

# **Pharmacy Residency Program Manual**

**Clement J. Zablocki VA  
Medical Center  
Milwaukee, Wisconsin  
2024-2025 Edition**

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**Welcome!** Welcome to the Pharmacy Residency Programs at the Clement J. Zablocki VA Medical Center and Milo C. Huempfner Health Care Center. The Pharmacy Preceptors look forward to an enjoyable and fruitful upcoming residency year.

**Mission Statement:** Our mission is to cultivate pharmacy practitioners who will further the practice of Pharmacy. This will be accomplished through the use of principles of pharmaceutical care to develop, implement, and provide cost effective, patient centric care that optimizes patient outcomes. We will fulfill our mission through clinical practice, research, and education of others,

**Program Purpose Statements:**

**PGY1 Pharmacy Residency Program:**

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.

**PGY2 Pharmacy Residency Programs Purpose:**

PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

**Objectives:**

**PGY1 Pharmacy Residency Program:** The one-year PGY1 Pharmacy Practice residency program is intended to expose the resident to all aspects of pharmacy practice in this Medical Center. The approach is to integrate all aspects of practice into each rotation. A resident-specific plan is developed for each resident to better meet the resident's competencies, goals and educational needs. The competencies, goals and objectives of the programs have been adapted from the competencies, goals and objectives developed by the American Society of Health-System Pharmacists. Specific objectives and a list of activities have been developed for each rotation to help establish expectations for the resident. Additional practice experiences may be developed to meet the needs and interests of residents and as the practice site evolves.

**PGY1 Pharmacy Residency Program (Green Bay):** The one-year PGY1 Pharmacy residency program is intended to expose the resident to all aspects of pharmacy practice in this Health Care Center. The approach is to integrate all aspects of practice into each rotation. A resident-specific plan is developed for each resident to better meet the resident's competencies, goals and educational needs. The competencies, goals and objectives of the programs have been adapted from the competencies, goals and objectives developed by the American Society of Health-System Pharmacists. More specific objectives and a list of activities have been developed for each rotation to help establish expectations for the

resident. Additional practice experiences may be developed to meet the needs and interests of residents and as the practice site evolves.

**PGY2 Infectious Diseases Pharmacy Program:**

This one-year PGY2 ID pharmacy residency program is intended to expose the resident to many aspects of infectious diseases. The program builds on experiences gained through a PGY1 program and is designed to offer both didactic and clinical experiences leading to the development of a practitioner with expert knowledge and skills in the area of infectious diseases pharmacotherapy. In addition, the resident will develop teaching and precepting knowledge and skills with the goal of being a teacher of pharmacy students and other health care providers to foster development of the profession and education of future pharmacy professionals.

**PGY2 Internal Medicine Pharmacy Program:**

This one-year PGY2 Internal Medicine residency program is intended to expose the resident to many aspects of internal medicine, teaching and precepting. The program builds on experiences gained through a PGY1 pharmacy residency program and is designed to offer both didactic and clinical experiences leading to the development of a practitioner with expert knowledge and skills in the area of internal medicine pharmacotherapy. In addition, the resident will develop teaching and precepting knowledge and skills with the goal of being a teacher of pharmacy students and other health care providers to foster development of the profession and education of future pharmacy professionals.

**PGY2 Medication Use Safety and Policy Program:**

This one-year PGY2 Medication Safety and Policy Pharmacy residency program is intended to expose the resident to all aspects of pharmacy practice in this Medical Center with a focus on the medication use system. This program builds upon experiences gained through a PGY1 program and is designed to offer both didactic and clinical experiences leading to the development of practitioner with expert knowledge, leadership skills, and expertise in evaluating, designing and implementing a medication safety program for an institution. Graduates of this program will be well prepared for a position in Medication Safety, Formulary Management or Medication Use Policy.

**PGY2 Psychiatric Pharmacy Program:**

This one-year PGY2 psychiatric pharmacy residency program is intended to expose the resident to many aspects of psychiatry. The program builds on experiences gained through a PGY1 program and is designed to offer both didactic and clinical experiences leading to the development of a practitioner with expert knowledge and skills in the area of psychiatric pharmacotherapy. In addition, the resident will develop teaching and precepting knowledge and skills with the goal of being a teacher of pharmacy students and other health care providers to foster development of the profession and education of future pharmacy professionals.

**Residency Program Directors (RPD)**

The following Directors may be contacted at this address:  
Clement J Zablocki VA Medical Center  
5000 W National Avenue  
Milwaukee, WI 53295

PGY1 Pharmacy Practice

Jennifer Koch, PharmD, BCPS, BCGP  
Associate Chief of Pharmacy – Clinical Manager  
Phone 414-384-2000, ext. 42363  
E-mail: Jennifer.koch@va.gov

PGY2 Infectious Diseases Pharmacy

Grace Mortrude, PharmD, BCIDP  
Clinical Pharmacy Specialist  
Phone 414-384-2000, ext. 46194  
E-mail: grace.motrude@va.gov

PGY2 Internal Medicine Pharmacy

Jeremy Barnes, PharmD, BCPS  
Clinical Pharmacy Specialist  
Phone 414-384-2000, ext. 49671  
E-mail: Jeremiah.Barnes@va.gov

PGY2 Medication Use Safety and Policy

Lindsey Ladell, PharmD, BCPS  
High Reliability Organization Program Manager  
Phone 414-384-2000, ext. 42524  
E-mail: lindsey.ladell@va.gov

PGY2 Psychiatric Pharmacy

Matt Haas, PharmD, BCPP, BCPS  
Clinical Pharmacy Specialist  
Phone 414-384-2000, ext. 47376;  
E-mail: matthew.haas@va.gov

The PGY1 Pharmacy Director may be contacted at this address:  
Milo C. Huempfer VA Health Care Center  
2851 University Ave.  
Green Bay, WI 54311

PGY1 Pharmacy (Green Bay)

Shannon M. Pace, PharmD  
Associate Chief of Pharmacy – NEWAC Division  
Phone: 920-431-2500 ext. 72585  
E-mail: shannon.pace@va.gov

## Preceptors

<u>Preceptor</u>	<u>Practice Area/Learning Experience</u>	<u>PGY1-MKE</u>	<u>PGY1 - Green Bay</u>	<u>PGY2 - ID</u>	<u>PGY2 - IM</u>	<u>PGY2-MUSP</u>	<u>PGY2-Psych</u>
Karen Adwan, PharmD, BCGP, BCOP	Oncology/ Palliative Care	X		X	X		
Alisyn Baciak, PharmD	Outpatient Pharmacy		X				
Jeremy Barnes, PharmD, BCPS	Internal Medicine	X		X	X	X	X
Kimberly Bell, PharmD	Administration	X			X	X	
William Blaser, PharmD	Critical Care	X		X	X		
Caryn Bremberger, PharmD, BCPS	Ambulatory Care	X					
Kristen Charlson, PharmD	Ambulatory Care	X			X		
Brad Endres, PharmD, PhD	Oncology	X					
Mike Grunske, PharmD, BCPS	Ambulatory Care	X					
Matt Haas, PharmD, BCPP, BCPS	Psychiatry	X			X		X
Mohammed Hamdan, PharmD	Geriatrics	X					
Jill Hansen, PharmD, BCACP	Ambulatory Care	X					
Michelle Harms, PharmD, BCPP	Psychiatry	X					X
Mary Jo Jablonski, PharmD, BCGP	Pharmacoeconomics	X			X	X	
Bryan McGill, PharmD	Pharmacoeconomics	X					
Steven Kennedy, PharmD, BCPS	Cardiology	X			X		
Jennifer Koch, PharmD, BCGP, BCPS	Administration	X			X	X	
James Kotek, PharmD, BCPS	Academic Detailing				X		X

Lindsey Ladell, PharmD, BCPS	Medication Safety	X		X	X	X	X
Erin McAllister, PharmD, BCPP	Psychiatry	X			X		X
Grace Mortrude, PharmD, BCIDP	Infectious Diseases	X		X	X		X
Jennifer Mulhall, PharmD, BCPS	Ambulatory Care		X				
Katie Nichols, PharmD, BCACP	Ambulatory Care		X				
Shannon Pace, PharmD	Administration		X		X	X	
Courtney Pagels, PharmD	Infectious Diseases			X			
Luke Palmer, PharmD	Procurement					X	
Daisy Peterson, PharmD, BCPS	Ambulatory Care	X			X		
Ryan Prouty, PharmD	Ambulatory Care		X				
April Rogers, PharmD, BCACP	Ambulatory Care	X					
Cassandra Ruoff, PharmD, BCPS	Hepatology, Transplant		X				
Mirella Sabol*, PharmD, BCPS	Medication Safety	X			X	X	
Mike Schmidt, PharmD.	Ambulatory Care	X					
Erin Stoop, PharmD	Spinal cord	X					
Victoria Strong*, PharmD	Informatcs					X	
Lori Uildriks, PharmD, BCPS, BCGP	Formulary Management	X					
Jill Underberg, PharmD, BCACP	Ambulatory Care	X					
Amy Van Ermen, PharmD, BCPS	Ambulatory Care	X					
Megan Vranes, PharmD	Informatcs					X	
Ben Weitzel, PharmD	Geriatrics, Drug Safety Committee	X				X	



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\* Indicates Preceptor in Training

## **Mentors**

PGY1 residents will be assigned a mentor for the residency year. Assignment of a mentor for PGY2 residents is at the discretion of the RPD. The mentor-mentee relationship is designed to track the residents' progress throughout the residency year and also to provide an additional person (in addition to program director) for the resident to go to if any problems/questions/concerns arise. The mentor and mentee will meet on a regular basis (monthly is recommended) to track progress and review completion of residency requirements. The Mentor will also be responsible for updating the Customized Residency Training plan with the resident at the start of the residency year and quarterly throughout the year, prior to review by the RPD. Please see Appendix A for more information on the Mentoring Program.

## **Accreditation**

The PGY1, PGY2 Infectious Diseases, PGY2 Medication Use Safety and Policy, PGY2 Internal Medicine and PGY2 Psychiatric Pharmacy Residency Programs conducted by the Clement J. Zablocki VA Medical Center, Milwaukee, WI are accredited by ASHP.

The PGY1 Pharmacy Residency conducted by the Milo C. Huempfner VA Health Care Center, Green Bay, WI is accredited by ASHP.

## **Supervision**

As trainees, Pharmacy residents are required to have adequate oversight and supervision and must abide by PH CL 12 – Pharmacy Trainee Supervision Policy. The Residency Program Director for the respective program is the primary supervisor for the resident. The Associate Chief of Pharmacy serves as the supervisor for leave approval and other administrative requirements. The preceptor with whom the resident is working is responsible for supervising the trainee and abiding by Graduate Levels of Supervision policy. All progress notes of the resident must be co-signed by the supervising preceptor. This may be the preceptor of the rotation or the preceptor of the activity. Residents select the co-signer in CPRS and should take care to ensure the note will be able to be cosigned with 72 hours. In addition, if the co-signer has questions regarding the content of the note, it is the responsibility of the resident to discuss and resolve so the note may be cosigned in a timely manner.

## **Staffing (weeknight staffing experience)**

Milwaukee PGY1 residents will complete weeknight staffing requirement. Each resident will work one evening shift (4:30 – 8 pm) per week. The day of week will rotate over the course of the year and the residents are responsible for communicating the schedule, including any changes, to pharmacy inpatient pharmacy supervisor for posting on pharmacy schedule. Please see PGY1 section of manual for details. Residents must communicate with BOTH RPD and the appropriate pharmacy supervisor if they have a conflict with staffing or are unable to work due to illness.

## **Skills Survey and Resident Development Plan**

At the beginning of each residency year, each resident, in conjunction with their RPD and mentor, if applicable, will complete a customized training plan. Each residency program has its own Incoming Skills Survey and may be found in the Appendix of that program. This Skills Survey will assist the Residency Director, Mentor (if applicable), and Preceptors in the identification of areas of strength and weakness as well as assist in determining the direction of the resident for future development. The "ASHP Entering Interests" form and the "ASHP Entering Objective-Based Self-Evaluation" is also required.

The Skills Survey should be completed and returned to the Mentor and Residency Director and the ASHP forms should be completed in PharmAcademic by the specified date. Based on the review of the Skills Survey, the ASHP forms and discussion with the resident a Customized Training Plan (CTP) will be created for each resident. This plan will be discussed with the resident, mentor, and program director and adjustments may be made based on the discussion. Following that, the plan will also be

shared with the preceptors and posted on the PharmAcademic system. The Resident CTP will be updated quarterly by the resident, mentor, and RPD. An outgoing skills assessment will be completed at the end of the residency year.

### **Performance Evaluation:**

The Residency Program and the PharmAcademic System is based on the ASHP Residency Learning System. Residents will get orientation to PharmAcademic at the beginning of the residency year. The PharmAcademic Training Presentation for Residents is available at: <https://www.pharmacademic.com/Help.aspx>

The competency areas, goals and objectives for each program are available on the [ASHP website](#).

All programs utilize the following:

**Competency areas:** categories of the residency graduates' capabilities. Competency areas are classified into one of three categories:

- *Required:* Four competency area 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 to meet program-specific program needs.
- *Elective:* Competency area(s) selected optionally for specific resident(s).

**Educational Goals (Goal):** Educational goals listed under each educational outcome are broad statements of abilities.

**Educational Objectives:** Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program. Each objective is classified by taxonomy (cognitive, affective, or psychomotor) and level of learning within that taxonomy to facilitate teaching and assessment of performance.

**Criteria:** Instructional objectives are the result of a learning analysis of each of the educational objectives. They are offered as a resource for preceptors encountering difficulty in helping residents achieve a particular educational objective.

Performance Evaluations will be tracked through the PharmAcademic system. Each resident will receive access codes for PharmAcademic at the beginning of the Residency Year. PharmAcademic models this same structure for the evaluation of residents. For each Learning Experience, the program has assigned which outcomes, and associated goals and objectives will be taught and/or evaluated. This may be viewed by the resident in PharmAcademic along with a description of the learning experience itself.

At the conclusion of each learning experience, the resident will complete an evaluation of the learning experience and a self-evaluation (if applicable). The designated preceptor will complete the evaluation. The expectation is that all evaluation forms be completed by the preceptor and resident within **7 days** of the end of the rotation or learning experience.

PharmAcademic prompts an evaluation for each selected outcome, goal, and objective for the learning experience. Refer to Appendix H for the Residency Policy that defines successful completion of the residency program as well as the definitions of levels of achievement. Free text commentary is also available for each outcome, goal, and objective. Whenever possible, preceptors and residents should use concrete examples to demonstrate progress towards these outcomes, goals and objectives. For example, for an outcome related to drug information, describe the drug information query completed and the outcome of that information being provided. For patient follow-up issues, list how you ensured the patients had adequate follow-ups and referrals.

Evaluations by non-pharmacists will be collated using Appendix C. These evaluations will be collated and summarized by the Pharmacist responsible for that rotation and will be incorporated into the

PharmAcademic system. Longitudinal experiences in which the resident participates continually (e.g., project, warfarin monitoring) will be evaluated every three months for PGY1 residents, and at the end of the first, second and final quarter for PGY2 programs.

Quarterly (or more frequently if needed), the Residency Director will meet with each resident individually to complete the Customized Training Plan. Also, at this time, the Residency Director will review progress with AHSP goals and objectives, Pharmacy Practice Requirements and the Residency Project.

It is the responsibility of the program to determine whether a resident has satisfactorily completed the requirements of the residency. Any resident who fails to meet the accepted standards of the residency program will not be issued a certificate. Knowingly presenting a certificate of completing the residency when, in fact, inadequate achievement has occurred, can result in revocation of the accreditation of the residency by ASHP. Clearly, this makes the issuing of a residency certificate an important event. Throughout the course of the residency, it will be made clear that objectives are or are not being met. Some individuals may need remedial actions. If remedial actions are insufficient the residency certificate will not be issued. This determination will be made jointly by the Residency Program Director, Residency Advisory Board, and the Pharmacy Division Manager.

### **Other required activities**

A residency project must be completed and presented at the Wisconsin Pharmacy Residency Conference (WPRC) or at another conference if mutually agreed upon between RPD and resident. See project section of manual for more information. Please also refer to requirement grid for a complete list of residency requirements in the corresponding program appendix below.

### **Stipend and benefits**

The PGY1 and PGY2 stipend change each year. Please refer to salary listed in acceptance letter.

Health professions trainees (HPTs), including pharmacy residents, are directly paid by VA are appointed under the authority 38 USC 7405 subsection (a)(1) for a temporary period, not to exceed one year (2080-hours or less). HPTs appointed for 90 days or more and who participate in training a minimum of 130 hours per month meet the eligibility requirements for [Federal Employee Health Benefits \(FEHB\)](#). HPTs can enroll in FEHB on their first day at VA and be covered by the first pay period. HPTs do not meet the eligibility requirements for the following entitlements:

- Family Medical Leave, including Paid Parental Leave
- Life Insurance (FEGLI)
- Vision or Dental (FEDVIP)
- Flex Spending Accounts (FSAFEDS)
- This list of entitlements is not comprehensive. If there are additional questions, please contact your local Human Resources.

