteria have been met. The Preceptor Development Coordinator serving on the RAC facilitates the review of submitted APRs for criteria with the RPD and then makes recommendations to the RAC for re-appointment or alternatively a preceptor-in-training status. If a development plan is needed the preceptor development coordinator will facilitate the process for plan development. The development plan will be shared with the RAC. The RAC will vote to approve the appointments.

### **Preceptor Training and Development**

In an ongoing effort to improve and maintain the quality of instruction provided by the preceptors in the PGY1 program, all preceptors are requested to participate in a program of self-development and improvement. Preceptors are encouraged to attend conferences such the annual SWOSU/OU Preceptor Development Conference or the ASHP National Pharmacy Preceptor Conference. In addition, preceptor development topics are provided during clinical section meetings and/or other meetings throughout the year geared toward identified interests/needs from the results of preceptor self-assessment surveys and other means.

## **RESIDENCY PROGRAM FUNCTIONS AND RESPONSIBILITIES**

### **CHIEF, PHARMACY SERVICES**

The Chief of Pharmacy Services has ultimate responsibility for all aspects of the pharmacy's operation including the PGY-1 Residency program. The chief is responsible for appointing the Residency Program Director who provides the day-to-day coordination and oversight for the residency program.

### **RESIDENCY PROGRAM DIRECTOR**

The Residency Program Director is responsible coordination and oversight of the residency program, and for ensuring that:

- Overall program goals and specific learning objectives are met;
- Rotation schedules and timetables are maintained;
- Rotation content is commensurate with the predefined objectives of the program;
- Appropriate preceptorship for each rotation is provided;
- Resident evaluations based on the pre-established learning objectives are routinely conducted in a timely fashion;
- The residency program meets all standards set by ASHP (American Society of Health-Systems Pharmacists);
- Communication with residents is maintained throughout the program to ensure an optimal experience and to resolve any problems or difficulties; and
- All resident requirements are completed prior to recommendation for certification.

### **ROTATION PRECEPTORS**

Each rotational experience is directed by a preceptor who is responsible for:

- Developing rotational goals and specific activities to meet residency goals in conjunction with the Residency Program Director;
- Reviewing the rotational goals and learning objectives specific to the rotation with the resident at the beginning of the rotation;
- Introducing the resident to the general work area and people with whom he/she will be working
- Describing the daily activities and work-flow patterns involved in the rotation;
- Meeting with the resident on a regularly scheduled basis;
- Co-signing all notes and interventions;
- Helping the resident achieve the rotation objectives by providing direction and/or appropriate resources; and
- Providing timely criteria-based feedback related to performance and progress toward rotation learning objectives throughout the experience
- Completing a final summative evaluation of the resident's progress toward rotation learning objectives for the experience and discussing it with the resident in a timely manner
- Reporting any deficiencies or behavioral issues of the resident to the RPD
- Continually developing abilities as a preceptor and attempting to achieve the standards set forth by ASHP for qualities of a preceptor including a record of contribution and commitment to pharmacy practice as evidenced by at least four of the following:
  - a. Documented Improvements in and contributions to pharmacy practice
  - b. Appointments to drug policy and other committees of the organization
  - c. Recognition by peers as a model practitioner
  - d. Record of contribution to the total body of knowledge in pharmacy practice through publications, presentations, or productions

- e. Serving as a regular reviewer of contributed papers or manuscripts submitted for publication
- f. Demonstration of leadership in advancing the profession of pharmacy through active participation in professional organizations
- g. Demonstration of effectiveness in teaching

### **RESIDENCY ADVISORY COMMITTEE (RAC)**

The Residency Advisory Committee (RAC) at the Oklahoma City VA will consist of the Residency Program Director and residency preceptors. The RAC will provide education and reviews on such topics as professional development, preceptor development, or other resident interests. The RAC will also serve a formal role in continuous quality improvement for the residency program, which includes (but is not limited to) soliciting feedback from current or PGY1 residents and preceptors, and holding an annual formal program evaluation and planning retreat to review of the program's performance and discuss changes for implementation.

### **RESIDENT RESEARCH ADVISORY COMMITTEE (RRAC)**

The RRAC will convene under the guidance of the Research Project Coordinator to assist with mentoring for the development phase of the major project. This will be conducted by weekly (or as indicated) research mentorship meetings as a group until the project design is developed enough for the protocol to be written up. Then a smaller research committee will be assigned for each resident's project to be called the Research Project Committee (RPC) that will assume mentorship of the project. This will consist of a primary preceptor who will be designated as the principle investigator (PI) and additional preceptors who will serve as co-investigators. The IRB does not allow trainees to serve as the PI, and does not allow for official co-PI designation. The resident will serve as the chair of his/her RPC and will be responsible for setting up regular meetings (initially weekly to bi-weekly, then at minimum monthly) and communicating with the committee members. All projects/research proposals will be reviewed and approved by the Residency Program Director and RRAC and will include designation of a qualified research preceptor or preceptors for each project. Additional information about the research process, expectations, and responsibilities can be found in the Longitudinal IRM Project 1 and 2 Learning Experience Descriptions.

