

**Wilkes-Barre Veterans Affairs
Medical Center (WBVAMC)
PGY1 Pharmacy Residency**

Residency Manual

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*"To care for him who have born the battle and for his
widow and his orphan."... Abraham Lincoln*



WILKES-BARRE VA MISSION, VISION, AND VALUES

Our Mission:

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

Our Vision:

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement. It will emphasize prevention and population health and contribute to the Nation's well-being through education, research, and service in national emergencies.

VA Core Values: Because I CARE, I will

Integrity:

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

Commitment:

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

Advocacy:

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

Respect:

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

Excellence:

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

PURPOSE OF PGY1 PHARMACY RESIDENCY PROGRAM

Postgraduate year one (PGY1) residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

Intended competencies as required by “ASHP Accreditation Standard for Postgraduate Year One Pharmacy Residency Programs”

Competency Area R1: Patient Care

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

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

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

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

Goal R3.2: Demonstrate management skills.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

Goal R4.2: Effectively employ appropriate preceptors' roles while engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

PROGRAM STRUCTURE AND LEARNING EXPERIENCES

Core Learning Experiences:

- Orientation (1 week)
- Pharmacy Patient Aligned Care Team (PACT) (8 weeks)
- Internal Medicine (6 weeks)
- Mental Health (6 weeks)
- Formulary Management (4 weeks)
- Practice Management (4 weeks)
- Precepting (4 hours/ week for 4 weeks)
- Geriatrics (Longitudinal 48 weeks: 4 hours/week) Pharmacy Staffing (Longitudinal 48 weeks: 4 hours/week with additional 4-week rotation)

Elective Learning Experiences: Choice of 3 (5 weeks each)

- Academic Detailing
- Antimicrobial Stewardship
- Diabetes Clinic
- Home Based Primary Care (HBPC)
- Oncology
- Pain Management/Substance Use Disorder
- Pharmacy Informatics/Pharmacoeconomics
- Precepting and Learning Certification in affiliation with Wilkes University (Longitudinal 32weeks, 2-4hours/week)

Other Activities:

- Residency project (presented at Eastern States Conference)
- Medication Use Evaluation (MUE)
- Criteria For Use (CFU) or treatment protocol
- Continuing Medical Education (CME)
- Adverse drug reporting system
- VISN 4 Journal Club Presentation
- Non-formulary drug reviews
- Pharmacy newsletters
- Educational in-services

Evaluations:

A development plan will be completed quarterly by Residency Program Director (RPD) in Pharmacademic™.

For each learning experience the following evaluations will be completed:

- Formative midpoint self-evaluation by the Resident
- Summative Evaluation by the Preceptor
- Summative Evaluation by the Resident
- Learning Experience Evaluation by the Resident
- Preceptor Evaluation by the Resident

Evaluations for all rotations will occur via the Pharmacademic® software program. For an overview of Pharmacademic™, the resident should refer to the Resident's Guide to the Pharmacademic™ program.

The RPD will review all evaluations of the residents' performance as they are completed. After completion of a rotation, the preceptor may elect to discuss the resident's performance at the next Residency Advisory Committee meeting.

A quarterly, goal-based evaluation is an important component of the residency program. These will be completed by the RPD and resident in the last week of September, December, March, and in mid-June.

- Each of the preceptors that have had the resident during the quarter being reviewed (required or elective learning experiences, projects, in-services, etc) will be asked to provide feedback about the resident's progress on their specific goals.

Goals/objectives are evaluated as follows:

I. Achieved:

- The resident has fully accomplished the ability to achieve the educational goal or objective. No further instruction or evaluation is required.

II. Achieved for Residency:

- The resident has mastered the ability to achieve the educational goal or objective and can perform the associated tasks independently across the scope of pharmacy practice.

III. Satisfactory Progress:

- This applies to an educational goal or objective whose achievement requires skill development during more than one learning experience. In the current learning experience, the resident has progressed at the required rate to attain full ability to perform the goal by the end of the program.

IV. Needs Improvement:

- The resident's level of skill for the goal or objective does not meet the the expected level of performance at that particular time; significant improvement is needed.

PHARMACY RESIDENT WELL-BEING

It is easy for the complexities of health care to result in stress for professionals who work in health care. No one is exempt from the stresses of his/her professional and personal life. No one should feel afraid or ashamed to ask for help coping with stress or depression. Many resources are available. Residency program orientation will provide information and access to VA Residency Wellness Center, as well as VA Employee Assistance Program.