Please refer to PH CL 16 – Pharmacy Resident Leave Policy for details regarding leave.

### **Talent Management System (TMS)**

The Talent Management System (TMS) is the online system the VA uses to track mandatory and other training for VA employees. It is the resident's responsibility to identify in TMS their TMS supervisor. Residents should identify their supervisor as the person who certifies their timecard. Periodically during residency training learning will be assigned through the TMS system. It is the residents' responsibility to stay up to date on all TMS training requirements. If the resident becomes delinquent, on TMS training there is the potential for the resident to become dis-used from the VA network.

### **Microsoft Teams**

This instant messaging function allows for rapid communication to solve quick issues and is available to residents on most computers. All residents are expected to sign in to program while using a VA computer.

### **Home computer access and Telework**

If a resident would like access to the VA network from home, contact the informatics pharmacist to arrange. This is not a requirement of the residency program, but residents may find this a useful tool throughout the year. Residents will also be directed on completion of telework agreement for ad hoc use. Telework must be pre-approved by preceptor and RPD and will be used sparingly. In general, telework expectations will align with the telework expectations of the preceptor/learning experience of the resident. Preceptors must ensure appropriate supervision for patient care during telework.

### **Using Government Vehicles**

When traveling for official residency duties, residents are eligible to use a car from the motor pool. Prior to using a motor pool vehicle, the driver must complete the required TMS course, "Mini Fleet Course". The certificate of completion for that course should be carried by the driver when picking up the vehicle from the motor pool.

To make a vehicle reservation, an electronic request may be entered via the Milwaukee Home Intranet page, via the quick links.

When using the vehicle, the driver must complete the required paperwork. Prior to returning the vehicle, the driver should re-fuel the vehicle using the credit card provided to them when picking up the vehicle.

If the driver would experience any car issues while in possession of the vehicle, the motor pool should be called during normal business hours. If after hours, contact the GSA fleet service. That number is on the back of the credit card that is given with the car.

### **Travel**

Pharmacy residents are each required to attend the Wisconsin Pharmacy Residency Conference (WPRC) or equivalent as discussed with RPD to present their yearlong pharmacy residency project. Residents will be allowed administrative leave during this time and thus are expected to attend the conference in its entirety during four hours unless otherwise directed. The residents will work with the VA travel department to secure reimbursement for travel, conference fee and lodging for WPRC. Conferences other than WPRC are not guaranteed reimbursement and will be assessed on a case-by-case basis depending on available funds. A maximum of \$500 towards travel expenses plus conference registration reimbursement will be provided.

Some rotation experiences associated with academic experiences require the resident to travel locally. No travel reimbursement is available for these experiences and residents are expected to transport themselves to and from these rotation experiences on their own. These learning experiences are optional and a local teaching certificate not requiring travel is offered.

### **Covid-19 and Influenza Vaccinations**

Residents are required to be up to date with COVID-19 and influenza vaccinations. Residents must provide proof of vaccination to employee health in compliance with VHA Directive 1192: Seasonal Influenza Prevention Program for VHA Health Care Personnel requirements and VHA Directive 1193: Coronavirus Disease 2019 Vaccination Program for Veterans Health Administration Health Care Personnel.

### **Plagiarism**

Plagiarism is a form of theft. It is a very serious violation of ethical standards and may result in disciplinary action during the residency program.

Examples of Plagiarism, but not limited to:

- Submitting work which has been prepared by other individual(s) or commercial service, including Chat GPT or other Artificial intelligence (AI) software

- Paraphrasing or summarizing another's work without acknowledging and/or appropriately citing the source
- Using material from web sites without appropriate documentation/referencing

### **Pharmacy Resident Disciplinary Action**

Residents are expected to conduct themselves in a professional manner and to follow all pertinent Medical Center, Pharmacy Service and University policy and procedures.

Please refer PH CL 3- Pharmacy Resident Grievance process, Disciplinary Action, & Dismissal Policy for more information.

### **Resident's Rights and Responsibilities**

The preceptors of our residency programs view your acceptance of the residency position as a contract between parties. As such, the institution and its preceptors have obligations to you as a resident and you have obligations to the residency program. We have chosen to outline this commitment to one another in the form a Resident's Rights and Responsibilities. Understanding your rights will ensure you get the most from your residency experience. Understanding your responsibilities will ensure you and future residents have the highest quality program and help you contribute to the profession of Pharmacy. See appendix B for the Resident's Rights and Responsibilities. By signing the manual agreement form (see appendix O) the resident is agreeing the Resident Rights and Responsibilities and the contents of the residency manual. A PharmAcademic evaluation will also be utilized to confirm the residency manual and associated policies have been reviewed with each program participant within 14 days of their respective start date(s).

### **Responsibilities of All Residents**

1. Report to:
  - a. Residency Program Director
    - (1) Schedule, program goals, overall evaluations, committee responsibilities
    - (2) Keep informed of special projects and assignments
    - (3) Resident project (may be delegated)
    - (4) Administrative and personnel issues, including leave
  - b. Mentor (if applicable)
    - (1) Schedule, program goals, overall evaluations, committee responsibilities
    - (2) Keep informed of special projects and assignments
    - (3) Resident project (may be delegated)
    - (4) Administrative and personnel issues, including leave
  - c. Preceptor: Each rotation assignment, evaluations, any projects
2. Contact preceptor before each rotation to establish a time and place to meet. Review objective goals and understand expectations.
3. Review goals/objectives and residency requirements periodically to assess progress.
4. Complete rotation evaluations in a timely manner. It is important to provide detailed and honest feedback, so that both the resident's performance and the program's quality can be improved. The expectation is that all evaluation forms be completed by the preceptor and resident within 7 days of the end of the rotation or learning experience.
5. Meet periodically with RPD to assess progress and address problems.
6. Attend assigned meetings; inform RPD if conflicts arise.
7. If applicable, meet monthly with mentor to assess progress throughout the residency year.

### **Residency Projects**

A completed research or quality improvement project is required during the residency program. The intent of the project is to provide the resident with the opportunity to develop the skills and processes

necessary to perform research or quality improvement. Residents should select a project, preferably from the program project list, by the second month of the program. After deciding upon a topic, a project mentor will be responsible for guiding the resident through the entire project. Biweekly "Research Institute" discussions will be led by a preceptor and all residents are encouraged to attend. Refer to "Research Institute" schedule for details. Residents will be asked to present their project to the Pharmacy Residency Research Panel (see details below under project proposal). Each resident is expected to have made sufficient progress to present results at the Wisconsin Pharmacy Residency Conference (or other conference as agreed upon by RPD) which takes place in the spring. A final manuscript is required, and residents are encouraged to pursue publication. See details below regarding manuscript. PGY2 residents have goals and objectives specific to publication that should be addressed.

Please see program specific program appendix below which includes more details regarding the timeline for the residency project. Residents should be discussing project status with their RPD and/or residency mentor each month.

### **Project Proposal:**

The "Request for Determination of Operations Activity" form should be completed by each resident as part of the residency proposal. This document includes the following information:

- Project Title
- Requestor (author)
- Purpose
- Design
- Description of how findings will be used
- Impact on profession (does the project contribute to generalizable knowledge)
- Funding

To supplement this document, each resident should also submit a brief (no more than 2 pages) Word document which includes the following:

- Statement of the problem
- Purpose of the project
- Value to the Medical Center/Pharmacy
- Brief background
- List of proposed co-investigators
- References

All submitted research proposals are reviewed and evaluated by the project mentor, RPD and the Pharmacy Residency Research panel.

### **Manuscript:**

The final report for the project must be submitted in a format suitable for publication in the American Journal of Health-System Pharmacy or other publication mutually agreed upon by the Residency Director, project mentor and resident.

### **Teaching certificate**

The Pharmacy Residency Programs at ZVAMC offer the residents the ability to achieve a Teaching Certificate program in conjunction with our Academic Affiliates or the Clement J. Zablocki VAMC Teaching Certificate Program. The programs offered are determined by the respective Residency

Directors dependent on workflow of the Residency. Currently teaching certificate programs are being offered through the Concordia University of Wisconsin, the Medical College of Wisconsin and the Clement J. Zablocki VA Medical Center. Note that the Teaching Certificate Programs may require time away from the residency as well as time after hours. Time spent on these activities after hours will not be monetarily compensated nor will time be compensated with in kind time off. The Concordia teaching certificate requires an on-site academic rotation. Other Residency responsibilities must continue to be maintained. In addition, the residents will be responsible for the fees associated with the program. Participation in a Teaching Certificate program is optional, and residents are permitted to select which program they wish to participate in. The RPD will share more details regarding the teaching certificate programs at the start of the year.

### **Pharmacotherapy Labs at Medical College of Wisconsin (MCW)**

All PGY1 residents are required to participate in a minimum of four pharmacotherapy labs at the Medical College of Wisconsin School of pharmacy. This activity is optional PGY2s and should be discussed with the respective RPD. The number of labs required depends on if the resident is participating in the teaching certificate program or not. RPD and MCW course coordinator will work to schedule labs for PGY2 in their specialty area, if applicable. Lab assignments will be made at the beginning of the residency year but area subject to change.

### **Pharmacy, Nutrition and Therapeutics (PNT) Council**

The residents serve as resource members of the ZVAMC Pharmacy, Nutrition, and Therapeutics (PNT) Council and as such are non-voting members. Attendance is at the discretion of the Residency Program Director. The PNT secretary should be notified of attendance and/or agenda items prior to the meeting.

### **Milwaukee City-Wide Residency Conference**

ZVAMC participates in a network for all pharmacy residents in the metro Milwaukee area. PGY1 residents are expected to participate in the conferences held for this network, unless excused by their Residency Program Director. These activities are optional for PGY2 residents and should be discussed with the respective RPD.



# Appendices (General)

## **Appendix A**

### **Pharmacy Residency Mentoring Program Zablocki VA Medical Center**

**Purpose:** The purpose of the mentoring program is to provide professional growth opportunities, expand clinical knowledge and skills through utilization of various learning resources, and to provide encouragement, advice, and feedback on the resident's progress. The relationship between the mentor and resident should be confidential; however, the Residency Program Director (RPD) and the Residency Advisory Board will help to foster the relationship and provide assistance to either the mentor or the resident whenever necessary.

**Description:** Each PGY1 pharmacy resident will be assigned a mentor by the RPD in July of each academic year. Mentorship is optional for the PGY2 programs. The mentor-resident pair will be chosen according to the following factors as determined by the RPD: resident preference, mentor preference, personality pairings, and other factors deemed necessary by the RPD. The RPD will provide a copy of the initial Customized Training Plan to each mentor.

**Mentor Qualifications:** All qualified pharmacy preceptors will be invited to participate as mentors. Interested and qualified preceptors may not necessarily be chosen each year to mentor a resident. Mentors must:

- Have been in their current position for at least one year.
- Mentorship training and/or shadowing experience
- Attend all scheduled Preceptor Meetings. If the mentor cannot attend a meeting, the mentor is responsible for assigning another preceptor to provide detailed feedback regarding the resident's progress.

#### **Mentor Responsibilities:**

- Sign the Mentor-Resident Agreement (Attachment A).
- Meet with the resident for a minimum of once monthly for the first half of the year and at least quarterly during second half of year.
- Attend all on-site presentations given by resident and provide a "Presentation to a Group" Custom Evaluation in PharmAcademic (If mentor cannot attend, they must assign another preceptor to complete the evaluation).
- Act as a liaison between the resident and the RPD.
- Act as a liaison between the resident and the Residency Advisory Board/preceptors.
- The mentor will assist with developing the resident's Customized Training Plan and Evaluation each quarter focusing on strengths, weaknesses, interests, and goals (Attachments B).
- Provide feedback at Preceptor Meetings to ensure preceptors are aware of the resident's progress.
- Document comments from each monthly meeting in the Customized Training Plan and Evaluation. This will be kept as a password protected file with access granted to the RPD, Mentor, and Resident.

#### **Residents Responsibilities:**

- Sign the Mentor-Resident Agreement (Attachment A).
- Meet with their mentor a minimum of once monthly for the first half of the year and at least quarterly during second half of year.
- Inform mentor of all scheduled presentations that they are assigned.
- Initiate the quarterly Customized Training Plan and Evaluation and provide self-assessment.

Program Assessment: Residents and mentors will be asked to assess the effectiveness of the mentor program and changes will be made by the RPD accordingly.

Dissolution: In the case, whereby a mentor-resident pair needs to be dissolved (resident request, mentor request, or observation by RPD that the pair is not functioning as intended), the RPD will reassign the resident to another mentor.

**Attachment A**

**Mentor-Resident Agreement**

Resident's Name: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_

Resident agrees to:

- Meet with their mentor a a minimum of once monthly for the first half of the year and at least quarterly during second half of year.
- Contact their mentor ahead of time to reschedule appointment when necessary
- Provide their mentor with dates of scheduled presentations
- Initiate the quarterly Customized Training Plan

Mentor agrees to:

- Meet with the resident for a minimum of once monthly for the first half of the year and at least quarterly during second half of year to:
  - Assist in expanding organizational knowledge and skills
  - Provide support
  - Provide assistance and explore available options in achieving goals and overcoming obstacles
  - Check in on work-life balance and whole health
- Contact the resident ahead of time to reschedule appointment when necessary
- Attend resident's presentations and complete a "Presentation to a Group" Custom Evaluation in PharmAcademic
- Assist with developing the resident's quarterly Customized Training Plan
- Provide feedback regarding resident's progress at each Preceptor Meeting to the resident.

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PGY1 Pharmacy Resident  
2023-2024 Residency Class  
Customized Training Plan and Quarterly Evaluation**

<b>Resident</b>	
<b>Mentor</b>	
<b>RPD</b>	

**INITIAL CUSTOMIZED TRAINING PLAN**

This training plan was developed by the resident reflecting on previous experiences and by using information provided in the incoming skills survey, the ASHP entering interest form, and the baseline self-assessment of ASHP objectives which were submitted prior to starting the residency program. Full documents can be found in PharmAcademic. This plan will be reviewed and updated quarterly and will be posted in PharmAcademic every quarter.

**Resident Reflection**

<b>Strengths</b>	
<b>Areas of Improvement</b>	
<b>Well-being Index</b> <a href="http://pharmacist.com">Well-being Index for Pharmacy Personnel (pharmacist.com)</a>	
<b>Career Goals – Short Term (3-5 years)</b>	
<b>Career Goals – Long-Term (5-10 years)</b>	
<b>Residency Goals</b>	
<b>Interests</b>	

**RPD & Mentor Input**

<b>Changes to Program</b>		
<b>Plans for First Quarter</b>		
<b>Summary</b>	<b>Mentor</b>	
	<b>RPD</b>	

## Documentation of Dates:

	Mentor	RPD
Review of Baseline Goal and Objectives Self-Assessment		
Review of incoming skills survey and ASHP entering interests form		
Face-to-face Customized Training Plan Meeting		

This CTP will be uploaded into PharmAcademic and shared with preceptors and residency advisory committee.

## FIRST QUARTER UPDATE/PLAN

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### Resident Reflection

<b>Strengths</b>	
<b>Areas of Improvement</b>	
<b>Resident reflection on well-being (coping, resiliency, time management)</b>	
<b>Well-being Index</b> <a href="http://pharmacist.com">Well-being Index for Pharmacy Personnel (pharmacist.com)</a>	
<b>Career Goals – Short Term (3-5 years)</b>	
<b>Career Goals – Long-Term (5-10 years)</b>	
<b>Interests</b>	
<b>Suggested Program Changes</b>	
<b>First Quarter Reflection</b> <i>(include progress on the previous quarter's goals)</i>	
<b>Plans/Goals for Second Quarter</b>	

## RPD & Mentor Input

Resident Progress	Progress with Practice Requirements Checklist			
	Progress of electronic portfolio (see Resident Folder)			
	Evaluation Reviews – Themes Identified			
	Evaluation Timeliness (evaluations completed within 7 days of due date)			
	Program Goals & Objectives Achieved for Residency Review	% Completed: R1 Objectives <i>Must be evaluated as Achieved twice to be ACHR</i> (Target: 100%)		
		% Completed: All Objectives <i>Must be evaluated as Achieved once to be ACHR</i> (Target: 80%)		
		Objectives marks as “Needs Improvement”		
		Objectives not yet assessed:		
Changes to Program				
Plans for Second Quarter				
Summary	Mentor			
	RPD			

### Documentation of dates:

	Mentor	RPD
Review of Goal and Objectives with Evaluations Document		
Documentation of any Goals and Objectives that are “Achieved for Residency”		
Review of Resident’s Electronic File of Work		
Face-to-face Customized Training Plan Meeting		

This CTP will be uploaded into PharmAcademic and shared with preceptors and residency advisory committee.

