

Tomah VA PGY-1 Pharmacy Practice Residency Rotation Descriptions

Core Rotations

Patient Aligned Care Team (PACT): The Tomah VA is in the process of expanding to eight Clinical Pharmacy Practitioners (CPPs) in PACT – four practicing in Tomah, two located at the La Crosse Community Based Outreach Clinic (CBOC), one at the Wausau CBOC, and a final practitioner assigned to the Wisconsin Rapids CBOC. Several modalities are used to interact with patients including face to face visits, telephone calls, and VA Video Connect. Group clinics are also established with the nutrition service to assist veterans with diabetes management. Residents will have a direct role in managing care of chronic disease states for veterans by ordering and interpreting labs and prescribing and adjusting medications. They are responsible for the education and follow-up of their patients. Residents staff care plans with CPPs. Veterans seen in this clinic are referred by their primary care provider for co-management of chronic conditions including hypertension, hyperlipidemia, diabetes, hypothyroidism, gout, COPD, weight loss, and others.

Home Based Primary Care (HBPC): The HBPC CPP works closely with an interdisciplinary team (IDT) that includes nurse practitioners, registered nurses, social workers, dietitians, occupational therapists, and psychologists to provide primary care to HBPC patients. The IDT meets once weekly to discuss veterans and the CPP is an active participant in the discussion. The CPP's main role is to provide chronic disease management (CDM) for patients followed by pharmacy. Several modalities are used to interact with patients including in home visits, telephone calls, and VA Video Connect. The CPP also completes ad-hoc consult questions and provides education to the veteran and caregivers on the proper use of prescribed medications. During this clinical rotation, the PGY1 resident will work as an integral team member of the HBPC team. They will participate in IDT meetings for Wisconsin Rapids, Wausau, and Tomah. Residents will have a direct role in managing care of chronic disease states for veterans by ordering and interpreting labs and prescribing and adjusting medications. They are responsible for the education and follow-up of their patients. Residents will staff care plans with the clinical pharmacist. Residents will gain experience in managing chronic conditions including hypertension, hyperlipidemia, diabetes, hypothyroidism, gout, COPD, and others. The resident will also work with another HBPC pharmacist on the team, completing comprehensive review notes, fall notes, deprescribing reviews, and providing patient education. The resident will also have the opportunity to shadow other members of the IDT on home visits.

Outpatient Behavioral Health Integration Program (BHIP): During the mental health ambulatory care experience, residents will be expected to establish professional relationships with veterans. Residents will be given responsibility for direct patient care, progressively increasing toward independence at a pace determined by both the resident and preceptors. Residents will learn how to prioritize delivery of patient centered care, effectively triage ambulatory care patients, collect and analyze patient information, and document patient care activities. They will implement drug therapy and monitoring plans and provide counseling to effectively implement the plan. Residents will provide evidence-based, patient-centered treatment for chronic mental illness in all degrees of complexity. Residents will have the opportunity to work with a variety of CPP and psychiatrist preceptors in this setting which helps to model different patient interviewing styles. Residents also rotate through the geropsychiatry clinic where they learn about assessment tools and treatments in veterans of advanced age. This will also provide exposure to several specialty areas within mental health such as geropsychiatry, substance use disorders, and women's mental health.

Pain Clinic: The outpatient Pharmacy Pain Management Clinic is a well-established consult service where veterans are seen via a variety of methods (face to face, telephone, and VA Video Connect) for chronic non-cancer pain medication management and titration. This clinic partners with primary care providers to assist with treating patients with chronic pain unable to be resolved by the primary care provider. The Pain CPP is able to prescribe medications for chronic non-cancer pain under a scope of practice as well as place referrals for non-pharmacologic treatment modalities. The Pain CPP is the pain medication use and safety expert, performing opioid stewardship and pain management. The Pharmacy Pain Management Clinic is also integrated with the Interdisciplinary Pain Clinic which involves additional healthcare providers including a physiatrist, health psychologist, and physical therapist. The Interdisciplinary Pain Clinic has an associated nurse case manager and is co-located in the Whole Health department to work closely with various Whole Health Coaches and the Whole Health Pain RN. The Interdisciplinary Pain Clinic sees patients face to face with multiple providers in the room with the patient for one visit. The CPP provides education to all patients on each medication change in this clinic and is responsible for contacting the patient in an appropriate amount of time for follow-up and to determine if there are concerns with the current therapy after medication changes. One Pain CPP also provides Battlefield Acupuncture (BFA) through the Whole Health Clinic.

Primary Care-Mental Health Integration (PCMHI): PCMHI residents will have a core rotation focusing on the delivery of mental health services in a primary care setting as a member of an interdisciplinary team. The PCMHI service is co-located within the primary care teams at the main campus of the Tomah VA Medical Center to allow for collaborative practice with primary care teams. A vital focus of this experience is communication and functioning as a member of an interdisciplinary team, consisting of mental health CPPs, student pharmacists, licensed clinical social workers, psychologists, nurses, health technicians, and peer support specialists. Residents will provide medication management visits via direct patient care in collaboration with either their pharmacist preceptor or the primary care provider and determine most appropriate setting for ongoing mental health care. Mental health conditions treated in PCMHI frequently include mild to moderate depression, mild to moderate anxiety, insomnia, mild alcohol use disorder, and tobacco use disorder, among other diagnoses. Residents would progress towards independence at a pace determined by the resident and preceptors.