## SELECTION AND QUALIFICATIONS OF THE RESIDENT

### **APPLICANT SCREENING PROCESS**

Interested candidates must be a U. S. citizen and possess a Pharm.D. degree from an A.C.P.E. accredited U.S. institution. Each applicant must register in the Matching Program administered on behalf of the ASHP by [National Matching Services Inc.](#) and be eligible for licensure within the United States.

Applications must be submitted to the Pharmacy Online Residency Centralized Application Service (PhORCAS) in completion by the stated application due date of January 2<sup>nd</sup>. A complete application packet will include a completed application, letter of intent (LOI), a curriculum vitae, three completed standard PhORCAS professional recommendation forms, and an official copy of the applicant's transcripts for all pharmacy education.

All complete applications will be screened by the RPD and/or designee. Applications will not receive consideration if the applicant is not a US citizen, applicant is a graduate or candidate for graduation from a non-ACPE accredited degree program, or the application contains one negative recommendation or 2 or more recommendations without a designation of 'highly recommend'.

All applications given further consideration will be scored using a rubric assigning a score to each of the following categories: professional references, curriculum vitae, transcripts, and letter of intent. A maximum of 150 points are awarded in total based on designated rubric criteria below.

Curriculum Vitae: leadership/honors, research/publications/presentations/teaching, volunteer/community service, pharmacy work experience, neatness/completeness/errors, and bonus points provided to VALOR interns and Veterans

Reference forms: Strength of recommendation from professional references

Letter of intent: goals, interests, spelling/grammar

GPA (transcripts) [Note: Applicants from pass/fail programs will have their GPA score calculated as follows:

- If a class rank is available on transcripts or can be obtained from the school, the class rank will be converted to a percent and award points proportional to that value (e.g., a class rank of 1 would be 100% and award full points, a class rank equivalent to 50% will award half the possible points, etc.)
- If a class rank is not available, then the applicant will receive the average number of points]

### **CANDIDATE INTERVIEW PROCESS**

Once scores are tabulated for all considered applicants, the highest-ranking candidates will be invited for on-site interviews until approximately 4-6 applicants accept interviews for each available position. The number of available positions residency positions is designed by the VA Office of Academic Affiliations (OAA), and the total number of interviews and interview dates will be determined by the RPD in conjunction with the Residency Advisory Board and Interview Committee each year. Interview dates will pre-determined and will be scheduled on a first-come-first-served basis. Prior to distributing offers to interview, the RPD and/or designee shall determine the structure of the interview day, the number of applicants interviewed each day, and the number of total interview days. Candidates will receive an individualized invitation to interview via email that will also include a link to the PGY1 program website that contains the details about the program including the program manual, policies regarding the successful completion and expectations of the residency program listed in the ASHP standards, and benefits information to name a few. The remaining candidates not receiving an invitation to interview, including those who were screen failures and individuals with incomplete applications, will receive letters of rejection. The letters of rejection will be individualized to the applicant and will be sent via email.

An on-site interview is preferred for all candidates selected for consideration. Interviews will generally be one-half day in duration and will take place during a 4-6-week period approximately beginning mid-January and lasting through the end of February. The following elements will be included in the PGY1 interview below. In the event of a virtual interview platform, the structure of the interview will remain the same except where designated as different below.

- The RPD or designee will provide an overview of the program structure, program requirements and policies regarding the successful completion, expectations of the residency program as listed in the ASHP standards to all attending candidates. The RPD or designee will ensure the candidates also has access to all materials on the website and will answer questions the candidate may have.

- Clinical Preceptor Interview Panel(s) – Panel(s) will interview each candidate individually. Each panel will ask a set of performance-based interview questions standardized for the panel and panel members will score the responses using a point system for each question.
- Case presentation and discussion - Candidates will be provided a clinical case to assess prior to the interview and will be asked to prepare a brief PowerPoint presentation outlining their assessment and plan for the case. The PowerPoint will be due to the RPD or designee the week prior to the scheduled interview. The presentation will be allowed a maximum of 8 minutes. This will be followed by a 5-minute question and answer session. The case will be consistent for all applicants. One panel member will be responsible for scoring the content of the case presentation using a rubric specific to the clinical case. All attendees will score the presentation overall based on rubric with points assigned for presentation skills, organization and content, response to questions, and demonstration of critical thinking.
- Tour of the facility – A tour will be hosted by the resident(s) or designee to all attending candidates. The tour itinerary is determined by resident(s) with input from the RPD. A video tour may be used in lieu of a physical tour in the event of a virtual interview platform.
- Lunch – Lunch will be hosted by the resident(s) of the program or designee will include all attending candidates. In the event of a virtual interview platform, the program resident(s) will host a virtual open house session with the candidate(s).