## SECOND QUARTER UPDATE/PLAN

### Resident Reflection

<b>Strengths</b>	
<b>Areas of Improvement</b>	
<b>Resident reflection on well-being (coping, resiliency, time management)</b>	
<b>Well-being Index</b> <a href="http://www.pharmacist.com">Well-being Index for Pharmacy Personnel (pharmacist.com)</a>	
<b>Career Goals – Short Term (3-5 years)</b>	
<b>Career Goals – Long-Term (5-10 years)</b>	
<b>Interests</b>	
<b>Suggested Program Changes</b>	
<b>Second Quarter Reflection</b> <i>(include progress on the previous quarter's goals)</i>	
<b>Plans/Goals for Third Quarter</b>	

### RPD & Mentor Input

<b>Resident Progress</b>	<b>Progress with Practice Requirements Checklist</b>	
	<b>Progress of electronic portfolio (see Resident Folder)</b>	
	<b>Evaluation Reviews – Themes Identified</b>	



	<b>Evaluation Timeliness (evaluations completed within 7 days of due date)</b>		
	<b>Program Goals &amp; Objectives Achieved for Residency Review</b>	<b>% Completed: R1 Objectives</b> <i>Must be evaluated as Achieved twice to be ACHR</i> (Target: 100%)	
		<b>% Completed: All Objectives</b> <i>Must be evaluated as Achieved once to be ACHR</i> (Target: 80%)	
		<b>Objectives marks as "Needs Improvement"</b>	
	<b>Objectives not yet assessed:</b>		
<b>Changes to Program</b>			
<b>Plans for Third Quarter</b>			
<b>Summary</b>	<b>Mentor</b>		
	<b>RPD</b>		

**Documentation of dates:**

	Mentor	RPD
Review of Goal and Objectives with Evaluations Document		
Documentation of any Goals and Objectives that are "Achieved for Residency"		
Review of Resident's Electronic File of Work		
Face-to-face Customized Training Plan Meeting		

This CTP will be uploaded into PharmAcademic and shared with preceptors and residency advisory committee.

**THIRD QUARTER UPDATE/PLAN**

**Resident Reflection**

<b>Strengths</b>	
<b>Areas of Improvement</b>	

<b>Resident reflection on well-being (coping, resiliency, time management)</b>	
<b>Well-being Index</b> <a href="#">Well-being Index for Pharmacy Personnel (pharmacist.com)</a>	
<b>Career Goals – Short Term (3-5 years)</b>	
<b>Career Goals – Long-Term (5-10 years)</b>	
<b>Interests</b>	
<b>Suggested Program Changes</b>	
<b>Third Quarter Reflection</b> <i>(include progress on the previous quarter's goals)</i>	
<b>Plans/Goals for Fourth Quarter</b>	

### RPD & Mentor Input

<b>Resident Progress</b>	<b>Progress with Practice Requirements Checklist</b>	
	<b>Progress of electronic portfolio (see Resident Folder)</b>	
	<b>Evaluation Reviews – Themes Identified</b>	
	<b>Evaluation Timeliness (evaluations completed within 7 days of due date)</b>	
	<b>Program Goals &amp; Objectives Achieved for Residency Review</b>	<b>% Completed: R1 Objectives</b> <i>Must be evaluated as Achieved twice to be ACHR</i> (Target: 100%)

		<b>% Completed: All Objectives</b> <i>Must be evaluated as Achieved once to be ACHR</i> (Target: 80%)	
		<b>Objectives marks as “Needs Improvement”</b>	
		<b>Objectives not yet assessed:</b>	
<b>Changes to Program</b>			
<b>Plans for Fourth Quarter</b>			
<b>Summary</b>	<b>Mentor</b>		
	<b>RPD</b>		

### Documentation of dates:

	Mentor	RPD
Review of Goal and Objectives with Evaluations Document		
Documentation of any Goals and Objectives that are “Achieved for Residency”		
Review of Resident’s Electronic File of Work		
Face-to-face Customized Training Plan Meeting		

This CTP will be uploaded into PharmAcademic and shared with preceptors and residency advisory committee.

### FOURTH QUARTER (FINAL) UPDATE/PLAN:

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#### Resident Reflection

<b>Strengths</b>	
<b>Areas of Improvement</b>	
<b>Resident reflection on well-being (coping, resiliency, time management)</b>	
<b>Well-being Index</b> <a href="#">Well-being Index for Pharmacy Personnel (pharmacist.com)</a>	
<b>Career Goals – Short Term (3-5 years)</b>	

<b>Career Goals – Long-Term (5-10 years)</b>	
<b>Interests</b>	
<b>Suggested Program Changes</b>	
<b>Fourth Quarter Reflection</b> <i>(include progress on the previous quarter's goals)</i>	
<b>Plans/Goals for Future</b>	

### RPD & Mentor Input

<b>Resident Progress</b>	<b>Progress with Practice Requirements Checklist</b>		
	<b>Progress of electronic portfolio (see Resident Folder)</b>		
	<b>Evaluation Reviews – Themes Identified</b>		
	<b>Evaluation Timeliness (evaluations completed within 7 days of due date)</b>		
	<b>Program Goals &amp; Objectives Achieved for Residency Review</b>	<b>% Completed: R1 Objectives</b> <i>Must be evaluated as Achieved twice to be ACHR</i> (Target: 100%)	
		<b>% Completed: All Objectives</b> <i>Must be evaluated as Achieved once to be ACHR</i> (Target: 80%)	
		<b>Objectives marks as “Needs Improvement”</b>	
		<b>Objectives not yet assessed:</b>	
<b>Changes to Program</b>			
<b>Plans for Future</b>			

<b>Summary</b>	<b>Mentor</b>	
	<b>RPD</b>	

### Documentation of dates:

	Mentor	RPD
Review of Goal and Objectives with Evaluations Document		
Documentation of any Goals and Objectives that are "Achieved for Residency"		
Review of Resident's Electronic File of Work		
Face-to-face Customized Training Plan Meeting		
Update residency tracker		

### Documentation of Completion of Residency Requirements:

<b>Requirement</b>	<b>Achieved</b>
For the required R1 Goal, the resident must have 100% of objectives achieved for the residency & the goal achieved for the residency. Achieved for the residency is defined as – The resident has mastered this goal/objective and can perform associated tasks independently across the scope of pharmacy practice. No further instruction or evaluation is required. The resident has been evaluated as having "Achieved" this objective at least twice. The goal will be marked as achieved for the residency once all objectives associated with R1 have been marked as achieved for the residency.	
For the remaining goals, the resident must have at least 80% of objectives achieved for the residency & the goal achieved for the residency. Achieved for the residency is defined as – The resident has mastered this goal/objective and can perform associated tasks independently across the scope of pharmacy practice. No further instruction or evaluation is required. The resident has been evaluated as having "Achieved" this objective at least once. The goal will be marked as achieved for the residency once all objectives associated with R1 have been marked as achieved for the residency.	
The resident must complete all requirements as listed in requirement grid. Grid uploaded in PharmAcademic files. Electronic portfolio complete. Copy of grid saved in electronic portfolio.	
The resident must complete a major research or quality improvement project. For a detailed list of project requirements please see program specific appendix. Manuscript uploaded in PharmAcademic files.	
The resident must complete all evaluations in PharmAcademic®.	
The resident must complete end of year surveys: ASHP survey in PharmAcademic, National VA resident survey (email), outgoing skills survey (from RPD)	
Signed copy of residency certificate uploaded into PharmAcademic® files.	

This CTP will be uploaded into PharmAcademic and shared with preceptors and residency advisory committee.



## **Appendix B**

### **Pharmacy Resident's Rights and Responsibilities**

As a resident at the Clement J Zablocki VA Medical Center you have rights and responsibilities. Understanding your rights will ensure you get the most from your residency experience. Understanding your responsibilities will ensure you and future residents have the highest quality program and help you contribute to the profession of Pharmacy.

#### Resident Rights

- The resident has the right to have an active voice in their residency program allowing the program to be congruent with the resident's future career plans.
- The resident has the right to timely, specific, open feedback on the progress of their development.
- The resident has the right to adequate guidance for assigned responsibilities including the residency project.
- The resident has the right to dignity and respect and will not be discriminated against based on race, religion, gender, or other factors.
- The resident has the right to voice concerns regarding the residency rotations, assignments, preceptors, or other program concerns without the fear of retribution or penalty.
- The resident has the right to benefits (e.g. vacation time, sick leave, etc.) as outlined by the program.
- The resident has the right to practice in an environment and be shown a model of following applicable state and federal pharmacy laws and regulations and the practice Pharmacy in an ethical manner.

#### Resident Responsibilities

- The resident has the responsibility to complete required outcomes and goals of as outlined by the American Society of Health Systems Pharmacists standards.
- The resident has the responsibility to provide timely, specific, open feedback on preceptor performance and program structure.
- The resident has the responsibility to request assistance as needed for all assigned duties.
- The resident has the responsibility to treat preceptors, staff, fellow residents, and patients with dignity and respect without discrimination based on race, religion, gender, or other factors.
- The resident has the responsibility to voice concerns regarding the residency rotations, assignments, preceptors, or other program concerns to the appropriate personnel with specific details and suggestions for improvement to better the program.
- The resident has the responsibility to use benefits appropriately, communicating to the preceptors and Residency Program Director.
- The resident has the responsibility to follow all applicable state and federal pharmacy laws and regulations and to practice Pharmacy in an ethical manner.

The Residency Team is pleased to you have selected us to foster your pharmacy career. We view the residency experience as a partnership and commitment to mutually contribute to the future success of each other and the profession

**Appendix C**

**Evaluation Form  
For Pharmacy Resident**

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

Rotation: \_\_\_\_\_

Dates with Team \_\_\_\_\_ Team# (circle): I II III IV

Please rate on scale **1 (strongly agree)** through **5 (strongly disagree)**, or not applicable (NA).

- Where you satisfied with the overall performance of the pharmacy resident on the medicine team? 1 2 3 4 5 NA
- The pharmacy resident had good attendance to rounds (excluding weekends) and team activities? 1 2 3 4 5 NA
- The pharmacy resident was able to respond quickly and efficiently to drug information questions? 1 2 3 4 5 NA
- The pharmacy resident was appropriately assertive with the team? 1 2 3 4 5 NA
- The pharmacy resident was an asset to the team? 1 2 3 4 5 NA
- The pharmacy resident was a hindrance to the team? (e.g. the resident was in the way more than he/she was helpful) 1 2 3 4 5 NA

Specific things the pharmacy resident did well:

Specific areas the pharmacy resident needs to improve on:

Other Comments:

You are (please circle):

Attending Resident Intern Medical Student Other (Specify): \_\_\_\_\_

**Evaluator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Appendices (Pharmacy Residency Policies)

- Signed PDF versions of these policies available on Pharmacy Residency Shared Drive

# Appendix D – Pharmacy Residency Preceptor and Residency Program Director Qualifications and Responsibilities

PH CL 11

October 2022

## Clement J Zablocki VA Medical Center Pharmacy Residency Programs

### Pharmacy Residency Preceptor and Residency Program Director Qualifications and Responsibilities

**Purpose:** To define qualifications to become and maintain preceptor status for the PGY1 and PGY2 Pharmacy Residency programs at the Clement J Zablocki VA Medical Center and its associated clinics.

**Definitions:**

- **Active participation** – Active participation is defined as attending at least 50% of the required meetings.
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **RAC** – Residency Advisory Committee
- **RPD** – Residency Program Director
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)

**Policy:**

1. Being appointed as a preceptor or a residency program director of the ZVAMC Pharmacy Residency Programs is a privilege for pharmacists to allow for professional development and allows the individual to give back to the profession of Pharmacy.
2. Preceptor Eligibility and Qualifications:
  - a. Per ASHP Standards, the following criteria are required to be eligible for appointment as a Pharmacy Preceptor at the ZVAMC:
    - i. PGY1 Pharmacy Preceptor: A licensed pharmacist who has completed an ASHP-accredited PGY1 residency program followed by a minimum of 1 year of pharmacy practice experience in the area precepted; OR have completed an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency and a minimum of 6 months of pharmacy practice experience in the area precepted; OR have 3 or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program.
    - ii. PGY2 Preceptor: A licensed pharmacist who has completed an ASHP-accredited PGY2 residency program followed by a minimum 1-year of pharmacy practice experience in the area precepted; OR have 3 or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY2 residency program.
  - b. Per ASHP Standards, the following qualifications must be demonstrated by preceptors:
    - i. Have content knowledge/expertise in the area(s) of pharmacy practice precepted
    - ii. Contribute to pharmacy practice in the area precepted
    - iii. Role model ongoing professional engagement
  - c. Preceptors must also demonstrate the following:
    - i. Provide learning experience in accordance with ASHP standards including:
      1. Develop and revise learning experience objectives in the agreed upon format for the residency program
      2. Orient the Pharmacy resident to the rotation and discuss/define expectations.

3. Demonstrate use of precepting roles (i.e., instructing, modeling, coaching, facilitating) at appropriate level for resident
  4. Assess residents' performance
  5. Ensure adequate discussion of patients and topics relevant to the rotation
  6. Gives timely, actionable feedback to residents and perform timely evaluations, including verbal midpoints
    - ii. Participate actively in the residency program's continuous quality improvement processes
1. Participate in the Annual Preceptor Self-Assessment Process. Define annually a minimum of one measurable professional development goal with a plan to achieve that goal.
  2. Make suggestions for improvements to the residency
    - iii. Adhere to the residency program and department policies pertaining to residents and services
    - iv. Have active participation in Preceptor meetings for the PGY1 or PGY2 residency program(s) in which the person precepts. If, due to work schedule, the preceptor is unable to attend the scheduled meetings, the preceptor will provide feedback to the RPD leading preceptor meeting.
    - v. Meets performance expectations associated with his/her functional statement
    - vi. Contribute ideas for projects and actively participate in projects as appropriate
    - vii. Participation in the residency recruitment process including phone interviews and providing evaluation of candidates
    - viii. Attend Pharmacy resident presentations and give honest and constructive appraisal
    - ix. Model self-wellness and resilience in order to avoid professional burnout
  3. Pharmacists new to precepting or who do not meet the qualifications for residency preceptors as defined above, will be designated as Preceptors in Training.
    - a. "Preceptors in Training" must have a documented individualized preceptor development plan to achieve qualifications within two years.
  4. Non-pharmacist preceptors will only be used when a qualified pharmacist preceptor does not maintain an active practice in the area, but the experience adds value to the residents' professional development. A pharmacist preceptor will work closely with the non-pharmacist preceptor to design the educational goals and objectives for the learning experience. The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience. At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.
  5. Residency Program Director (RPD) Eligibility and Qualifications:
    - a. The following are the criteria to be eligible as a PGY1 Pharmacy RPD:
      - i. Licensed pharmacist who has completed an ASHP-accredited residency with a minimum of 3 years of relevant pharmacy practice experience OR have completed an ASHP-accredited PGY1 and PGY2 residency with one or more years of relevant pharmacy practice experience OR has a minimum of 5 years of pharmacy practice experience if they have not completed an ASHP-accredited residency.

- ii. Exception: When a licensed pharmacist for a given practice area does not meet the above stated criteria, a licensed pharmacist from the same practice area will be selected and designated “RPD in training”. This individual will be partnered with an established RPD for administrative purposes and initial oversight but will still be expected to deliver the specialized and/or advanced training of residents inherent to the program and practice area. An RPD transition plan will also be submitted to ASHP for review and approval.
- b. The following are the criteria to be eligible as a PGY2 Pharmacy RPD:
  - i. Licensed pharmacist who has completed an ASHP-accredited PGY2 in the advanced practice area followed by a minimum of 3 years of practice experience in the PGY2 advanced practice area OR has 5 years of experience in the advanced practice area with a demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency.
  - ii. Exception: When a licensed pharmacist for a given practice area does not meet the above stated criteria, a licensed pharmacist from the same practice area will be selected and designated “RPD in training”. This individual will be partnered with an established RPD for administrative purposes and initial oversight but will still be expected to deliver the specialized and/or advanced training of residents inherent to the program and practice area. An RPD transition plan will also be submitted to ASHP for review and approval
- c. The following are the required qualifications to be an RPD:
  - i. RPDs serve as role models for pharmacy practice and professionalism as evidenced by:
    1. Maintaining BPS certification in the specialty area when certification is offered in that specific advanced area of practice (PGY2 RPDs only)
    2. Contribution to pharmacy practice. For PGY2 RPD’s, this must be demonstrated relative to the RPD’s PGY2 practice area
    3. Ongoing participation in drug policy or other committees/workgroups of the organization or enterprise
    4. Ongoing professional engagement
    5. Modeling and creating an environment that promotes outstanding professionalism
    6. Maintaining regular and ongoing responsibilities in the advanced practice area in which they serve as RPDs (PGY2 RPDs only)
  - ii. Additional leadership requirement of RPDs:
    1. RPDs serve as organizational leaders of residency programs and have responsibilities for the organization and leadership of a RAC; oversight of the progression of residents; implementing the use of criteria for appointment and reappointment of preceptors; evaluation, skills assessment, and development of preceptors in the program; continuous residency program improvement in conjunction with the RAC; and working with pharmacy administration.
    2. Pharmacists new to precepting, who do not meet the qualifications for residency preceptors as defined above, will be designated as Preceptors in Training.
    3. “Preceptors in Training” must have a documented individualized preceptor development plan to achieve qualifications within two years.
    4. Non-pharmacist preceptors will only be used when a qualified pharmacist preceptor does not maintain an active practice in the area, but the experience adds value to the residents’ professional development. A pharmacist preceptor will work closely with the non-pharmacist preceptor to design the educational goals and objectives for the learning experience. The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience. At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the

documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.