Community Living Center (CLC)/Hospice/Palliative Care: The CLC is comprised of several inpatient wards providing long term care to veterans which include psychiatric care, dementia care, hospice care, and rehabilitation. There is currently one clinical pharmacist who is responsible for completing monthly medication chart reviews for the CLC. They are also involved in answering inpatient consults for medication review, managing anticoagulation, and participating in weekly IDT meetings. The CLC pharmacist is an integral part of the team, providing comprehensive medication management services and offering recommendations for pain and symptom management for hospice patients. Medication reconciliation, deprescribing, and chronic disease state management are important areas of focus. The CLC pharmacist interacts with the IDT through telephone calls, email, and Microsoft Teams. Residents will also have the opportunity to work with the discharge pharmacist through participation in interdisciplinary discharge meetings and discharge counseling services. Residents will be able to utilize their clinical skills by evaluating complex medication regimens and communicating any medication discrepancies to the provider and/or team.

Elective Rotations

Elective options may include: Addiction Treatment Program, Whole Health, Neurology, Residential Rehabilitation Treatment Program

Longitudinal Requirements

Residency Project Description: Successful completion of an original residency project is a requirement for attainment of a residency certificate. The purpose of the longitudinal project is to develop problem solving skills and to expose residents to research methodology. Each resident will choose a primary preceptor for their residency project. Residents are encouraged to consider several factors when selecting a topic for their major project. The chosen topic should be one of personal interest to the resident while also serving as a meaningful endeavor for the facility and/or pharmacy department. Finally, resident projects should be selected with the intent of submitting the results for publication in an appropriate professional journal. All major projects must be presented to invited guests locally, as well as at the Wisconsin Pharmacy Residency Conference. A manuscript drafted in AJHP format must be submitted for successful completion of the residency.

Informatics and Pharmacoeconomics: The longitudinal informatics/pharmacoeconomic rotation will expose residents to variety of learning experiences. The informatics portion will provide the opportunity to understand data management in the electronic medical health record (EHR), menu ordering processes, utilize dashboard reports/data warehouse data to monitor medical center medication utilization, and identify areas of improvement with medication use systems (e.g. Pyxis for inpatient pharmacy operations, ScriptPro for outpatient operations). The resident will be exposed to the non-formulary drug request process and review for appropriateness, safety, and cost effectiveness. The resident will assist with formulary conversions, complete a medication use evaluation, assist with adverse event reporting, and help with manufacturer backorder management.

Outpatient and Inpatient Staffing: The staffing rotation is a longitudinal, 12-month experience which is designed to familiarize residents with duties and responsibilities associated with the outpatient and inpatient pharmacy operations. The resident is responsible for ensuring safe and effective medication use. Routine responsibilities include: order verification, verifying repackaging of prescriptions, compounding verification, and controlled substance dispensing activities. The resident will work closely with other members of the pharmacy staff to complete the above tasks. Additional responsibilities will also be required such as completing consults and answering drug information questions. Residents will also be required to utilize their clinical knowledge to complete order verification and dosing of medications (heparin, warfarin, vancomycin, etc.) as well as to perform other clinically-driven tasks including but not limited to: renal dose adjustments, discharge medication reconciliation review, etc. Residents will be expected to increase their independence level each quarter and should be staffing independently midway through the second quarter. Residents will staff inpatient and outpatient pharmacy on a rotating basis. This staffing will occur during the workday. No evening or weekend staffing is required.

Patient care: The longitudinal patient care experience is a year-long opportunity to follow a panel of patients. This will allow residents to have better opportunities to follow up on their medication recommendations and establish a therapeutic rapport with patients. This will also allow residents to gain clinic management skills and demonstrate responsibility to their patient panel. Residents may select to follow a panel of patients in one of four settings. They may choose to provide comprehensive medication management services to either PACT patients or BHIP patients or they may complete chart reviews for CLC or HBPC veterans. In any of these settings, the expectation will be to follow 5-10 patients. All of the longitudinal patient care experiences are provided to facilitate the ongoing professional development of the resident as an expert in patient care. Increasing levels of independence will be an essential component of this experience.

Administration: The setting for the pharmacy administration experience involves exploration of pharmacy department leadership and how pharmacy influences patient care across the entire organization. The pharmacy operates as an integral part of the healthcare system with the mission of providing effective, timely and cost-effective drug therapy. Interactions within the department and the institution require excellent communication skills, understanding of teamwork and systems, negotiation, providing and listening to feedback/customer needs and continued efforts to improve healthcare and services. As professionals, we also participate in the education of others and of those who will follow us in the profession. The longitudinal experiences include practice management projects, performance improvement activities, policy development/improvement, and other relevant experiences that occur and are good opportunities for the resident to learn about and participate in practice management. Throughout the residency year, residents will engage in a variety of activities such as focused discussions of selected articles on leadership concepts written by noted leaders, self-assessments designed to help residents identify and use their untapped personal strengths, and training on different styles of communication and conflict resolution. Near the end of the year lessons learned and personal growth will be culminated in a personal development plan.