Following the interview, each interviewer will submit an evaluation to score candidates based on their overall performance during the interview and professional qualifications utilizing a point value. Candidates interviewed will be scored on:

- Responses to standardized interview questions
- Presentation of prepared case assessment and plan: presentation skills, organization and content, response to audience questions, demonstration of critical thinking, and a clinical case-specific rubric
- Impressions of characteristics: communication skills, organizational/analytical thinking skills, poise/personality/confidence, goals and objectives, initiative/enthusiasm, qualifications/life experience, maturity, adaptability, compatibility with OKC VA PGY1, overall impression

### **CANDIDATE RANKING PROCESS**

All interview scores are collected from each interviewer, and are statistically analyzed, along with the candidate evaluation tally score, to create an objective rank. Each interviewer also submits a candidate rank. All ranks are then analyzed and discussed by the Residency Advisory Committee to determine the final rank submission.

Candidates successfully matched to the Oklahoma City VA Health Care System will receive a congratulatory confirmation letter along with preliminary documents designed to provide a baseline assessment of the resident's background and needs. This document will allow for the incoming residents to identify their interests, areas of strength, areas needing improvement; identify those goal statements/objectives that the resident feels are clinical practice weaknesses, identify current goals to accomplish during residency and articulate future goals. This information will be used to tailor the residency experience in consideration of these variables.

### **PHASE II MATCH**

In the event that program does not match all positions in Phase I of the ASHP Match, the program will enter the Phase II match.

- The RPD or designee will review all candidates that apply to the program via the PhORCAS system. The RPD or designee shall review applications using the same screening criteria used previously.
- The RPD or designee will conduct phone, virtual, or on-site interview for each candidate. Prior to this interview, the RPD will invite members of the interview panel to participate. The RPD and co-interviewers, if applicable, will use standardized interview questions for all interviews. The interview process will be the same for all interviewees regardless of the interview type.
- The remaining candidates, including those who were screen failures and individuals with incomplete applications, will receive letters of rejection. The letters of rejection will be individualized to the applicant and be sent via email.
- At the conclusion of all interviews, the RPD and co-interviewers, if applicable, shall meet prior to the round 2 match deadline to finalize the program's rank list. Once consensus is reached, the RPD shall submit the rank list to the ASHP Resident Matching Program.

## **POST-MATCH SCRAMBLE**

- If the residency program does not fill all available PGY1 openings through the ASHP Resident Matching Program, the program may initiate the post-match scramble process or temporarily release the unfilled allocations to the OAA for redistribution.
- Candidates listed on the ASHP Resident Matching Program Website as not matching with another PGY1 residency program will be considered. This process will be initiated by the RPD and/or designee, and a complete application must be received in order to consider the candidate. A complete application is the same as for Phase I of the process.
- The RPD and/or designee shall review all complete additional applications using the same screening criteria used previously, and no applicant will be considered unless they meet the criteria previously set forth.
- Once the post-match candidates have been identified, the RPD and/or designee will conduct a phone, virtual, or on-site interview for each candidate. Prior to this phone interview, the RPD will invite members of the interview panel to participate. The RPD and co-interviewers, if applicable, will use standardized interview questions for all interviews.
- At the conclusion of all interviews, the RPD and co-interviewers, if applicable, shall meet for consensus decision and ranking of the applicants. Once consensus is reached, the RPD shall offer the open residency position(s) to the applicants in descending rank order. The remaining candidates, including those who were screen failures and individuals with incomplete applications, will receive letters of rejection. The letters of rejection will be individualized to the applicant and be sent via email.

## Oklahoma City VA Health Care System PGY1 Residency Program

### **RESIDENCY PERFORMANCE ISSUES, PROBATION, DISMISSAL AND WITHDRAWAL**

Individuals selected to receive training as a PGY1 resident at the Oklahoma City VA Health Care System are appointed as temporary employees of this facility.