**Procedures:**

1. All Preceptors new to ZVAMC Residency Programs will have an Initial Pharmacy Preceptor Development Plan. See attachment A.
2. Preceptors in training:
  - a. The respective RPD will assign a preceptor who will act as an advisor/mentor or coach.
  - b. The Preceptors in Training will have a documented preceptor development plan to meet the qualifications for becoming a preceptor within 2 years.
  - c. The RAC will review the progress towards completion of the Initial Preceptor Development Plan at each meeting. At this time, the RAC will also as a group make the determination of when preceptors in training may be promoted to full preceptors.
3. Re-appointment of preceptors
  - a. Annually all existing preceptors will complete a self-assessment survey. The Preceptor survey will include reflection of the past year and also allow for documentation of preceptor qualifications. As a component of the self-assessment, preceptors will self-identify a personal goal for the upcoming year. Information from the self-assessment will be kept on file as a part of the preceptor's individual plan for development.
  - b. Each year 25% of the existing preceptors will undergo an evaluation of the preceptor survey to validate if the preceptor meets ASHP preceptor standards. Each preceptor evaluated will receive feedback on their assessment. If it is determine that a preceptor does not meet ASHP qualification, an individualized preceptor development plan will be developed and reviewed quarterly by the RAC.
4. When ZVAMC appoints a new RPD, a similar process as that for new preceptors will take place to mentor the new RPD in his or her responsibilities. This will include appointing a more experienced RPD to coach the new RPD through responsibilities of the RPD including ASHP accreditation, PharmAcademic, the National Match Program, VHA Office of Academic Affiliations, National VHA Residency Director Groups, and VHA Regulations.

**Signatures:**

Jennifer Koch, PharmD, BCGP, BCPS  
Associate Chief of Pharmacy - Clinical  
PGY1 Pharmacy (Milwaukee) Residency Director

Shannon M. Pace, PharmD  
Associate Chief of Pharmacy - NEWAC  
PGY1 Pharmacy (Green Bay) Residency Director

Lindsey Ladell, PharmD, BCPS  
High Reliability Organization Program Manager  
PGY2 Medication Use Safety and Policy Residency  
Director

Matthew Haas, PharmD, BCPP, BCPS  
Clinical Pharmacy Specialist – Mental Health  
PGY2 Psychiatry Residency Director

Grace Mortrude, PharmD, BCIDP  
Clinical Pharmacy Specialist – Infectious Diseases  
PGY2 Infectious Diseases Residency Director

Jeremy Barnes, PharmD, BCPS  
Clinical Pharmacy Specialist – Internal Medicine  
PGY2 Internal Medicine Residency Director

Kim Bell, PharmD  
Pharmacy Division Manger

**Reference:**

- ASHP Residency Accreditation guideline documents. Available at: <https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation>
- American Society of Health Systems Pharmacists (ASHP) 2022 Pharmacy Residency Standards guidance document. Available at: [ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023](https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation)

**Attachment:** Initial Pharmacy Preceptor Development Plan

**Rescission:** PH CL-11 Pharmacy Residency Preceptor and Residency Program Director Qualifications and Responsibilities, date July 2022.

**Review Date:** Every 5 years in October

**Attachment A**

**Initial Pharmacy Preceptor Development Plan**

**Applicant:** \_\_\_\_\_  
**Program(s):** \_\_\_\_\_  
**Rotation(s):** \_\_\_\_\_

**Date of Initial Application:** \_\_\_\_\_

<b>Initial Preceptor Development Plan:</b>	<b>Anticipated Completion Date</b>	<b>Responsible Person</b>	<b>Progress</b>
Complete Annual Preceptor Assessment Form			
Review process for ongoing preceptor development, the preceptor meetings and ensure that preceptor has calendar invite			
The new preceptor will review the <i>Pharmacists' Letter</i> CE module entitled: Giving Effective Feedback (Pharmacist's letter CE) – Jen to send The new preceptor will review Preceptor Development presentation entitled “Criteria-Based Feedback” – Jen to send			
Review the following items in the Residency Manual Residency Program Design and Conduct discussion <a href="https://www.milwaukee.va.gov/edu/residencies/pharmacy/">https://www.milwaukee.va.gov/edu/residencies/pharmacy/</a> <ul style="list-style-type: none"> <li>- Residency Program Design and Conduct discussion</li> <li>- Residency Policies</li> <li>- Program specific appendix and requirements</li> </ul>			
Review the following documents on the ASHP: <ol style="list-style-type: none"> <li>1. Competency Areas, Goals and Objectives for the applicable residency program(s) <a href="#">PGY2 Program Specific Competency Areas</a> <a href="#">PGY1 Competency Areas</a></li> <li>2. <a href="#">ASHP Accreditation Standard for Postgraduate Residency Programs</a></li> </ol>			
Discussion on the 4 Preceptor Roles <a href="http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html">http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html</a>			
PharmAcademic Introduction <a href="https://www.pharmacademic.com/7-Review-presentation">https://www.pharmacademic.com/7-Review-presentation</a>			
Review <a href="#">ASHP Accreditation Standard for Postgraduate Residency Programs</a> Standard 4 (Requirements of the Residency Preceptors)			
Evaluate preceptor assessment form. A preceptor who does not meet the <a href="#">ASHP Accreditation Standard for Postgraduate Residency Programs</a> criteria for 4.6.a., 4.6.b. and/or 4.6.c. must also have a documented plan to achieve qualifications within the next two years.			

Pharmacy Residency Recruitment Review			
• Submitted preceptor biography (for website)			
• Picture taken for Residency Website			
Application for MCW and UW-Madison College of Pharmacy			
Discuss Annual Preceptor Assessment Form procedures			
Follow up after first rotation			
Follow up after second rotation			
Meet ASHP standards for preceptor within 3 years			

**Initial Placement:**

- Preceptor**
- Preceptor in Training**
  - **If Preceptor in Training, indicate Date for Review for Promotion to Preceptor: -**  
\_\_\_\_\_
  - **If Preceptor in Training, indicate Mentor: \_\_\_\_\_**

**ZRPD Board Review Dates:** \_\_\_\_\_



# **Appendix E - Pharmacy Resident Candidate Qualifications and Selection Process**

PH CL 2

December 2023

## **Pharmacy Resident Candidate Qualifications and Selection Process**

**Purpose:** To establish the minimum qualifications to be considered for the PGY1 and PGY2 Pharmacy Residency Programs. To specify method by which candidates are selected for the ZVAMC Pharmacy Residency Programs.

**Definitions:**

- **ACPE** – Accreditation Council for Pharmacy Education
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **PhORCAS** - Pharmacy Online Residency Centralized Application Service
- **RMP** – Residency Matching Program, “The Match”
- **RPD** – Residency Program Director
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)

**Policy:**

1. ZVAMC incorporates an Early Commitment Process, whereby the position of the PGY2 Infectious Diseases, PGY2 Internal Medicine, PGY2 Psychiatry, or PGY2 Medication Use Safety and Policy specialty residency programs can be committed to a current PGY1 resident completing a residency at any Veteran Health Administration organization in advance of the matching process. Please refer to PH CL 7 – PGY2 Early Commit Policy for full details of that process.
2. All candidates for ZVAMC residency programs must be enrolled in (with anticipated graduation) prior to the start of the residency (PGY1) or graduates of a Pharmacy School accredited by ACPE. Candidates from schools in “candidate status” are eligible to apply but full accreditation of the Pharmacy School is required prior to the residency program commencing.
3. Resident candidates must be US citizens.
4. The ZVAMC Residency Programs will participate in the RMP through the PhORCAS system, unless the Early Commitment process is utilized.

**Procedure:**

1. For the first and second round of match, all resident candidates must participate in the RMP, when the program is participating in the RMP. The ZVAMC Pharmacy Residency Programs abide by all terms and conditions of the RMP.
2. All resident candidates must submit the following materials to be considered:
  - a. Letter of Intent
  - b. Transcripts from College of Pharmacy
  - c. Curriculum Vitae
3. Three letters of reference are required using form in PhORCAS (for programs participating in the RMP). A letter may accompany the PhORCAS submission, but is not required. Letter is submitted via PhORCAS system as well.
4. PGY2 candidates have additional requirements:
  - a. All candidates for the ZVAMC PGY2 programs must have successfully completed an American Society of Health-Systems Pharmacists (ASHP) accredited PGY1 Pharmacy Practice Residency or

equivalent experience. If the candidate is in the process of completing a PGY1 program, successful completion will be required as part of the terms and conditions upon acceptance into the PGY2 program.

- b. Candidates must be licensed to practice pharmacy in any state.
5. Resident candidates must participate in an interview to be considered for the ZVAMC residency programs. Virtual interviews will be offered when necessitated by facility protocols.
6. Candidates will be screened to offer interviews. Considerations will include writing skills, Letters of Recommendation (if applicable), grade point average (if applicable), leadership activities, pharmacy experience, VA experience, contributions to the profession (publication, presentation, etc.) and phone interview performance (if applicable).
7. Following the interview, preceptors will assign a numeric score to each resident based on the application materials and interview performance (Appendix A)
8. Preceptors and current residents will meet to discuss the numeric ranking of candidates. Significant alterations in candidate rank order are avoided to maintain the relative objectivity of candidate assessment based on application and interview. As part of this meeting, discussion will also take place to determine if any resident candidates should be omitted from the rank order list.
9. The RPD will submit the rank order list to the RMP, unless the Early Commit Process is used.
10. The RPD is responsible for contacting candidate(s) matched within 5 business days of the match results being released.
11. In the event vacancies remain after both phase 1 and phase 2 of the match process, the RPD or their designee will contact unmatched candidates from the rank process or other interested parties. If the candidate did not previously interview at the facility, the same application materials and interview would be required.

**Signatures:**

Jennifer Koch, PharmD, BCGP, BCPS  
Associate Chief of Pharmacy - Clinical  
PGY1 Pharmacy (Milwaukee) Residency Director

Lindsey Ladell, PharmD, BCPS  
High Reliability Organization Program Manager  
PGY2 Medication Use Safety and Policy Residency Director

Grace Mortrude, PharmD, BCIDP  
Clinical Pharmacy Specialist – Infectious Diseases  
PGY2 Infectious Diseases Residency Director

Kim Bell, PharmD  
Pharmacy Division Manger

Shannon M. Pace, PharmD  
Associate Chief of Pharmacy - NEWAC  
PGY1 Pharmacy (Green Bay) Residency Director

Matthew Haas, PharmD, BCPP, BCPS  
Clinical Pharmacy Specialist – Mental Health  
PGY2 Psychiatry Residency Director

Jeremy Barnes, PharmD, BCPS  
Clinical Pharmacy Specialist – Internal Medicine  
PGY2 Internal Medicine Residency Director

**References:**

- American Society of Health Systems Pharmacists. Available at <http://www.ashp.org>.
- National Resident Match Program. Available at: <http://www.nrmp.org>.
- Pharmacy Online Residency Centralized Application Service. Available at: <https://portal.phorcas.org/>.
- PH CL 7 – PGY2 Early Commit Policy.

**Review Date:** Every 5 years in December.

**Rescission:** Pharmacy Resident Candidate Qualifications and Selection Process, dated December 2022.

**Appendix A. Candidate Scoring Components**

COMPONENT	PGY1MKE	PGY1GB	PGY2IM	PGY2ID	PGY2MH	PGY2MUSP
Application						
GPA	X	X				X
Letters of Recommendation	X	X	X	X	X	X
Written Communication (Letter of Intent, CV)	X	X	X	X	X	X
VA Experience	X	X	X	X	X	X
Pharmacy Work Experience	X	X				
Healthcare Related Activities Experience	X	X				
Leadership/Project Management Experience	X	X				
Professionalism	X	X				
VA APPE Preceptor Recommendation	X	X				
Veterans Status	X	X	X	X	X	X
Phone Interview(if offered)	X	X	X	X	X	X
Specialty Area Experience (IM, ID, MH, MUSP)			X	X	X	X
Teaching Experience			X	X	X	X
Research/Publication Experience			X	X	X	X
Interview						
Answers to Questions (Clinical + non-Clinical)	X	X	X	X	X	X
Professionalism	X	X	X	X	X	X
Verbal/non-Verbal Communication	X	X	X	X	X	X
Program Interest/Goals Alignment	X	X	X	X	X	X
Work Well w/Others/Interviewer Endorsement	X	X	X	X	X	X
Miscellaneous						
Presentation	X	X				
PGY1 Resident Assessment	X	X				
PGY1 MKE Final Ranking = 40% application/40% interview/10% presentation/10% resident scoring PGY1 GB Final Ranking = 40% application/40% interview/10% presentation/10% resident scoring PGY2 Final Ranking = Interview scoring (application scoring determines interview offer, tiebreaker)						

\*Points associated with GPA are removed from demonolater for pass/fail schools.

\*GPA may not be used as part of VA early commitment assessment process

## **Appendix F – Post Graduate Year Two (PGY2) Early Commitment Policy**

PH CL 7

December 2023

**Clement J Zablocki VA Medical Center  
Pharmacy Program  
Post Graduate Year Two (PGY2) Early Commitment Policy**

Policy:

1. The Zablocki VA participates in the nationwide VA early commitment process in accordance with guidelines established by the American Society of Health-System Pharmacists (ASHP), National Matching Service (NMS), also known as the match and VA Pharmacy Residency Program Office (PRPO).
2. The early commitment process allows for the Post Graduate Year 2 (PGY2) specialty residency programs offered at the Zablocki VA (PGY2 Infectious Diseases, PGY2 Internal Medicine, PGY2 Psychiatry, or PGY2 Medication Use Safety and Policy) to be committed to a current PGY1 resident at any Veterans Affairs site in advance of the matching process.
3. Zablocki VA PGY1 residents may also early commit to any other VA PGY2 program participating in the nationwide VA early commitment process.
4. Applicants must be a current PGY1 resident at any VA Health Care System. Both the Post Graduate Year One (PGY1) and PGY2 residencies will be continuous years of employment within the VA.
5. Once the residency program offers the appointment to the resident and the resident agrees to accept the appointment, the residency program and the resident acknowledge that this appointment will be contingent on the resident satisfying all PGY1 residency program requirements.