Routine meetings with the RPD are scheduled every 4 weeks (although this can be altered as needed) to provide updates on progress, needs, stress, workload, work-life balance and any other resident needs. The agenda for this meeting is driven by the resident, but the RPD will frequently ask about the status of projects and progression throughout the program.

DIVERSITY EQUITY, AND INCLUSION

The mission of the VA's Diversity and Inclusion (D&I) Program is to grow a diverse workforce and cultivate an inclusive work environment, where employees are fully engaged and empowered to deliver the outstanding services to our Nation's Veterans, their families and beneficiaries.

It is our vision that VA is the leader in public service in creating a high-performing workforce by capitalizing on its diversity, purposefully embracing inclusion, and empowering all employees to perform to their highest potential.

Wilkes-Barre VA Medical Center residency selection committee utilizes the principles of holistic review to screen, assess and select applicants. We not only review applicants' academic achievements but also review their non-academic experiences, skills, and personal attributes throughout the screening and interview process to gain full picture of applicants.

For additional information about Diversity Equity, and Inclusion please visit VA's Office of Resolution Management

COMPLETION OF RESIDENCY REQUIREMENTS

The program has the responsibility to determine whether a resident has satisfactorily completed the requirements of the residency. Any resident who fails to meet the accepted standards of the residency program will not be issued a certificate.

Throughout the course of the residency, it will be made clear if objectives are being met, or not being met. Some individuals may require remedial actions, based on performance and progression. If an objective(s) assessed in only one learning experience are marked as needs improvement, the resident will be provided one additional attempt to receive satisfactory progress or achievement of this objective through an additional clinical experience or project. If this remedial action(s) is/are insufficient, the residency certificate will not be issued. This determination will be made jointly by the resident, Residency Program Director, Residency Staff, and the Chief of Pharmacy.

Requirements to Receive a Residency Certificate:

- Complete a minimum of 12 months of training with a full-time practice commitment
- Be licensed for at least 2/3 of the program (35 weeks)
- Complete required core rotations and staffing requirements (on average 4 hours/week with an additional 4-week rotation)
- Goals and Objectives
 - Achieved for Residency (ACHR) for 80% of the objectives within PGY-1 Competency Areas (27 of 34 Objectives)
 - No needs improvement for any objectives by the end of the residency year
- Completion of a residency project with a manuscript and presentation at a professional meeting determined by the residency program director
- Completion or participation in Medication Use Evaluation (MUE)
- Completion of a drug monograph, Criteria for Use (CFU) or drug class review
- Completion of Continuing Medical Education (CME)
- Completion of resident portfolio (must be uploaded to Pharmacademic™)
- Compliance with all institutional and departmental policies

RESIDENCY PROGRAM POLICIES

Licensure:

Pharmacy residents are encouraged to be licensed as soon as possible but must be licensed by September 1st of the academic residency year. The licensure deadline may be extended on a case-by-case basis if circumstances beyond the resident's control prevent the ability to be licensed by September 1st. If residents are not licensed within 120 days of the start of the program, they will be dismissed.

Attendance and Leave:

The residency is a full-time temporary appointment of 52 weeks in duration. The resident is expected to be on site for 40 hours per week. Additional time is expected to complete assignments and projects in a timely manner. The Residency Program Director and preceptor must approve any time off and procedure of leave must be followed.

Annual leave must be planned, and it is expected that annual leave will not interfere with responsibilities (assigned projects & presentations) of the residents and other patient care duties that are required. No specific times are set aside for vacations; therefore, the resident and preceptor must agree on the requested leave. A request for leave must be discussed with the specific learning experience preceptor and the Residency Program Director for approval. Additionally, the timekeeper must be notified. Approved requests must be entered into VATAS PRIOR to any planned leave being taken.

Annual Leave (AL):

- Four hours per pay period (13 days per year).
- Must be planned and electronically requested/approved at least 30 days in advance.

Sick Leave (SL):

- Four hours per pay period (13 days per year).
- Notify residency director (backup Pharmacy Chief) and current preceptor.
 - If a resident needs to use sick leave, he/she must contact the Residency Program Director AND the current learning experience preceptor before 8:30 a.m. on that day.
- Must submit electronic leave request upon return to duty.
- Missing 3 or more days requires a note from your physician.
- If a resident is ill on a day of a scheduled presentation, the resident will be required to present at the earliest possible time upon returning. The resident must make these arrangements with the RPD for a specific time.