The RPD will assign each PGY1 pharmacy resident to a clinical pharmacy specialist for direct supervision for each learning experience. Otherwise, the residency program director will serve as the resident's primary preceptor for the PGY1 pharmacy residency, and as such, will be responsible for oversight of the training program and evaluation of the resident at specified intervals. The RPD and the preceptors will provide verbal and written feedback throughout the program on the performance of each resident. The program is set such that for each activity the resident has the opportunity to: observe the preceptor (modeling/mentoring), be observed by the preceptor with the preceptor present (coaching), and practice independently with supervision (facilitation), when appropriate. Independent practice occurs with preceptor facilitation and adequate supervision based on the graduated levels of responsibility defined by the Office of Academic Affiliations (OAA).

It is the responsibility of the resident to perform in an exemplary manner. This includes but is not limited to: maintaining a high level of professionalism at all times, completing all requirements of the residency program and taking responsibility for clinical and professional growth. If a resident fails to meet the requirements of the program, action may be taken that impacts the ability of the resident to continue in the program. A pharmacy resident may be placed on probation or dismissed from the program should there be evidence of their inability to function effectively or if the residents' actions put patients at risk. Either performance issues or conduct issues may require action on the part of the residency program and pharmacy service. Examples of situations that would require action on the part of the residency program include, but are not limited to: unprofessional or unethical behavior, unsatisfactory attendance or absent without leave (AWOL), unsatisfactory performance evaluations which may include failure of the resident to perform responsibilities at an acceptable level such as patient care activities, presentations and other assignments, insubordination, theft of government or personal property, impairment that prevents required activities to be completed safely.

It is the responsibility of the RPD to determine whether a resident has satisfactorily completed the requirements of the residency. Any resident who fails to meet the requirements 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 changes in the accreditation status of the residency program. Throughout the course of the residency, beginning during orientation, the requirements for successful completion of the residency program will be discussed and provided in the residency manual for the resident. The progress towards completion of these requirements will also be monitored by the RPD and discussed with the resident throughout the residency during the quarterly development plan updates. When requirements are not being met, remedial action may be necessary. If remedial actions are insufficient, adverse actions including withholding of the residency certificate and up to dismissal from the program, may be considered. This determination will be made by the Residency Advisory Committee in conjunction with the Chief of Pharmacy and discussed with the resident.

The following sequence of discipline will be used if necessary:

- The preceptor will provide the RPD with a written evaluation and documentation of any unacceptable performance or actions. The resident will receive counseling and assistance on how to improve performance. The first unsatisfactory appraisal will not result in any adverse actions.
- Upon receipt of a second unsatisfactory evaluation or evidence of unprofessional conduct or actions, the RPD will call an emergency Residency Advisory Committee meeting to determine appropriate action. Action may include, but is not limited to, placing the resident on probation for four weeks or additional counseling. These actions must receive the approval of the RPD. The RPD will provide the Chief of Pharmacy with a written report of the specific problem and action taken.
- Upon receipt of any additional unsatisfactory evaluations, evidence of unprofessional or unethical conduct, or absence without leave (AWOL), the RPD will call an emergency Residency Advisory Committee meeting to discuss appropriate actions. Actions will be either probation or immediate dismissal from the program. The Committee's actions will have the concurrence of the RPD and the Chief of Pharmacy.
- Actions that the Residency Advisory Committee deems necessary will be communicated to the resident both verbally and in writing by the RPD within 3 working days.

- The resident has the right to address the Residency Advisory Committee on any issue related to dismissal. This can be both oral and in writing and must be submitted within 3 working days after the dismissal is communicated to the resident by the RPD. This grievance will be sent to all parties involved in the dismissal procedure.
- The program reserves the right to supersede the progressive measures outlined above in the event of egregious misconduct. Concurrence of the RPD, Residency Advisory Committee, and Chief of Pharmacy is required. The RPD will also provide communication of the issue to the VA National Residency Program Director and Office of Academic Affiliations.

**Failure to successfully complete a rotation:**

The resident will receive continual verbal and written feedback during each rotation by the preceptor(s) as to progress towards completion of required objectives. If the preceptor discovers areas of concern that may result in the resident not completing necessary objectives, the preceptor will notify the resident as soon as the concern is identified through feedback and work with the resident and residency director to improve performance. A performance plan will be drafted by the RPD and Preceptor(s) to outline areas of concern and given to the resident for feedback. In the event that a resident does not meet expectations of a rotation, the resident will fail the rotation. All required rotations that the resident has failed must be repeated during the pre-specified residency year and will take the place of an elective experience. The resident must complete all objectives and expectations of the repeated rotation in order to achieve satisfactory performance. In the event that a resident does not meet objectives and expectations of the repeated rotation, the resident will be dismissed from the residency program. The resident may only fail and repeat two rotations during the residency year to still be eligible to be awarded a residency certificate.