Procedure:

1. The PGY1 Residency Program Director will inform Zablocki PGY1s of the early commitment process during orientation.
2. PGY1 residents interested in PGY2 should alert the PGY1 RPD and request an early rotation or shadowing experience in the area of interest.
3. The Residency Manual includes the requirements for successful completion of the residency program and is available to both internal and external candidates on the Milwaukee VA Pharmacy Residency Program Website.
4. The PGY2 programs and positions will be registered for the Match. The PGY1 resident does not have to be registered for the Match.
5. The Residency Program Directors (RPD) of Zablocki VA PGY2 programs are responsible for opting in or out to the VA Nationwide Early Commitment (VANEC) Process each year. PGY2 programs participating in the Nationwide VA Early Commitment Process will register in the PRPO Early Commitment SharePoint Database no later than October 15 and will include:
  - a. Location
  - b. Site Number
  - c. RPD Name
  - d. RPD Email
  - e. Link to website and or program recruitment material
  - f. PGY2 program type
  - g. Number of Position for PGY2s for Early Commitment
  - h. All materials required for application to the program

- i. Application deadline
  - j. Date Filled
6. The PGY2 RPD and candidates will adhere to the timeline for applications, interviewing and offering and accepting position outlined in table 1:

<b>Table 1: Early Commitment Timeline for Applications, Interviewing, Offering and Accepting Position</b>				
<b>Early Commitment Stage</b>	<b>Deadline for candidates to submit application materials to PGY2 Residency Program Directors for early commitment.</b>	<b>Date program will provide early commitment offers to candidate.  (Acceptance e-mail is sent to candidate upon verbal acceptance)</b>	<b>Deadline for candidates to accept/decline early commitment offers from PGY2 residency programs.  (Program e-mail to candidate accepting position is binding contract and cannot be changed)</b>	<b>NMS Process:</b> <ul style="list-style-type: none"> <li>• If process not completed by deadline, position carries over to next stage and enters EXTERNAL Positions</li> <li>• SharePoint Site Must Be Updated at Each Phase</li> </ul>
Internal (Milwaukee VA) Stage	Oct 1	No later than Oct 14	No later than Oct 15	
Initial Stage (National VA)	Second Monday of November	On the Fourth Monday of November by <b>4:00pm ET</b>  Note: internal applicants may be provided early commitment offers prior to this date	The resident should communicate their acceptance or declination to the offering PGY2 residency program director as soon as possible. <b>The candidate must accept/deny offer by 4:00 pm ET one business day after the offer at the latest.</b>  <i>(if resident declines, RPD can move on to next candidate immediately)</i>	Within same day of acceptance of offer resident must electronically accept the position through the NMS portal. If this does not occur, the RPD has the right to offer the position to the next candidate the next day.
Secondary Stage  Programs progress to the secondary stage in the event they are not filled during the initial stage	First Monday in December	On or before the second Monday of December.	The resident should communicate their acceptance or declination to the offering PGY2 residency program director as soon as possible. <b>The candidate must accept/deny the offer by 4:00 pm ET one business day after offer at the latest.</b>  <i>(if resident declines, RPD can move to next candidate immediately)</i>	Within same day of acceptance of offer resident must electronically accept the position through the NMS portal. If this does not occur, the RPD has the right to offer the position to the next candidate the next day or until Dec 15 at <b>4:00pm ET</b>

7. Only PGY1 residents in good standing will be considered for early commitment to a VA PGY2 residency program. Good standing for Zablocki PGY1 residents will be determined by the Zablocki Residency Advisory Committee, Preceptor Team and the PGY1 RPD based on the following:
- a. The majority of the resident’s summative evaluations in PharmAcademic demonstrate that the PGY1 resident is making satisfactory progress and is anticipated to successfully complete the PGY1 residency program requirements by the conclusion of the training program.

- b. There is no evidence of transgressions as outlined in the residency program policies and procedures.
8. Only PGY1 residents in good standing will be considered for early commitment for a VA PGY2 residency program. Good standing is determined by the local site's Residency Advisory Committee and RPD review of the following:
  - a. The majority of the resident's summative evaluations in PharmAcademic demonstrate that the PGY1 resident is making satisfactory progress and is anticipated to successfully complete the PGY1 residency program requirements by the conclusion of the training program.
  - b. There is no evidence of transgressions as outlined in the residency program policies and procedures.
9. Interested PGY1 residents must:
  - a. Review the PRPO Early Commitment SharePoint Database for required application materials for sites.
  - b. Inform both their PGY1 RPD and the PGY2 RPD of their intent to pursue early commitment by submitting the following within the timeframes outlined in table 1:
    - i. Letter of intent
    - ii. Curriculum vitae
    - iii. Letter(s) of recommendation using standard PhORCAS form, quantity is at the discretion of the PGY2 RPD (external candidates only)
10. Documents present in PhORCAS from the original PGY1 application process, including transcripts and letters of recommendation, will be made available, upon request, for review by the PGY1 RPD to the PGY2 RPD.
11. Interested and qualified PGY1 residents will be interviewed by the respective RPD and PGY2 preceptors.
  - a. Application materials, performance during completed first-year rotations, career goals, professionalism, leadership skills, verbal communication skills, and written communication skills will be used to evaluate each resident. Refer to Pharmacy Qualification and Selection Process Policy (PH CL 2) for assessment criteria. A numeric score will be assigned to each resident based on predefined criteria. The application score, recommendation provided by PGY-1 Residency Program Director, and interview performance will be used to determine final ranking.
  - b. The PGY2 Residency Program Director, preceptors and the current PGY2 resident (if applicable) will meet to discuss the candidates to determine which candidate will be offered the position based on criteria listed above. The chosen candidate will then be formally offered the position.
  - c. If no candidates meet selection criteria during the early commitment timeframes, the program will participate in the Residency Match Program.
12. Once the position of the PGY2 residency is offered and accepted:
  - a. The PGY2 RPD will update the PRPO Early Commitment SharePoint Database to remove the position for further consideration for early commitment by candidates.
  - b. The PGY2 RPD will close the program for applications in the Pharmacy Online Residency Centralized Application Service (PhORCAS).
  - c. The PGY2 RPD must offer the position to the PGY1 resident online via the NMS system. The PGY1 resident must commit to accepting the position online via the NMS system within the timeframe outlined in Table 1.
  - d. The American Society of Health-System Pharmacists Resident Matching Program Letter of Agreement form will be signed by the resident and RPD. This letter along with the payment must

be returned to the National Matching Program (NMP) by the deadline designated by NMP. By signing this agreement, it is understood that:

- i. The resident will not make any commitments to or contracts with any other program for PGY2 training beginning the following year. If the resident has already registered for the Match, the resident agrees to be withdrawn from the Match.
- ii. The residency program agrees to have the position withdrawn from the Match. The RPD submits form to Residency Matching Program to remove program from the Match.
- iii. The residency program agrees that the PGY2 position that has been committed to the resident will not be offered to any other applicant without a written release from the resident.

Jennifer Koch, PharmD, BCGP, BCPS  
Associate Chief of Pharmacy - Clinical  
PGY1 Pharmacy (Milwaukee) Residency Director

Shannon M. Pace, PharmD  
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PGY2 Medication Use Safety and Policy Residency  
Director

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Clinical Pharmacy Specialist – Mental Health  
PGY2 Psychiatry Residency Director

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Clinical Pharmacy Specialist – Infectious Diseases  
PGY2 Infectious Diseases Residency Director

Jeremy Barnes, PharmD, BCPS  
Clinical Pharmacy Specialist – Internal Medicine  
PGY2 Internal Medicine Residency Director

Kim Bell, PharmD  
Pharmacy Division Manger

**References:**

- National Matching Service Rules. Available at: <http://www.natmatch.com/ashprmp/aboutecp.html>
- American Society of Health Systems Pharmacists. Available at [www.ashp.org](http://www.ashp.org).
- VA Nationwide Early Commitment (VANEC) Process for Post Graduate Year 2 (PGY2) Residency Programs, VA Pharmacy Residency Program Office (PRPO), dated September 7, 2023.

**Review Date:** Every 5 years in December

**Rescission:** PH CL 7 PGY2 Early Commitment Policy, dated December 2022



## Appendix G – Grievance process, Disciplinary Action & Dismissal Policy

PH CL 3

October 2022

### Pharmacy Resident Grievance Process, Disciplinary Action, & Dismissal Policy

**Purpose:** To establish policy and procedures related to need for the grievance process, disciplinary action and procedures for dismissal of a Pharmacy Resident at the Clement J. Zablocki VA Medical Center (ZVAMC). This policy encompasses both the PGY1 program as well as the PGY2 programs.

#### Definitions:

- **ACPE** – Accreditation Council for Pharmacy Education
- **ASHP** – American Society of Health Systems Pharmacists
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **Residency Advisory Committee** – Committee comprised of the PGY1 and PGY2 Residency Program Directors and appointed preceptors of the PGY1 and PGY2 programs.
- **WOC** – Without Compensation
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)

#### Policy:

1. Residents are employees of the Medical Center. As such they are subject to all rules and regulations pertaining to personnel of the Medical Center. In addition, they are also subject to the requirements of the residency program.
2. Residents are expected to conduct themselves in a professional manner and to follow all pertinent Medical Center, Pharmacy Program and University policies and procedures. Residents are also expected to meet the standards for “minimum expected level of performance” for all performance elements to receive a residency certificate.
3. Criteria have been established to outline the course of action that will be taken if a resident displays unprofessional conduct or unacceptable performance. Each resident and preceptor is expected to perform in an exemplary manner. Please also refer to the Resident's Rights and Responsibilities.
4. Grievance Process
  - a. The Residency Preceptors believe that most problems are best resolved through face-to-face interaction between the resident and preceptor (or other staff), as part of the on-going working relationship. Residents are encouraged to first discuss any problems or concerns with their preceptor. In turn, preceptors are expected to be receptive to complaints, attempt to develop a solution with the resident, and to seek appropriate consultation. If resident-preceptor discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the resident.
  - b. **Informal mediation:** Either party may request that the Residency Director act as a mediator, or help in selecting a mediator who is mutually agreeable by both the resident and the preceptor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the resident change learning experiences (or make some other alteration in their learning competencies, goals and objectives) in order to maximize their learning experience. Residents may also initiate a request to adjust learning experiences. Changes in learning

experiences must be reviewed and approved by the Residency Director, and must still fulfill all residency requirements.

- c. **Formal grievances:** In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the resident or preceptor may initiate a formal grievance process by sending a written request for intervention to the Residency Director.
- i. The Residency Director will notify the Pharmacy Division Manager of the grievance, and call a meeting of the Residency Advisory Committee to review the complaint. In the event the resident is a PGY2, the Pharmacy Clinical Manager will also be notified. The resident and preceptor (or other staff) will be notified of the date of the review and be given the opportunity to provide the Residency Advisory Committee with any information regarding the grievance.
  - ii. Based upon a review of the grievance and any relevant information, the Residency Advisory Committee will determine the course of action which best promotes the resident's learning experience. This may include recommended changes within the learning experience itself, a change in preceptor assignment, or a change in learning experience.
  - iii. The resident will be informed in writing of the Residency Advisory Committee's decision, and asked to indicate whether they accept or dispute the decision. If the resident accepts the decision, the recommendations will be implemented. If the resident disagrees with the decision, the resident may appeal to the Pharmacy Division Manager, who will be familiar with the facts of the grievance review. The Pharmacy Division Manager will render the appeal decision, which will be communicated to all involved parties and to the Residency Advisory Committee.
  - iv. In the event that the grievance involves any member of the Residency Advisory Committee (including the respective Residency Director), that member will excuse themselves from serving on the Residency Advisory Committee for issues related to the grievance due to a conflict of interest. A grievance regarding the Residency Director may be submitted directly to the Pharmacy Division Manager for review and resolution in consultation with the Residency Advisory Committee.
  - v. Any findings resulting from a review of a grievance that involves unethical, inappropriate, or unlawful staff behavior will be submitted to the employee's direct supervisor (either in Pharmacy or other Division) for appropriate personnel action.

##### 5. Discipline/Dismissal Policy:

- a. Grounds for Discipline/Dismissal: If a resident demonstrates unprofessional conduct or unacceptable performance as defined below disciplinary action will be taken. The definitions are intended to give examples, but are not limited to items listed. Dismissal related to failure to obtain licensure is address in licensure policy.
  - i. Unprofessional Conduct: Residents are responsible for participating in the care of patients at ZVAMC as part of a multi-disciplinary team. The residents will be held to a high standard of conduct, cooperation, and service. Any resident who violates these standards in such a manner as to jeopardize patient welfare, the safety of patients and/or staff, or to impair the medical center's ability to provide essential care may be considered for immediate dismissal. This includes, but is not limited to the following:
    - Patient abuse
    - Possession of a firearm, explosives, or other weapon on station
    - Possession of illicit drugs or alcohol on government property
    - Under influence of illicit drugs or alcohol on government property

- Providing false information on application or during an official investigation
- Abandonment of duty, including but not limited to abuse of annual leave or sick leave
- Violating VA Medical Center policies and procedures
- Violating ethics or laws of pharmacy practice

Less serious breaches of conduct, as described in the Employee Handbook, may require disciplinary action. Repeated offenses may lead to suspension (without pay) or dismissal.

Residents are expected to conduct themselves at all times in a professional manner. Lack to do so may also result in disciplinary action.

- ii. Unacceptable performance: If a resident fails to meet the requirements of the residency program, as established by the ASHP Accreditation and as set forth in this residency manual, disciplinary action may be taken. Repeated failure to meet the requirements as established in this residency manual may lead to suspension (without pay) or dismissal. This includes, but is not limited to the following:

- Repetitive failure to complete assignments
- Repetitively being late for clinical assignments
- Providing false information on evaluation forms
- Failure to complete evaluation forms as scheduled
- Failure to develop proficiency in the skills necessary to clinical pharmacy practice
- Failure to receive “Satisfactory Progress” (SP) for evaluation of all competencies, goals and objectives as assigned in the residency manual.
- Inadequate progress on Pharmacy Practice Requirements as defined by the Residency Advisory Committee (PGY1 Programs only)

- b. The residency program aims to develop advanced professional competence. Conceivably, a resident could be seen as lacking the competence for eventual independent practice due to a serious deficiency in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the Residency Director or Residency Advisory Committee will help residents identify these areas and provide remedial experiences or recommended resources in an effort to improve the resident's performance to a satisfactory degree. Conceivably, the problem identified may be of sufficient seriousness that the resident would not get credit for the residency unless that problem was remedied. Should this ever be a concern, the problem must be brought to the attention of the Residency Director at the earliest opportunity in order to allow the maximum time for remedial efforts.

- c. The normal steps in a disciplinary/dismissal action process are as follows:

- i. Residents will be given verbal counseling by their primary preceptor or residency director if they fail to adhere to the residency requirements or VA policies and procedures. They will be counseled on the actions necessary to rectify the situation involved. The remedy or disciplinary actions will be decided solely by the involved primary preceptor or residency director. This verbal counseling will also be documented in their Residency Training File and posted in PharmAcademic by the involved primary preceptor or residency director. The residency director must be informed of the action if they are not directly involved.
- ii. If a resident fails to correct his/her behavior, the Residency Advisory Committee will meet and decide an appropriate disciplinary action for the resident (such as an additional project, removal from certain activities or working after normal hours, etc.) This action will be documented again in their Residency training file and will be immediately communicated to the Residency Preceptors. No approval is required from the Pharmacy

Division Manager if the disciplinary action does not affect patient care services. If the disciplinary action would affect patient care services (e.g. being removed from direct patient care), appropriate service managers/clinical coordinators should be consulted.

- iii. Unsatisfactory resolution of problems following the above will result in a final termination of the resident from the program. Final termination will be with a consensus of the RPD, Pharmacy Division Manager, and the national VA Residency Advisory Committee. Any benefits of compensation will be forfeited. A written notice of termination will be prepared and the resident given a copy. This termination is final and the resident will not be allowed to complete the residency program.
6. **Awarding a residency certificate:** It is the responsibility of the program to determine whether a resident has satisfactorily completed the requirements of the residency. Any resident who fails to meet the accepted standards of the residency program will not be issued a certificate. Knowingly presenting a certificate of completing the residency when, in fact, inadequate achievement has occurred, can result in revocation of the accreditation of the residency by ASHP. Clearly, this makes the issuing of a residency certificate an important event. Throughout the course of the residency it will be made clear that objectives are or are not being met. Some individuals may need remedial actions. If remedial actions are insufficient the residency certificate will not be issued. This determination will be made jointly by the Residency Program Director, Residency Advisory Committee, the Pharmacy Clinical Manager, and the Pharmacy Division Manager.
- a. In the event the resident fails to comply with the disciplinary action, has unfulfilled practice or residency requirements, fails to complete required evaluation forms of the residency program, or fails to meet the minimum standards for the residency program, a residency certificate will not be awarded.
  - b. If requirements are not fulfilled by the end of the resident's employment period, and the Residency Advisory Committee determines that the remaining deficiencies are achievable, the resident may be given the opportunity to complete requirements under a Without Compensation (WOC) appointment. In this case, all requirements would need to be completed within 90 days, and any time spent completing requirements would not result in payment of the resident. If all requirements were then completed to the satisfaction of the Residency Advisory Committee, a residency certificate would then be awarded.

Signatures:

Jennifer Koch, PharmD, BCGP, BCPS  
Associate Chief of Pharmacy - Clinical  
PGY1 Pharmacy (Milwaukee) Residency Director

Shannon M. Pace, PharmD  
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PGY1 Pharmacy (Green Bay) Residency Director

Lindsey Ladell, PharmD, BCPS  
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PGY2 Medication Use Safety and Policy Residency  
Director

Matthew Haas, PharmD, BCPP, BCPS  
Clinical Pharmacy Specialist – Mental Health  
PGY2 Psychiatry Residency Director

Grace Mortrude, PharmD, BCIDP  
Clinical Pharmacy Specialist – Infectious Diseases  
PGY2 Infectious Diseases Residency Director

Jeremy Barnes, PharmD, BCPS  
Clinical Pharmacy Specialist – Internal Medicine  
PGY2 Internal Medicine Residency Director

Kim Bell, PharmD  
Pharmacy Division Manager

**Rescission** – PH CL 3Pharmacy Resident Grievance process, Disciplinary Action, & Dismissal Policy, dated July 2022.

**Review Date:** Every five years in October.

## Appendix H – Criteria for Successful Completion of the Residency Program

PH CL 10

October 2022

**Clement J Zablocki VA Medical Center  
Pharmacy Program  
Criteria for Successful Completion of the Residency Program**

**Purpose:** To establish the criteria for successful completion of the Residency Program. Residents will be awarded a residency certificate if all of the criteria are met.