Extended Leave:

- The term of the residency per ASHP standards is 12 months of full-time commitment or equivalent (equivalent is defined as 52 weeks i.e., one FTE).
- If an extended absence occurs defined as more than 37 days (i.e. examples of time away from the program include vacation time, sick time, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave, military leave, parental leave, leave of absence, and extended leave. Conference or education days, though they are considered to be a required part of the program, will also be included in the number of days away from the program) an extension of the residency program may be necessary.
- If the resident's need for leave exceeds 37 days, an extension of the program would be required in order to complete the program. (Although military leave does not require the use of AL or SL, the 37-day limit for time off will be used to determine the need for an extension of the program.)
- Opportunity to extend the program with pay will depend on the decision of the National Director of Residency Programs and Education. If funding is not available, an extension will not be permitted.
- If a resident is unable to complete the residency requirements due to extended leave, this will result in dismissal from the program.

Leave for Professional Meetings:

Residents will be granted Approved Absence of leave for professional meetings (generally ASHP Midyear (4-5 days) and Eastern States (3 days)). Funding for the conferences is not guaranteed by the program and will depend on facility approval of tuition and travel process each year.

Professional Conduct:

It is the responsibility of all residents to always uphold the highest degree of professional conduct in accordance with the VA Core Competency.

Dress Code:

Pharmacy residents will always dress professionally. It is required that name badges be worn for identification. Scrubs and a professional white coat will be provided by the institution.

If the resident wears attire that is deemed unprofessional by the Residency Program Director, Residency Coordinator, or preceptors, the resident will be asked to leave and change into professional business casual attire.

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.

Duty Hours:

Wilkes-Barre VA Pharmacy Residency will adhere to the ASHP Duty-hour requirements for pharmacy residencies. [Duty-Hour Policy \(ashp.org\)](http://ashp.org)

- 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
- Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.
- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents must have at a minimum of 8 hours between scheduled duty periods. Moonlighting hours will be counted towards the 80 hours.
- Residents will report any additional hours worked outside of the residency to the Residency Program Director for review and determination of compliance with the ASHP duty hour guidelines.

Moonlighting:

- Moonlighting hours are defined as voluntary, compensated, pharmacy-related work performed outside the organization. Internal moonlighting is not available at the Wilkes-Barre VA Medical Center (VAMC). External moonlighting is limited to 32 hours per month and the resident must obtain initial approval to moonlight from the Residency Program Director.
- Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- All moonlighting hours must be counted toward the 80-hour maximum weekly hour limit. The resident needs to ensure they have sufficient time off between outside employment working hours and residency working hours. If the resident's preceptors and program director determine that moonlighting is interfering with the resident's judgement, overall performance, compliance with ASHP Duty-Hour Requirements for Pharmacy Residencies, and/or ability to achieve the educational goals and objectives of the program, the RPD will meet to discuss a plan which may include restricting or eliminating resident's moonlighting hours.
- The resident must complete a duty-hour's attestation every month in PharmAcademic™. Residents must provide comments for all "No" answers. The RPD will review monthly, co-sign, and follow-up with the resident if compliance issues are noted.

DISMISSAL POLICY

Purpose:

To establish policy and procedures related to need for disciplinary action and procedures for dismissal of a PGY1 Pharmacy Practice resident. Each resident is considered a temporary employee (with a one-year appointment) of the WBVAMC. As such, the resident is bound by all the rules and regulations pertaining to all personnel at the medical center, in addition to the requirements for the residency program.

Policy:

A pharmacy resident may be placed on probation, dismissed, or voluntarily withdrawn from the program should there be evidence of their inability to function effectively or put patients at risk.

Triggers which would require action include, but are not limited to the following:

- Behavioral misconduct or unethical behavior that may occur on or off station premises
- Improper use or theft of government equipment including breeches of cyber security
- Violation of VA policies
- Does not earn satisfactory completion on any rotation.
 - *(For satisfactory completion of rotation, the resident may not be absent more than 5 days and receives no more than two “needs improvement” rating for all objectives evaluated).*
- Plagiarism
- Mental impairment caused by substance misuse
- Inability to complete residency requirements

Procedures:

- Minor or initial failure to adhere to the residency requirements or VA Medical Center Policy, will result in a verbal counseling with specific expectations of improved performance by the rotation preceptor and RPD will be notified.
- For repeated, or more severe incidents, residents will be given a formal written warning of failure to meet the requirements of the residency along with actions to remedy the situation.
- The RPD, in collaboration with program preceptors, will monitor and track improvement.
- Veterans Affairs National Director of Residency Programs and Education will be notified to aid with remediation or dismissal
- If dismissal from the program is warranted, it is the responsibility of the RPD, Preceptors, and Chief of Pharmacy to follow organization’s policies in all aspects of discipline or dismissal.