**Withdrawal from the residency program:**

At any point, a resident may voluntarily withdraw from the residency program for extenuating circumstances or if he/she feels that they can no longer meet the requirements for completion of the program. If a pharmacy resident elects to voluntarily withdraw from the program, they must notify the RPD and Chief of Pharmacy in writing and document their last day in this written communication.

The resident is expected to review the PGY1 Pharmacy Residency Manual in entirety and make note of the policies outlined within. These policies will be reviewed with the Residency Program Director (RPD) and any questions will be answered. Failure to receive pharmacy licensure as outlined in the Licensure Policy will result in dismissal from the residency. Inability to complete the residency within 1 year or within a defined approved extension, as outline in the 'Leave Limits and Residency Completion Time' policy found within the PGY1 manual, will result in dismissal from the program.

The resident is referred to the current Employee Handbook, available from Personnel Service, for general statements regarding employee conduct as well as additional information regarding the rights and responsibilities of employees of the Department of Veterans Affairs.

Each resident will have this process reviewed with them during the orientation to the residency by the residency program director. A copy of this sheet will be given to the resident and a signed copy will be placed in the resident's file in pharmacy.

I certify that I have received a copy of the PGY1 Pharmacy Residency Manual and have reviewed it, and the policies within, in entirety. The policies have been discussed with me and I have had the opportunity to ask questions. All questions have been answered to my satisfactory. The above process has been explained to me, and I understand the process of performance review and evaluation, dismissal, and appeal.

\_\_\_\_\_  
Resident Name (print)

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

## PGY1 PHARMACY RESIDENT ORIENTATION & TRAINING CHECKLIST

### VA Health Care System

Date	Activity
	New Employee Orientation (NEO) only days as required. Complete HR Check-in (1 <sup>st</sup> day or prior to start) (complete pending forms, federal employee oath, security agreement, fingerprints, physicals, TB skin test, health insurance sign-up, etc.)
	Mandatory CE and Training Online
	Get Computer Access Codes (Both CPU and CPRS) <i>HR, Education Department</i>
	PIV Card Form ( <i>obtain from Education, must have VA email address, start ASAP</i> )
	OKC VA HCS LEAF Portal: <a href="https://leaf.va.gov/VISN19/635/okc_vahcs_interal_leaf_request_portal/">https://leaf.va.gov/VISN19/635/okc_vahcs_interal_leaf_request_portal/</a> Education Service Support Library Requests Medical Media Print Requests (including business cards and poster printing) Travel and Training requests
	Facility Visitor's Guide

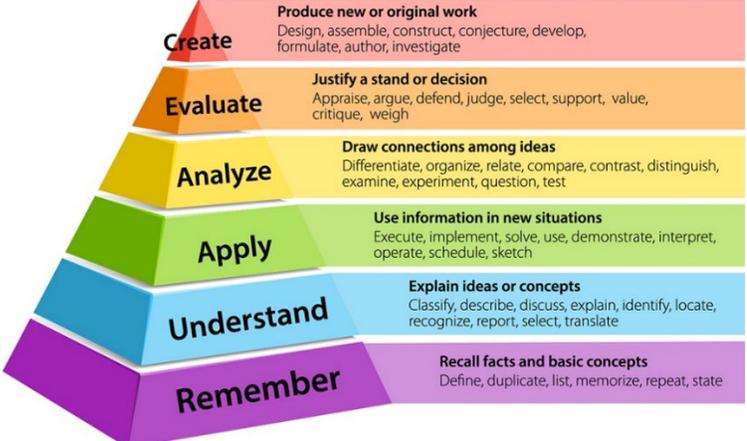
### Pharmacy Service

Date	Activity
	Pharmacy License (must provide to Pharmacy Administration) and License renewal process
	<input type="checkbox"/> Outlook setup <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> One Note, To-Do <input type="checkbox"/> Microsoft Teams <input type="checkbox"/> Microsoft OneDrive and Office 365
	CPRS Electronic Medical Record System <input type="checkbox"/> Access <input type="checkbox"/> Set-up ( <i>QA Program Manager Pharmacist - Need Student User Class for co-signature of notes</i> ) <input type="checkbox"/> Signature Codes (Vista Toolbox (TB) ^ electronic signature code edit or ^edit user characteristics) ( <i>QA Program Manager Pharmacist can re-set if needed</i> ) <input type="checkbox"/> User Training <input type="checkbox"/> BCMA
	VISTA and VISTA Mail access and training
	<b>OKC VA P&amp;T Committee</b> SharePoint (Formulary Updates, Safety Alerts, Drug Shortages/Recalls, Criteria Restricted Drug (Cascade) Criteria, PBM and FDA news) <a href="https://sharepoint.com">Home - Pharmacy and Therapeutics Committee (sharepoint.com)</a>