**Definitions:**

- **IRB-** Investigational Review Board
- **ASHP-** American Society of Health System Pharmacists
- **RPD** – Residency Program Director
- **Achieved for the Residency (ACHR)** - This assessment level designation indicates that the resident has mastered this goal/objective and can perform associated tasks independently across the scope of pharmacy practice. No further instruction or evaluation is required. Only the RPD (or designee) has the ability to mark “achieved for residency” within PharmAcademic. For R1 objectives, a rating of “achieved” must be entered into evaluations for a given objective a minimum of two times prior to the RPD (or designee) marking the objective as ACHR. For all other objectives, a rating of “achieved” must be entered into evaluations for a given objective at least once prior to the RPD (or designee) marking the objective as ACHR. Goals will be marked ACHR when all of the objectives within the goal are ACHR.
- **Achieved:** This assessment level designation indicates that the resident has fully demonstrated the ability to perform the educational goal or the objective without assistance from preceptor.
- **Satisfactory Progress:** This assessment level designation indicates that the resident is able to perform the task at a satisfactory level and requires minimal input or help from the preceptor. 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.
- **Needs Improvement:** This assessment level designation indicates that the resident requires consistent help and instruction from the preceptor in order to complete the task. Often times directed questioning in a problem-solving manner is required to help the resident finish the task.

**Policy:**

The following are required criteria that the resident must meet prior to receiving a residency certificate:

1. The resident must complete all requirements as listed in the program-specific requirement grid. Please refer to the respective program’s appendix in the residency manual to access the requirement grid.
2. The resident must complete a major research or quality improvement project. For a detailed list of project requirements please see program specific appendix in the residency manual.

3. For rotation evaluations, the residents must have 100% of R1 goals and objectives rated as “achieved for residency”. The resident also must have more than 80% of the remaining required residency objectives rated as ACHR”. The resident may not have any objectives marked as “Needs improvement” the last time an objective is evaluated for the year.
4. The resident must complete all evaluations in PharmAcademic® prior to completion of the residency program.

**Signatures:**

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Associate Chief of Pharmacy - Clinical  
PGY1 Pharmacy (Milwaukee) Residency Director

Shannon M. Pace, PharmD  
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PGY1 Pharmacy (Green Bay) Residency Director

Lindsey Ladell, PharmD, BCPS  
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PGY2 Medication Use Safety and Policy Residency  
Director

Matthew Haas, PharmD, BCPP, BCPS  
Clinical Pharmacy Specialist – Mental Health  
PGY2 Psychiatry Residency Director

Grace Mortrude, PharmD, BCIDP  
Clinical Pharmacy Specialist – Infectious Diseases  
PGY2 Infectious Diseases Residency Director

Jeremy Barnes, PharmD, BCPS  
Clinical Pharmacy Specialist – Internal Medicine  
PGY2 Internal Medicine Residency Director

Kim Bell, PharmD  
Pharmacy Division Manger

**References:**

- American Society of Health Systems Pharmacists. Available at <http://www.ashp.org>.

**Rescission** – PH CL 10 Criteria for Successful Completion of the Residency Program, dated July 2022.

**Review Date:** Every 5 years in October.

# Appendix I – Pharmacy Trainee Supervision

PH CL 12

May 2022

## Pharmacy Trainee Supervision

**Purpose:** To define appropriate levels of supervision for pharmacy trainees including pharmacy students and residents. To outline monitoring process to ensure progress notes are being cosigned appropriately.

**Definitions:**

- **APPE** – advanced pharmacy practice experience (usually the last year of training in pharmacy school)
- **IPPE** – introductory pharmacy practice experience
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **RAC** – Residency Advisory Committee
- **RPD** – Residency Program Director
- **ZVAMC** – Clement J Zablocki VA Medical Center

**Policy:**

1. VHA Handbook 1400.04 “Supervision of Associate Health Trainees” outlines procedural requirements pertaining to the supervisor of associated health trainees. Each medical center and discipline is required to have a written document which specifies appropriate levels of supervision. This is policy outlines permissible supervisor for pharmacy trainees which includes both pharmacy students and residents.
  
2. The chart below delineates permissible types of supervision for type of pharmacy trainee. At the discretion of the supervising pharmacist, supervision may be more intensive or closer than that indicated in this policy but must never be less than what the policy requires. The three types of supervision include:
  - a. **Room.** The supervising practitioner is physically present in the same room while the trainee is engaged in health care services.
  - b. **Area.** The supervising practitioner is in the same physical area and is immediately accessible to the trainee. The supervising practitioner meets and interacts with Veterans as needed. The trainee and supervising practitioner discuss, plan, or review evaluation or treatment plans. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.
  - c. **Available.** Services furnished by trainee under supervising practitioner’s guidance. The supervising practitioner’s presence is not required during the provision of services. The supervising practitioner is available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

Discipline	Sub-Type	Education Level	Supervision Type - Room	Supervision Type - Area	Supervision Type - Available
Pharmacy	IPPE Student	Doctoral Student	Yes	Yes	No
Pharmacy	APPE Student	Doctoral Student	Yes	Yes	No
Pharmacy	PGY1 Resident	Postdoctoral (PharmD)	Yes	Yes	Yes



Pharmacy	PGY2 Resident	Postdoctoral (PharmD)	Yes	Yes	Yes
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3. All progress notes written in the electronic health record by pharmacy trainees require cosignature by supervising pharmacy preceptor. This is set-up as part of onboarding process via ePAS request.
4. The Residency Advisory Council will audit cosignatures twice a year to ensure appropriate preceptors are being selected and cosigning progress notes. This audit will be electronically signed by each RPD as acknowledgement that the review was completed and cosignatures appropriate.

**Signatures:**

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 Associate Chief of Pharmacy - Clinical  
 PGY1 Pharmacy (Milwaukee) Residency Director

Lindsey Ladell, PharmD, BCPS  
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 PGY2 Medication Use Safety and Policy Residency Director

Grace Mortrude, PharmD, BCIDP  
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 PGY2 Infectious Diseases Residency Director

Kim Bell, PharmD  
 Pharmacy Division Manager

Shannon M. Pace, PharmD  
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 PGY1 Pharmacy (Green Bay) Residency Director

Matthew Haas, PharmD, BCPP, BCPS  
 Clinical Pharmacy Specialist – Mental Health  
 PGY2 Psychiatry Residency Director

Jeremy Barnes, PharmD, BCPS  
 Clinical Pharmacy Specialist – Internal Medicine

**References:**

1. VHA Handbook 1400.04 Supervisor of Associated Health Trainees. March 19, 2015.

**Rescission – N/a**

**Review Date:** Every five years in May

## **Appendix J – Pharmacy Resident Licensure Policy**

PH CL 13

June 2023

### **Clement J Zablocki VA Medical Center Pharmacy Residency Programs Pharmacy Resident Licensure Policy**

**Purpose:** To establish policy and procedures related to pharmacist licensure for pharmacy residents at the Clement J. Zablocki VA Medical Center (ZVAMC). This policy encompasses both the PGY1 program as well as the PGY2 programs.

#### **Definitions:**

- **ASHP** – American Society of Health Systems Pharmacists
- **LWOP** – Leave without pay.
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **Residency Advisory Committee (RAC)** – Committee comprised of the PGY1 and PGY2 Residency Program Directors and appointed preceptors of the PGY1 and PGY2 programs.
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)
- **Pharmacist licensure** - successful passing the NAPLEX and law exam/requirement in the state and having an active pharmacist license

#### **Policy:**

1. Incoming PGY2 residents must be licensed prior to starting PGY2 program. Proof of licensure should be submitted as part of onboarding materials. PGY2 residents must maintain licensure throughout the residency program.
2. Candidates are encouraged to familiarize themselves with the pharmacist licensure process soon after the match results are released because it may take **several months** to obtain eligibility to sit for the exam, schedule the exam, receive results and become licensed.
3. PGY1 residents should submit appropriate documentation to the State Board of Pharmacy where they will pursue pharmacist license as soon as possible.
  - a. Residents in the VA system can obtain licensure from any state or territory in the United States as defined by the Department of Veterans Affairs and ASHP.
  - b. Licensure will be verified through the appropriate state licensing board website
4. ASHP standards require pharmacy residents to obtain pharmacist licensure within 120 days of the program start date. Failure to do so will result in the following actions:
  - a. Pausing/suspending the program for up to 30 days, going on LWOP and restarting after licensure. During LWOP, the resident will not receive a stipend or receive benefits. LWOP approved must be approved by supervisor and Division Manager.
  - b. If at the end of the 30 day pause/suspension in a LWOP status, the resident remains unlicensed, the resident will be dismissed.
  - c. The program will be extended by an amount of time equal to the pause/suspension and the resident will receive their stipend and benefits during the extension.
  - d. The overall content of the program will cover the same competencies that would have occurred without the pause/suspension.

5. The National VA Pharmacy Residency Program Office, National VA Office of Academic Affiliations and local Designated Education Officer will be notified of the pause/suspension by the Residency Program Director. The Residency Program Director will also notify the National VA Pharmacy Residency Program Office, National VA Office of Academic Affiliations and local Designated Education Officer when the program is restarted for the resident or if the resident is dismissed.
6. If a resident is not licensed for at least 2/3 (35 weeks) of the program, the resident will not receive a certificate.
7. If a resident's license is suspended or revoked during the residency program, the resident will be dismissed and will not receive a certificate.

Signatures:

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PGY1 Pharmacy (Milwaukee) Residency Director

Matthew Haas, PharmD, BCPP, BCPS  
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PGY2 Psychiatry Residency Director

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PGY2 Medication Use Safety and Policy Residency  
Director

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PGY2 Infectious Diseases Residency Director

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Clinical Pharmacy Specialist – Internal Medicine  
PGY2 Internal Medicine Residency Director

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Acting Pharmacy Division Manger

**References:**

- American Society of Health Systems Pharmacists (ASHP) 2022 Pharmacy Residency Standards guidance document. Available at: [ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023](#)

**Rescission** – N/A

**Review Date:** Every five years in June

## Appendix K – Duty Hours and Moonlighting Policy

PH CL 14

October 2022

### **Clement J Zablocki VA Medical Center Pharmacy Residency Programs Pharmacy Resident Duty Hours Moonlighting**

**Purpose:** To establish the expectations, requirements, documentation, and tracking procedures for duty hours and moonlighting for pharmacy residents at the Clement J. Zablocki VA Medical Center (ZVAMC).

**Definitions:**

- **ASHP** – American Society of Health-System Pharmacists
- **Dual Appointment** – working at ZVAMC on the weekend as a clinical pharmacist.
- **Duty hours** – 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
- **Moonlighting** – Any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal)
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **RPD** – Residency Program Director
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)

**Policy:**

**5. Duty Hours:**

- a. The ZVAMC Pharmacy residency programs are in accordance with the ASHP Duty Hour Requirements. For more information, please refer to the ASHP website available at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>
  - i. Duty hours must be limited to 80 hour per week, averaged over a four-week period.
  - ii. Pharmacy residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
  - iii. Duty hours include: 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 and 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.
  - iv. Duty hours do not include 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.

v. Residents must have at a minimum 8 hours between scheduled duty periods

b. ZVAMC does not have an on-call requirement for pharmacy residents.

c. Pharmacy residents are responsible for not signing up for weekend shifts that would result in exceeding of duty hour limits.

**6. Moonlighting:**

a. Internal moonlighting

i. Milwaukee PGY1 residents are required to work at minimum of 10 weekend days over the course of the year to gain staffing experience.

ii. PGY1 residents have the option to work additional weekend days after commitment is completed.

iii. There is no opportunity for internal moonlighting for the Green Bay PGY1 resident.

iv. PGY2 Residents also have the option to work weekends, however, this is not a requirement.

v. Internal moonlighting hours are counted as part of the total duty hours reported in accordance with ASHP duty hours' requirements.

b. External moonlighting

i. Pharmacy related external moonlighting is prohibited.

ii. Non-Pharmacy related external moonlighting is allowed with RPD approval.

**Procedure:**

**1. Duty Hours:**

a. Duty hours are recorded in PharmAcademic using a pre-templated monthly self-evaluation completed by the pharmacy resident.

i. Components: Attestation to compliance to duty hours policy (yes/no); Participation in Internal Moonlighting (yes/no); Participation in External Moonlighting (yes/no); Hours Moonlighting (#); In-House On-Call Compliance (yes/no).

b. The RPD will be alerted to cosign the PharmAcademic evaluation if completed in manner that indicates duty hour non-adherence. Each instance will be triaged on a case-by-case basis.

c. Duty hour compliance will also be reviewed as part of each quarterly CTP.

**Moonlighting:**

**1. Internal Moonlighting**

a. For the time spent on the weekend, the resident will receive a clinical pharmacist "dual appointment", meaning they will fulfill role of resident during the week and a clinical pharmacist on the weekends.

b. Dual appointment allows residents to independently grow as a professional and strengthen relationships with fellow pharmacists and technicians.

c. While working in the dual appointment role, the individual will be paid the wages of a clinical pharmacist.

d. The resident must be licensed as a pharmacist before a dual appointment can be assigned.

e. Residents with a dual appointment will have two profiles in the time and leave system (VATAS).

f. Residents are not able to work holidays that occur during on a weekday (e.g., Memorial Day, Labor Day) under dual appointment due to a conflict with time and attendance system.

- g. Residents are allowed to work a holiday under dual appointment if the holiday falls on a weekend (Saturday or Sunday).

## 2. Dual Appointment Scheduling

- a. Milwaukee residents may begin working weekends after obtaining full pharmacist licensure and completing training in pharmacokinetics and anticoagulation at the Milwaukee VA.
- b. The residents will, as a group, determine the weekends they each will work.
- c. Once a schedule is determined, the inpatient pharmacy supervisor and pharmacy administrative officer should be informed, and the Pharmacist Schedule will be updated to reflect resident staffing.
- d. Scheduling should be completed approximately 3 months in advance.
- e. Once the resident commits to working a weekend, it is his or her responsibility to find coverage in the event they are unable to work that weekend.
- f. Any arrangements made for coverage after the pharmacy schedule has been released should not result in additional overtime for the department.
- g. If switches are made to the schedule, the residents are responsible for updating the inpatient pharmacy supervisor.
- h. If a resident is ill on a weekend, they should immediately inform the charge pharmacist. They should also inform the inpatient supervisor and RPD of the absence on the next business day.

## 3. Dual Appointment Responsibilities

- a. The weekend hours are 7:30 AM to 4:00 PM.
- b. The resident will be responsible for the pharmacokinetic service, weight-based heparin service, and anticoagulation service for the Milwaukee VA, including patients in Spinal Cord Injury and the Community Living Center, on Saturday and Sunday. This includes monitoring all patients, reviewing alerts in MedMined and completing documentation (progress notes and MedMined documentation).
- c. If time allows, the resident will also assist with pending prior authorization consults and outpatient pharmacy responsibilities.
- d. The resident will work closely with the clinical pharmacist assigned to the Outpatient Pharmacy. Coordination of breaks and lunches will be performed between these individuals to ensure continuous customer service in the Outpatient Pharmacy. At the beginning of each shift, the resident should check in with the pharmacist with whom they will be working most closely. They should collaboratively establish how Anticoagulation and PK should be staffed, as well as discuss lunch coverage, anticipated workload, etc.
- e. If the resident does not work the assigned tour of duty (either stays late or leaves early), the resident should communicate the hours worked to the timekeeper, the person certifying the timecards and the inpatient pharmacy supervisor along with reason why additional time was required. Any discrepancies regarding time worked or weekend pay can be communicated with the timekeepers and Inpatient Supervisor.

## 4. External Moonlighting

- a. Pharmacy related external moonlighting is prohibited. ZVAMC pharmacy residents are not allowed to hold a pharmacy position outside of the VA system.
- b. Non-Pharmacy related external moonlighting is allowed with supervisor approval.

- i. Resident should inform RPD of external moonlighting position either during orientation or prior to starting new position.
- ii. There is no maximum hours/week limit on non-pharmacy related external moonlighting as long as the position does not interfere with residency performance. If performance is negatively affected, will first seek to cut back external moonlighting hours. However, if this is unsuccessful, will discontinue external position.
- iii. Non-Pharmacy related external moonlighting hours are NOT counted as part of the total duty hours reported in accordance with ASHP duty hours' requirements.