	Pharmacy Benefits Management <a href="http://www.pbm.va.gov/">http://www.pbm.va.gov/</a>
	<p>Clinical References: <a href="https://liblynxgateway.com/va/at/okc">https://liblynxgateway.com/va/at/okc</a></p> <p><a href="#">AccessPharmacy – Pharmacy Educational Resource (mhmedical.com)</a></p> <p>Lexicomp <a href="https://online-lexi-com.va.proxy.liblynxgateway.com/lco/action/home?siteid=982&amp;">https://online-lexi-com.va.proxy.liblynxgateway.com/lco/action/home?siteid=982&amp;</a></p> <p><a href="#">Micromedex Products: Select a Product (micromedexsolutions.com)</a> (UN: region4 PW: visn16)</p> <p>Natural Medicines: <a href="https://naturalmedicines.therapeuticresearch.com/">https://naturalmedicines.therapeuticresearch.com/</a></p> <p>UpToDate: <a href="https://www.uptodate.com/contents/search">https://www.uptodate.com/contents/search</a></p> <p>VALNET (library) <a href="#">Full Text Electronic Resource List (serialssolutions.com)</a></p> <p><a href="#">VHA National Desktop Library Home (va.gov)</a></p> <p>Additional Clinical training resources: <a href="https://www.va.gov/LIBRARY/training.asp">https://www.va.gov/LIBRARY/training.asp</a></p>
	Shared Files Access ( <i>Pharmacy ADPAC</i> ) Each resident will have a shared folder located: \\Vhaoklfpcf\vamc\$\PHARMACY\Private\CLINICAL_SECTION\PGY1 RESIDENCY\PGY1 Residents Materials
	Fee Basis / Intermittent Contracts – initiate process (used for weekend staffing salary once licensed and trained)
	Telephone and Office assignments (PGY1 Tele extensions 64131, 64132, 65225) Set up voicemail ( <i>telephone guide located in Orientation shared folder, IT ticket needed to reset voicemail and update caller ID</i> )
	Keys issued (10-1 pharmacy and 1-1 primary care)
	Office supplies ( <i>see pharmacy administration</i> )
	Leave request procedure ( <i>see manual</i> )
	<p>Education and Training: <a href="https://dvagov.sharepoint.com/sites/okl/EDU/SitePages/Education-Service.aspx">https://dvagov.sharepoint.com/sites/okl/EDU/SitePages/Education-Service.aspx</a></p> <p>___ TMS: <a href="https://hcm03.ns2cloud.com/sf/start?_s.crb=QUkpCttxy%252bsVYnjBsYu%252fnKMK9nMJgLJxolEh%252b4pokO4%253d#Shell-home">https://hcm03.ns2cloud.com/sf/start?_s.crb=QUkpCttxy%252bsVYnjBsYu%252fnKMK9nMJgLJxolEh%252b4pokO4%253d#Shell-home</a></p> <p>___ Travel and Training Requests: Go Refund Me!, Travel and Tuition Requests, Tuition only, Travel only, etc. <a href="https://leaf.va.gov/VISN19/635/okc_vahcs_interal_leaf_request_portal/">https://leaf.va.gov/VISN19/635/okc_vahcs_interal_leaf_request_portal/</a></p> <p>A travel request via the Electronic Permission Access System (EPAS - <a href="https://epas.r02.med.va.gov/">https://epas.r02.med.va.gov/</a>) is needed for conference attendance that requires travel (i.e. ASHP Midyear Meeting, regional residency conference). If you share a room at a meeting – be sure and obtain individual itemized receipts.</p> <p>Travel Arrangements are process via Concur <a href="https://www.cge.concursolutions.com/">https://www.cge.concursolutions.com/</a></p> <p>See Education SharePoint for most current updates and processes <a href="https://dvagov.sharepoint.com/sites/okl/EDU/SitePages/Education-Service.aspx">https://dvagov.sharepoint.com/sites/okl/EDU/SitePages/Education-Service.aspx</a></p>
	<p>Other Forms to use or review:</p> <p>___ Pharmacy Services Policies and Procedures as indicated by Pharmacy Supervisor</p> <p>___ CM 04-03 (Employee Clearance Procedures) - OKC VA SharePoint: Oklahoma City VA Medical Center &gt; Memos, Policies, Procedures &amp; Guidelines &gt; Medical Center Memorandums</p> <p>___ Rx SOPP I-17 (Pharmacy Service Personnel Management)</p> <p>___ “Key Points Related to IT Security”</p> <p>___ PBM Medication Use Evaluation (MUE) Toolkit (<a href="http://www.pbm.va.gov/PBM/vacenterformedicationsafety/tools/MUEToolkit.pdf">http://www.pbm.va.gov/PBM/vacenterformedicationsafety/tools/MUEToolkit.pdf</a>)</p>