**Signatures:**

Jennifer Koch, PharmD, BCGP, BCPS  
Associate Chief of Pharmacy - Clinical  
PGY1 Pharmacy (Milwaukee) Residency Director

Shannon M. Pace, PharmD  
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PGY1 Pharmacy (Green Bay) Residency Director

Lindsey Ladell, PharmD, BCPS  
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PGY2 Medication Use Safety and Policy Residency  
Director

Matthew Haas, PharmD, BCPP, BCPS  
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PGY2 Psychiatry Residency Director

Grace Mortrude, PharmD, BCIDP  
Clinical Pharmacy Specialist – Infectious Diseases  
PGY2 Infectious Diseases Residency Director

Jeremy Barnes, PharmD, BCPS  
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PGY2 Internal Medicine Residency Director

Kim Bell, PharmD  
Pharmacy Division Manger

**References:**

- American Society of Health Systems Pharmacists. Available at <http://www.ashp.org>.
- American Society of Health Systems Pharmacists [Duty Hours Requirements for Pharmacy Residencies](#)

**Review Date:** Every 5 years in October.

**Rescission:** n/a

## Appendix L – Resident and Staff Wellbeing

PH CL 15

June 2023

### **Clement J Zablocki VA Medical Center Pharmacy Residency Programs Resident and Staff Wellbeing**

**Purpose:** To establish the policy and process to identify burnout and support pharmacy resident and staff wellbeing at the Clement J. Zablocki VA Medical Center (ZVAMC).

**Definitions:**

- **Burnout:** “a syndrome characterized by high emotional exhaustion, high depersonalization (e.g., cynicism), and a low sense of personal accomplishment”
- **Occupational Burnout:** “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. Feelings of depleted energy or exhaustion increased mental distance from one’s job of negativity of cynicism about one’s job, and reduced professional efficacy”
- **Positive Work and Learning Environments:** safe, healthy, support the well-being of health workers and learners, and foster ethical and meaningful training and practice
- **Wellbeing:** a state of being comfortable, healthy, or happy

**Policy:**

The Clement J. Zablocki VA offers stress management and resiliency resources applicable to both pharmacy residents and staff.

1. PGY1 residents will be provided with a yearlong mentor distinct from any required residency objective or experience to assist in professional development, afford general oversight, and serve as an unbiased, confidential resource within the pharmacy department should one be required.
2. PGY2 residents may also have the option to have a formal mentor or may elect to have their Residency Program Director to serve in the mentor capacity.
3. Wellbeing resources will be reviewed during resident/new preceptor orientation and available resources will be discussed (Attachment A). All staff, including residents, are encouraged to participate in Whole Health Programming provided by the medical center.
4. Residents will be introduced to facility’s Whole Health Coordinator during orientation to identify resident’s “stress signatures” or patterns of thinking, feeling, and behaving that shows up during varying levels of distress. Through identification of resident’s personal stress signatures, residents will be able to reflect and learn to monitor unique stress reactions and stress management. Residents will also meet individually with the Whole Health Coordinator at least one more time near the halfway point of residency to check in on mental health state.
5. Residents will be given the opportunity to participate in structured programs pertaining to individualized assessment and discussion of emotional intelligence, a potentially key factor in an individual’s ability to manage stress.
6. Residency Program Directors will regularly monitor duty hours via monthly evaluations in PharmAcademic.



7. Preceptors, Mentors (if applicable) and Residency Program Directors will monitor for signs and symptoms of stress and occupational burnout with the residents and in colleagues and will refer to available resources (Attachment A) as appropriate.
8. Residents will have an opportunity to self-reflect on wellbeing, burnout, and stress during the quarterly Customized Training Plan. Residency Program Directors and Mentors (if applicable) will review this self-reflection with the resident and refer to applicable resources (Attachment A) as appropriate.
9. Preceptors will set clear expectations for their learning experiences and will provide regular feedback to residents to allow for mutual understanding.
10. Preceptors, Mentors and Residency Program Directors will foster positive work and learning environments that are supportive and inclusive.
11. Preceptors, Mentors and Residency Program Directors should work to model wellness behaviors for residents.
12. Preceptors and residents will seek opportunities to recognize on another and other Zablocki staff members.
13. Residents are encouraged to contact their residency program director and/or mentor at any time with questions or concerns pertaining to the requirements, structure, or expectations of the pharmacy residency program.

**Signatures:**

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PGY1 Pharmacy (Milwaukee) Residency Director

Shannon M. Pace, PharmD  
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PGY1 Pharmacy (Green Bay) Residency Director

Lindsey Ladell, PharmD, BCPS  
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PGY2 Medication Use Safety and Policy  
Residency Director

Matthew Haas, PharmD, BCPP, BCPS  
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PGY2 Psychiatry Residency Director

Grace Mortrude, PharmD, BCIDP  
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Diseases  
PGY2 Infectious Diseases Residency Director

Jeremy Barnes, PharmD, BCPS  
Clinical Pharmacy Specialist – Internal Medicine  
PGY2 Internal Medicine Residency Director

Kim Bell, PharmD  
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**References:**

- American Society of Health Systems Pharmacists. Available at <http://www.ashp.org>.

**Review Date:** Every 5 years in October.

## Wellbeing Resources

Resource	Description
<p><b>Whole Health</b>  <a href="#">Zablocki Stress First Resource Sheet</a></p>	<p>A tool to be used to self-assess or assist others in assessing their staff and their workgroup’s stress level then provide stress-level appropriate resources.</p>
<p><b>Employee Whole Health</b>  <a href="#">Zablocki VA Whole Health for Employees SharePoint</a>  <a href="#">VISN 12 Whole Health Hub</a></p> <p>Contact: Shauna Gearhart  <a href="mailto:Shauna.gearhart@va.gov">Shauna.gearhart@va.gov</a>            414-384-2000 Ext. 45117</p>	<p>Whole Health is VA’s approach to care that supports your health and well-being, centering around what matters to you, not what is the matter with you. Resources offered by this program are available not only to Veterans, but also to staff.</p> <ul style="list-style-type: none"> <li>- Employee Wellness Resources and Programs</li> <li>- Calendar of VISN 12 Employee Wellness Learning</li> </ul>
<p><b>Employee Assistance Program</b>  <a href="#">Zablocki Employee Assistance Program (EAP) SharePoint</a></p> <p>Contact: Jennifer Palmert  <a href="mailto:Jennifer.palmert@va.gov">Jennifer.palmert@va.gov</a>            414-384-2000 Ext. 46678</p>	<p>The Employee Assistance Program is a voluntary, work-based program that provides cost-free and confidential assessment, short-term counseling, and follow up services to employees who have personal and/or work-related problems that may affect attendance, work performance, and/or conduct such as substance abuse, biopsychosocial problems or life stresses.</p>
<p><b>Chaplain Services</b>  <a href="#">Zablocki Chaplain Services SharePoint</a></p> <p>Employees can access spiritual care by contacting Chief Chaplain Allen at Ext. 42160 or VA Cell: 414-628-7283</p>	<p>Chaplain services provides spiritual support for our Veterans, their families and Zablocki staff. Employees can call on Chaplain Services to assist, support, and be present for them even in their time of need and comfort.</p> <p>Employees can access spiritual care by contacting Chief Chaplain Allen at Ext. 42160 or VA Cell: 414-628-7283</p>
<p><b>Employee Health</b>  <a href="#">Zablocki Employee Health SharePoint</a></p> <p>Walk to Employee Health            Bldg 111 RM. 1313</p>	<p>The employee health program offers evaluation of staff who are in immediate crisis, who have presented or are suspected of being under the influence of substances, and/or have experienced suicidal or homicidal ideation.</p>

414-384-2000 Ext. 42236	
<a href="#">VHA Pharmacy Residency Wellness Center</a>	Includes a variety of resources that are available to residents, preceptors and residency program directors. Includes resources on topics of stress, burnout, resilience and coping.
<a href="#">ASHP Workforce Well-Being and Resilience Site</a>	Includes resources, tools and testimonials that support workforce well-being.

## Appendix M – Pharmacy Resident Leave Policy

PH CL 16

October 2022

### Clement J Zablocki VA Medical Center Pharmacy Residency Programs Pharmacy Resident Leave Policy

**Purpose:** To establish policy and procedures related to pharmacist licensure for pharmacy residents at the Clement J. Zablocki VA Medical Center (ZVAMC). This policy encompasses both the PGY1 program as well as the PGY2 programs.

#### Definitions:

- **Annual Leave** – vacation time
- **ASHP** – American Society of Health Systems Pharmacists
- **PGY1** – Post Graduate Year One
- **PGY2** – Post Graduate Year Two
- **Residency Advisory Committee (RAC)** – Committee comprised of the PGY1 and PGY2 Residency Program Directors and appointed preceptors of the PGY1 and PGY2 programs.
- **ZVAMC** – Clement J Zablocki VA Medical Center and its affiliated Health Care Center (HCC) and Community Based Outpatient Clinics (CBOCs)

#### Policy:

1. Per ASHP standards, time away for the residency program cannot exceed a combined total of
  - a. 37 days per 52-week training period, or
  - b. the minimum number of days allowed by applicable federal and/or state laws (allotted time), without requiring extension of the program.
2. Residents are encouraged to take time off throughout the course of the residency program, as good mental health is important to maintain. In the event the resident has a balance of annual leave remaining at the time of the residency completion and the resident is not staying within the VA system, it will be paid out to the resident in a lump sum.
3. **Holidays:** VA residents are excused from work on all government holidays.
  - a. Residents receive regular pay on holidays.
  - b. These days are included in the 37 days permitted to be missed per ASHP standards.
  - c. If the resident is assigned to an auxiliary site (e.g., Concordia School of Pharmacy) on the holiday, they are still expected to report to that site for the workday if the site is not observing that holiday by the auxiliary site. Residents will not receive additional compensation for extra time at the site, as attendance is a condition of accepting the rotation at that site.
  - d. Residents are not permitted to work under dual appointment on a holiday.
  - e. No action is required in VATAS by resident for holidays.
4. Annual Leave and Sick Leave
  - a. VA employees, including residents accrue annual leave (AL) and sick leave (SL) every pay period (every 2 weeks).

- b. **Annual Leave:** Residents with less than three years of government service will accrue 4 hours of annual leave per pay period. Over the course of 26 pay periods or 52 weeks, each resident will accrue 13 days of annual leave.
    - i. Annual leave must be approved in advance by preceptor, RPD and supervisor.
    - ii. Resident must ensure adequate coverage of responsibilities prior to entering leave.
    - iii. Annual leave is subject to staffing and is not guaranteed. Residents should verify that leave is approved PRIOR to date(s).
  - c. **Sick Leave:** Residents with less than three years of government service will accrue 4 hours of sick leave per pay period. Over the course of 26 pay periods or 52 weeks, each resident will accrue 13 days of annual leave.
    - i. Sick leave is an entitlement and does not require prior approval. Sick leave is used in event of illness or for medical appointments.
    - ii. Residents must notify preceptor, RPD, if applicable, and supervisor of day-of sick leave requests/calls.
      - 1. The resident must attempt to speak to a preceptor or the Residency Director via phone or text and ensure receipt of message. If unable to get response, please contact pharmacy office (ext. 41150) to report sick leave.
      - 2. Upon return to work, the resident should enter their time in VATAS. If sick leave is on a timecard day, leave will be entered for the resident by time keeper.
    - iii. For scheduled appointments, resident should clear leave with preceptor, and RPD.
    - iv. Care leave, or Family Friendly Sick Leave (FFSL) can be used for an immediate family member (defined as spouse, parent, child) in event of illness or for medical appointments. FFSL is deducted from SL bank and is limited to 104 hours per year. FFSL may also be used for bereavement of family members.
5. **Administrative leave** – Administrative leave may be granted by RPD and supervisor for exams, conferences or other outside events that are required by the residency program.
- a. As with AL, time away must be approved by preceptor, RPD and supervisor.
  - b. Administrative leave must be pre-approved and entered in VATAS. Administrative leave is coded as “LN – Administrative” in VATAS.
  - c. While on Administrative Leave for Professional Meetings, residents are expected to attend programming for all hours they would be working as tour of duty. Administrative leave is a privilege, and behavior while on Administrative Leave should reflect the same high standards that are maintained when the residents are on site.
  - d. Residents will be granted up to 40 hours of Administrative Leave for interviewing for jobs. Please note this time is included in the overall 37 days away from residency that ASHP allows, so the amount of time available to each resident may differ based on other leave taken throughout the year.
    - i. In order to qualify for the Administrative Leave, the location and nature of the position must be disclosed to the residency director who serves as the timekeeper for the residents.
    - ii. If more than 40 hours are necessary, additional hours must be taken from accrued annual leave.
    - iii. Partial days of administrative leave may be taken for virtual interviews.
6. **Jury duty** - If summoned for Jury Duty, residents will be excused from the Residency Program. Leave will be entered in VATAS with appropriate code (refer to administrative officer).
7. **Tour of duty:**
- a. Although residency is often not a 7:30 AM to 4PM position, this is the official tour of duty for the purposes of the timekeeper and payroll.
  - b. If the resident is unable to be present during tour of duty and does not have approved leave, they will be considered absent without leave (AWOL). Continued tardiness may result in disciplinary

action. Unless leave is taken or on an offsite rotation, residents are expected to be on the premises (or affiliated site) for a minimum of 8.5 hours daily (30 minutes allow for lunch break).

**8. Timecards:**

- a. All leave requests must be entered into the electronic time off system called VATAS. Comments should be entered in VATAS to demonstrate that preceptor and RPD, if applicable, concur with request.
- b. Leave may be taken in 15-minute increments.
- c. The Supervisor is responsible for certifying all resident timecards every other week.
- d. It is the resident's responsibility to review his or her timecard in VATAS to ensure accuracy. This includes the primary timecard as well as the Dual Appointment timecard if working a dual appointment position.
- e. Due to the timecard certification process, with the exception of emergencies, all time off requests for the second Friday of the pay period must be made by Thursday afternoon.
- f. Residents should contact their supervisor for residency timecard questions and inpatient pharmacy supervisor for dual appointment timecards questions.

**9. Extended periods of absence:**

- a. If it is necessary for a resident to be absent from the residency for an extended period of time, the resident, RPD and supervisor will work with Human Resources and Office of Academic Affairs (OAA) to determine the appropriate course of action including the maximum duration allowed and the status of salary and benefits during the extension. Extension request will be granted on a case by case basis and are not guaranteed. If an extension is not granted, a residency certificate will not be awarded.
- b. In order to receive a residency certificate, all requirements must be completed.

Signatures:

Jennifer Koch, PharmD, BCGP, BCPS  
Associate Chief of Pharmacy - Clinical  
PGY1 Pharmacy (Milwaukee) Residency Director

Kim Bell, PharmD  
Pharmacy Division Manger

Lindsey Ladell, PharmD, BCPS  
High Reliability Organization Program Manager  
PGY2 Medication Use Safety and Policy Residency  
Director

Matthew Haas, PharmD, BCPP, BCPS  
Clinical Pharmacy Specialist – Mental Health  
PGY2 Psychiatry Residency Director

Shannon M. Pace, PharmD  
Associate Chief of Pharmacy - NEWAC  
PGY1 Pharmacy (Green Bay) Residency Director

Grace Mortrude, PharmD, BCIDP  
Clinical Pharmacy Specialist – Infectious Diseases  
PGY2 Infectious Diseases Residency Director

Jeremy Barnes, PharmD, BCPS  
Clinical Pharmacy Specialist – Internal Medicine  
PGY2 Internal Medicine Residency Director

**References:**

- VHA Leave and Attendance Policy
- American Society of Health Systems Pharmacists (ASHP) 2022 Pharmacy Residency Standards guidance document. Available at: [ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023](#)

**Rescission** – N/A

**Review Date:** Every five years in October

# **Appendices (Individual Program Materials)**



**Appendix I – PGY1 Practice Program Materials** Error! Bookmark not defined.

**Block Learning Experiences**

The residency schedule is customized to ensure the resident meets their personal goals and objectives for the residency program. \*Required learning experiences will be scheduled at a minimum of 4-weeks blocks. If a resident would choose to complete 6 weeks of a required experience it will be scheduled in one 6-week block, however if the resident chooses to complete 8 weeks the experience, it will be divided into two 4-week blocks. Most elective experiences have a 3-week minimum requirement.

Below are the offered rotations and lengths. Residents will be asked to select their desired lengths when they complete the PGY1 Incoming Skills Survey (see attachment 1) prior to the start of the residency.