## Residency

Date	Activity
	<b>Residency Manual</b> at: \\Vhaoklfpcf\vamc\$\PHARMACY\Private\CLINICAL_SECTION\PGY1 RESIDENCY\PGY1 Residents Materials and on OKC website
	Complete “Entering Resident Interest and Preference Information” and Objective-Based Self-Assessment – sent out in PharmAcademic (approx 1 month prior to initiation)
	Update resident contact info sheet. Locate at: (\\Vhaoklfpcf\vamc\$\PHARMACY\Private\CLINICAL_SECTION\PGY1 RESIDENCY\PGY1 Residents Materials\Forms) and save a copy in your shared folder under “Forms and Certifications”
	<p>Review the Following ASHP residency documents and follow-up on any questions (self-paced; online)</p> <p>____ Accreditation Standards for PGY1 Pharmacy Residencies <a href="https://www.ashp.org/-/media/assets/professional-development/residencies/docs/guidance-document-PGY1-standards.ashx?la=en&amp;hash=20D275DC632B78E92626D7233DF52747279FE820">https://www.ashp.org/-/media/assets/professional-development/residencies/docs/guidance-document-PGY1-standards.ashx?la=en&amp;hash=20D275DC632B78E92626D7233DF52747279FE820</a></p> <p>____ ASHP Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy Residencies <a href="https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Residency-Accreditation/PGY1-Competency-Areas">https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Residency-Accreditation/PGY1-Competency-Areas</a></p> <p>____ Duty-Hour Requirements for Pharmacy Residents <a href="https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&amp;hash=7D709CCB9D2B70923083697477B0EA2CD8306E9E">https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&amp;hash=7D709CCB9D2B70923083697477B0EA2CD8306E9E</a></p> <p>&gt; Discussion about how to document all staffing hours and moonlighting policy</p>
	Sign Dismissal Policy located within residency manual ( <i>copy placed in resident’s virtual notebook</i> ) *
	Depression and burnout overview - well-being and resilience resources
	Initial Development Plan and tentative rotation schedule ( <i>completed with RPD in July</i> )
	BLS Certification (RQI assigned in TMS by PharmAdmin, Quarterly training)
	Review Pharmacy PGY1 Residency project checklist and process for documenting staffing within the same document
	CPRS Training
	ASHP Midyear Planning and Timeline (recruitment materials, abstract/poster deadlines, travel/registration dates)
	National VA Pharmacy Residency email/list-serve group (VHA Pharmacy Residents 202x-xx)
	Anticoagulation Adverse Event Review Training
	<p>Resident Virtual Folder (setup)</p> <ol style="list-style-type: none"> <li>1. Forms and Certifications</li> <li>2. In-services</li> <li>3. Journal Club</li> </ol>

	<ul style="list-style-type: none"> <li>4. Longitudinal Clinic Materials</li> <li>5. MUE Materials</li> <li>6. Pt Sensitive Information</li> <li>7. Research Project</li> <li>8. Resident Rounds</li> <li>9. Resident Specific Assignments</li> <li>10. Rotation Specific Materials</li> <li>11. Staff Development Training Plans</li> </ul>												
	<p>Review Research Project Materials (shared folder, self-paced, located:        \\Vhaoklfpcf\vamc\$\PHARMACY\Private\CLINICAL_SECTION\PGY1 RESIDENCY\PGY1 Residents Materials\3_Research Project and Presentation Resources\1_Research Project Materials)</p>												
	<p>Plan Research Training (see PGY1 Residency Requirements Checklist)</p> <p>___ <b>IRB: submit University of Oklahoma Health Sciences Center IT Computer Account Request Form SEC01(c)</b> to obtain OUHSC user name and password to gain access to iRIS online IRB application system (<a href="http://www.ouhsc.edu/irb">www.ouhsc.edu/irb</a>)</p> <p>___ <b>Complete Human subject</b> training on the CITI website: <a href="http://www.citiprogram.org">www.citiprogram.org</a>.</p> <p>___ iRIS training (optional)</p> <p>___ Research <b>scope of practice</b></p> <p>___ Understanding Designs for Clinical Research – VA Course Series</p> <p>The <b>four VA mandatory courses</b> that must be complete are:</p> <ul style="list-style-type: none"> <li>___ 1. Privacy and Information Security Awareness and Rules of Behavior (TMS)</li> <li>___ 2. Privacy and HIPPA Training (TMS)</li> <li>___ 3. Info Security 201 for Research and Development Personnel (TMS)</li> <li>___ 4. VA Research Data Security and Privacy</li> </ul>												
	<p>Review evaluation process, responsibilities (PharmAcademic) <a href="https://www.pharmacademic.com/">https://www.pharmacademic.com/</a></p> <ul style="list-style-type: none"> <li>&gt; evaluation scale</li> <li>&gt; process</li> <li>&gt; making comments</li> </ul> <h2 style="text-align: center;">Bloom's Taxonomy</h2>  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="background-color: #f08080;"><b>Create</b></td> <td><b>Produce new or original work</b> Design, assemble, construct, conjecture, develop, formulate, author, investigate</td> </tr> <tr> <td style="background-color: #ffcc99;"><b>Evaluate</b></td> <td><b>Justify a stand or decision</b> Appraise, argue, defend, judge, select, support, value, critique, weigh</td> </tr> <tr> <td style="background-color: #ffff99;"><b>Analyze</b></td> <td><b>Draw connections among ideas</b> Differentiate, organize, relate, compare, contrast, distinguish, examine, experiment, question, test</td> </tr> <tr> <td style="background-color: #99ff99;"><b>Apply</b></td> <td><b>Use information in new situations</b> Execute, implement, solve, use, demonstrate, interpret, operate, schedule, sketch</td> </tr> <tr> <td style="background-color: #99ccff;"><b>Understand</b></td> <td><b>Explain ideas or concepts</b> Classify, describe, discuss, explain, identify, locate, recognize, report, select, translate</td> </tr> <tr> <td style="background-color: #cc99ff;"><b>Remember</b></td> <td><b>Recall facts and basic concepts</b> Define, duplicate, list, memorize, repeat, state</td> </tr> </table>	<b>Create</b>	<b>Produce new or original work</b> Design, assemble, construct, conjecture, develop, formulate, author, investigate	<b>Evaluate</b>	<b>Justify a stand or decision</b> Appraise, argue, defend, judge, select, support, value, critique, weigh	<b>Analyze</b>	<b>Draw connections among ideas</b> Differentiate, organize, relate, compare, contrast, distinguish, examine, experiment, question, test	<b>Apply</b>	<b>Use information in new situations</b> Execute, implement, solve, use, demonstrate, interpret, operate, schedule, sketch	<b>Understand</b>	<b>Explain ideas or concepts</b> Classify, describe, discuss, explain, identify, locate, recognize, report, select, translate	<b>Remember</b>	<b>Recall facts and basic concepts</b> Define, duplicate, list, memorize, repeat, state
<b>Create</b>	<b>Produce new or original work</b> Design, assemble, construct, conjecture, develop, formulate, author, investigate												
<b>Evaluate</b>	<b>Justify a stand or decision</b> Appraise, argue, defend, judge, select, support, value, critique, weigh												
<b>Analyze</b>	<b>Draw connections among ideas</b> Differentiate, organize, relate, compare, contrast, distinguish, examine, experiment, question, test												
<b>Apply</b>	<b>Use information in new situations</b> Execute, implement, solve, use, demonstrate, interpret, operate, schedule, sketch												
<b>Understand</b>	<b>Explain ideas or concepts</b> Classify, describe, discuss, explain, identify, locate, recognize, report, select, translate												
<b>Remember</b>	<b>Recall facts and basic concepts</b> Define, duplicate, list, memorize, repeat, state												
	<p>___ Associate Dress and Appearance Memorandum (CM 05-11)        \\Vhaoklfpcf\vamc\$\PHARMACY\Private\CLINICAL_SECTION\PGY1 RESIDENCY\PGY1 Residents Materials\1_Orientation materials</p> <p>___ Pharmacy Service Associates' Dress and Appearance (SOPP I-27)</p>												

	Business Cards - see CM 142B-2 Business Card Request – completed in LEAF system <i>(RPD must approve your final proof prior to print authorization)</i>
	Four teaching roles of preceptors must be understood: Instructing, Modeling, Coaching, and Facilitating   Preceptor Roles.pdf
	Obtain NPI Number once licensed (CMS website online) – send QA Program Manager Pharmacist your NPI number
	Review Project and Presentation topic list provided
	Schedules, Timetables & Deadlines, holidays (Thanksgiving and Christmas weekend)  Payroll calendar  Provide RPD with any desired pre-scheduled leave dates.
	Update: Resident Presentation Log.xls
	Resident portraits and group pictures

**Certification of Orientation Checklist Completion:**

Resident Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RPD Name: \_\_\_\_\_

RPD Signature: \_\_\_\_\_

Date: \_\_\_\_\_