	<b>Minimum</b>	<b>Maximum</b>	<b>Resident Selection</b>
Required rotations			
Orientation	<b>2</b>	<b>2</b>	<b>2</b>
Project	<b>4</b>	<b>4</b>	<b>4</b>
Recruitment (December)	<b>1</b>	<b>1</b>	<b>1</b>
Cardiology (inpatient)	<b>4</b>	<b>8</b>	
Critical Care (inpatient)	<b>4</b>	<b>8</b>	
Internal Medicine (inpatient)	<b>4</b>	<b>8</b>	
Infectious Diseases (inpatient/outpatient)	<b>4</b>	<b>8</b>	
Oncology (outpatient)	<b>4</b>	<b>8</b>	
Mental Health (required unless done as APPE at VA)	<b>3</b>	<b>6</b>	
Primary Care (PACT)	<b>6</b>	<b>12</b>	
Electives			
Academia (Concordia)	<b>4</b>	<b>8</b>	
Administration	<b>2</b>	<b>6</b>	
Heart Failure Clinic (outpatient)	<b>3</b>	<b>6</b>	
Endocrine (inpatient/outpatient)	<b>4</b>	<b>6</b>	
Emergency Department (outpatient)	<b>3</b>	<b>6</b>	
Geriatrics/Home Based Primary Care (inpatient/outpatient)	<b>3</b>	<b>6</b>	
Medication Safety (admin)	<b>3</b>	<b>6</b>	
Neurology (outpatient)	<b>4</b>	<b>6</b>	
Spinal Cord Injury (inpatient)	<b>3</b>	<b>6</b>	
Staffing (inpatient/outpatient)	<b>1</b>	<b>4</b>	
<b>TOTAL</b>			<b>52</b>

## **Longitudinal Learning Experiences**

In addition to the assigned block learning experiences, residents will be given the opportunity to participate in clinical pharmacy activities over the longitude of the residency program. The following longitudinal learning experiences are required for all residents:

- ECC/SCI anticoagulation monitoring
- Project
- Administration
- Pharmacoeconomics
- Long term care chart reviews
- Weeknight staffing

All longitudinal experiences will be scheduled for the length of the full year and evaluations will be completed quarterly in PharmAcademic. Residents are also expected to complete a quarterly self-evaluation for each of these experiences. It is the responsibility of the resident to incorporate the longitudinal experiences into the daily activities of the rotations. Balancing block rotation responsibilities along with longitudinal activities prepares residents for clinical practice where multiple demands need to be assessed, prioritized, and managed.

**Extended care (ECC) & Spinal Cord (SCI) Anticoagulation Monitoring:** All residents participate in anticoagulation management of Extended Care and Spinal Cord Injury patients throughout the year. At the beginning of the residency year, residents will receive anticoagulation training. Incorporated with the training will be the co-management of patients in conjunction with an experienced clinician. After the residents have become competent anticoagulation providers, and their clinical scopes of practice reflect this, residents will be assigned patients who they will be responsible for during the residency year and throughout the patients' admission to the specified units. While assigned the patient, the resident will be responsible for all anticoagulation dosing, lab monitoring, progress note documentation, and anticoagulation discharge planning for the patient. Any major clinical issues should be addressed by the resident to the Primary Physician in charge of the care of the patient. Please refer to the learning experience description for this longitudinal experience for more details. One resident will be responsible for checking a daily anticoagulation list and sending daily email communication. This resident will be responsible for ensuring all new patients are assigned to a pharmacist/resident for monitoring.

**Project:** A completed research or quality improvement project is required during the residency program. The intent of the project is to provide the resident with the opportunity to develop the skills and processes necessary to perform research or quality improvement. A list of potential projects is provided by the program. Discussions with the preceptors of possible projects should be undertaken early in the residency. After deciding upon a topic, a project mentor will be responsible for guiding the resident through the entire project. Residents will also be asked to present their project to the Pharmacy Residency Research Panel. Each resident is expected to have made sufficient progress to present results at the Wisconsin Pharmacy Residency Conference (or other conference as agreed upon by RPD) which takes place in the spring. A final manuscript is required, and residents are encouraged to pursue publication. Refer to program specific program appendix in residency manual for more information including a timeline. A quarterly evaluation will be completed by project mentor for this experience.

**Administration:** Throughout the residency program, the resident will be exposed to pharmacy administration and drug use policy issues. These are incorporated into the residency to make a more true to life experience than devoting a full block to the activity. Part of the pharmacy administration experience will include meetings with the Pharmacy Program Director and other leaders to discuss administrative topics. Please refer to the PGY1 Pharmacy Requirement Grid in the manual for a detailed list of administrative tasks and experiences. Residents will rotate

responsibilities on the Drug Safety Subcommittee throughout the year. Drug Safety responsibilities may include preparing meeting agenda, taking meeting minutes, preparing adverse drug reaction (ADR) report, and following up on action items from the meeting (responsibilities vary from year to year depending on PGY2 Medication Safety residency position being occupied). Additionally, residents are expected to attend other meetings of groups overseeing drug use (Pharmacy, Nutrition, and Therapeutics Council; Clinical Pharmacy Meetings), Journal Club, staff meetings and other relevant medical conferences. A quarterly evaluation will be completed by RPD or designee for this experience.

**Pharmacoeconomics:** Residents are responsible for reviewing and completing prior authorization drug request (PADR) throughout the residency year. The number and/or complexity of PADR requests will increase over the course of the year. Formulary management pharmacists will serve as preceptors for this experience and will complete a quarterly evaluation in PharmAcademic.

**Long term care chart reviews** - residents will be assigned 2 to 3 long term care chart review patients each month. Chart reviews must be completed and discussed with preceptor by the 25<sup>th</sup> of each month.

**Weeknight staffing** – PGY1 residents will be scheduled for one weeknight staffing shift per week. The hours for this experience will be 1630 to 2000. The day of the week assigned will rotate throughout the year as equitably as possible. This experience is estimated to start around early September. The responsibilities during the staffing experience will evolve over the course of the year. Residents will start with outpatient staffing experiences which will include filling, checking prescriptions, processing prescriptions, counseling patients and answering phones. Inpatient experiences will occur later in the year which will include preparation, IV room staging, processing and checking of unit dose and IV medications, troubleshooting phone calls to the IV room, and performing PK and anticoagulation monitoring. Residents will also have opportunity to staff in the Emergency Department late in the residency year.

The goal of weeknight staffing is for the resident to progress over the course of the year in order to function as a central pharmacist in either outpatient or inpatient pharmacy in an independent manner by the end of the year. Quarterly feedback will be provided to residents and an PharmAcademic evaluation will be completed. Residents must report to the lead pharmacist during each shift. If day-of leave is needed (e.g. sick leave) the resident must contact the inpatient pharmacy supervisor and the lead pharmacist. If a resident is scheduled for staffing shift on day that annual leave is requested, the resident is responsible for switching with a peer to cover the shift. Leave conflicts should be communicated both with the inpatient pharmacy supervisor and the RPD.

### **PGY1 Residency Requirements**

To ensure that graduates of the PGY1 Pharmacy Residency Program are competent practitioners, a set of Pharmacy Practice Requirements has been developed. See Attachment 3 for Requirement Grid. All activities of this requirement must be completed by the conclusion of the Residency Program, or a certificate of completion will not be awarded. The resident and mentor should review and sign off on this list monthly, and the Residency Director will review progress quarterly when completing the Customized Training Plan.

In addition to learning experiences listed above the residents also participate in the following activities over the course of the residency year:

## **Student Responsibilities**

### **University of Wisconsin Milwaukee-hub site coordinators:**

In return for the stipend provided by UW, PGY1 Residents have multiple responsibilities related to the scheduling, orientation, education and coordination of UW pharmacy students in the Milwaukee hub. Residents will be required to facilitate UW Case Presentations for the Ambulatory Care and Acute Care Courses and the UW Discussion seminar sessions. Additional UW responsibilities include the organization and grading of clerkship students and setting up for the annual UW meetings hosted at ZVAMC. UW clerkship blocks are 6 weeks long and are classified as one of the following four experiences:

- 740 – Clinical Acute Care Rotation. Students work with acute medical teams on acute care wards to follow patients on daily basis.
- 742 – Institutional Rotation. Students rotate through different setting of the inpatient pharmacy to learn distributive and administrative functions of the medical center's pharmacy.
- 741 – Ambulatory Care Rotation.
- 760 – Specialty Rotations. ZVAMC offers a number of specialty rotations. These include Primary Care, Oncology, Infectious Diseases, Cardiology, Critical Care, Mental Health, Spinal Cord Injury, and Geriatrics.

Grading forms, orientation pieces, and other forms for the University of Wisconsin can be found in the corresponding UW Manual. Training for clinical inquiry grading will be provided by UW.

### *Block leaders*

The residents will rotate being the block leader for each of the UW rotation blocks. The block leader is not expected to complete necessary activities by him or herself but will be the point person and the one to coordinate all activities that block.

### *Duties of the block leader*

- Emailing students welcoming them to the block and setting dates for case presentations (over the noon hour, last 2 weeks of the block. Typically 2 students/day)
- If virtual, communicate dates/times to UW Madison to create Zoom meeting
- If the meeting is virtual, block leader is responsible for set-up of AV equipment and attendance
- Remind students to email materials prior to presentation day (expected to be turned in by 5pm one day prior to presentation)
- Email materials, rubric, and zoom meeting to clinical pharmacists on day of scheduled presentation
- Collect rubrics from all clinical pharmacists, calculate final grade (mean grade of all rubrics collected) , and email all rubrics to the student.

### *Orientation to the VA*

All students at the VA full time, will be given an orientation to the VA the first day of the block. The orientation will be provided by residents receiving a stipend from the University of Wisconsin.

### *Case Presentations*

All 740 and 741 students must present a case presentation. Case presentations are given over the noon hour using typically the last 2 weeks of the rotation. Case presentation date assignments will be made by the block leader

Resident responsibilities for the case presentations include the set-up of the AV equipment (for in person presentations), facilitation of virtual meeting (if virtual presentation), attendance at the case presentations and grading of case presentations. At the conclusion of the case presentation, one resident will collect all evaluation forms, tabulate results and calculate a mean.

This mean and the forms will be returned to the students. In addition, all grades will be recorded by evaluator for quality assurance purposes.

#### *UW Seminar*

UW seminars are currently virtual and take place once per block. Each PGY1 resident is assigned a group of students and leads the small group seminar sessions. Dates and times may vary, based on resident availability.

#### *Project Presentations:*

The final weeks of each block will be project presentations for course 760. Project presentation dates will be assigned by the UW Clinical Manager or designee. Residents will grade the project presentations and log the grade into the UW grading system.

Residents are responsible for all necessary audio-visual equipment set-up if onsite.

#### *Clinical inquiry grading*

Each 760 Student is required to submit one clinical inquiry for grading per rotation block. These clinical inquiries will be assigned to the residents receiving a stipend from the University of Wisconsin for grading purposes. Each information question must be graded according to the University of Wisconsin Evaluation Form. All questions must be graded prior to the end of the rotation block. Residents will log the grade into the UW grading system.

RPD may ask residents to alternate attending UW conference calls to discuss progress of students, seminars, projects, and other pertinent topics.

#### **MCW lab requirements:**

Each resident will be assigned to 4-6 lab sessions (4 if not doing teaching certificate and 6 if doing teaching certificate) at MCW School of Pharmacy. Residents completing the teaching certificate will also be assigned a MCW mentor. The MCW lab coordinator or mentor will complete PharmAcademic evaluations for the lab experience twice during year (midpoint and end of year).

#### **Other Colleges of Pharmacy Responsibilities**

The VA accepts offers IPPE and APPE experiences for all three pharmacy schools in Wisconsin – UW Madison, Concordia University of Wisconsin, the Medical College of Wisconsin. All residents are responsible for assisting in the orientation of new students. This includes giving tours and providing computer (CPRS/VISTA) training.

#### **Chief Resident**

Residents are expected to share chief resident responsibilities. These activities assist the Residency Program Director in the coordination of all residency activities. Please see Attachment 4 for a list of activities and descriptions. Residents should develop a plan for dividing the activities equally and should contact RPD with questions.

#### **Electronic Portfolio**

All residents are expected to keep an electronic file of all resident work (e.g. any work product like a topic discussion or a policy) as well as documented feedback provided by preceptors. This electronic file should be reviewed by resident, mentor and RPD quarterly at time of CTP.

**Attachment 1**

**Incoming PGY1 SKILLS SURVEY & PLAN FOR DEVELOPMENT**

This document is intended to help you, the program director, mentor and your preceptors plan a pharmacy practice residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind. It is preferred if done electronically.

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

1. Are you a licensed pharmacist? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If yes, what state? \_\_\_\_\_
  - b. If no, when will you be licensed (include exam dates if known) ? \_\_\_\_\_
  - c. If no, in what state do you plan to be licensed? \_\_\_\_\_
2. Are you certified in Basic Life Support (BLS)? Yes \_\_\_\_ No \_\_\_\_  
If yes, indicate expiration date: \_\_\_\_\_
3. Are you Advanced Cardiovascular Life Support (ACLS) certified? Yes \_\_\_\_ No \_\_\_\_  
If yes, indicate expiration date: \_\_\_\_\_
4. Which of the following activities have you performed independently?

	Yes	No
IV Admixture		
Unit Dose Systems		
Check patient profiles against administration records		
Check technician work		
Interpret provider orders or prescriptions		

5. Please describe your computer skills. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently.	Average	OK, but would like additional training.	I have never worked with this prior.
Word				
Excel				
PowerPoint				
Access				
Outlook				
CPRS				
SharePoint				
PubMed				
MedMined				
MS Publisher				
MS Teams				

6. There are 4 main ways of learning –

- V – Visual
- A – Aural
- R – Read/write
- K – Kinesthetic

- a. We would like to find out the way that you learn best, so we can tailor your learning during the residency year.
- b. Please go to: <http://vark-learn.com/the-vark-questionnaire/>
- c. From that site, please click on questionnaire and answer the questions. When answering the questions, we all would like multiple methods of being taught, but try to choose the answer that fits best. When you have completed submit the questionnaire and list below your score for each domain. When you are given your scores, you will be also given a link with some tips for your style. Be sure to check those out as well.
- d. List your scores here:

7. What clinical experiences (including APPEs) have you had? (site, type of patients, length of experience). May attach separate list if desired.

- |         |              |                |
|---------|--------------|----------------|
| a. Site | Patient Type | Length of Time |
|---------|--------------|----------------|

8. After reflecting on your Pharm.D. student clerkships and internship please rank yourself as competent and confident using a scale of 1 (not competent or confident at all) to 5 (very competent and confident).

**Clinical**


- Acute Care Cardiology
- Anticoagulation
- Critical care
- Diabetes/Endocrine
- Gastroenterology
- Geriatrics
- Infectious Diseases
- Pharmacokinetics
- Hyperlipidemia
- Internal medicine
- Nephrology
- Neurology
- Nutrition/TPN
- Oncology

**Administrative**


- Distributing/Staffing
- Drug literature evaluation
- Prior authorization evaluation
- Medication Use Safety
- Medication Use Evaluation
- Project

	Psychiatry
	Respiratory diseases

9. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Providing discharge consultation to patients				
Writing a progress note in electronic health record				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting adverse drug reactions (ADR)				
Reporting a medication event/error				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying prior authorization drug requests (PADRs)				

10. Do you have formal course work in drug information and statistics? How comfortable are you in these areas?

11. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to P&T committee				

12. What experience do you have in policy making or systems revision to improve safety and effectiveness of pharmacotherapy for patients?



13. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA (MedWatch)?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

14. Have you participated in any research endeavor, particularly a clinical trial?

\_\_\_\_\_yes    \_\_\_\_\_no

If yes, please describe.

15. If you have not completed formal research (IRB approval), have you complete a formal project?

\_\_\_\_\_yes    \_\_\_\_\_no

If yes, please describe.

16. Have you attended an investigational review board meeting (IRB)?

\_\_\_\_\_yes    \_\_\_\_\_no

17. Have you presented at a national professional meeting (e.g. ASHP, APhA, ACCP)?

\_\_\_\_\_yes    \_\_\_\_\_no

If yes, please describe:

18. State your short-term (3-5 years) and long-term (10-15 years) career goals.

Short term:

Long term:

19. Describe your current practice interests.
20. What three goals do you wish to achieve during the residency?
21. What are your personal and professional strengths?
22. What areas of weakness would you like to improve during the residency? What are your suggestions for improvement in these areas?
23. What areas of residency training (e.g. clinical knowledge, precepting, administrative functions, presentation skills) would you like to concentrate on during the residency?
24. What strategy do you have for life-long continuing education?
25. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for participating in professional organizations in the future?

26. Please indicate your preferences for rotation length by listing the number of weeks you would like to spend in each rotation in the far right column (you can select any amount of time between the minimum and maximum listed). We will use this information to establish your initial rotation schedule for the year but changes are permitted and encouraged throughout the year to accommodate your needs/interests and those of the residency program. The total number of weeks selected should equal 52 weeks.

For required rotations we will attempt to schedule them as one block unless you opt to complete 7 or 8 weeks. For example, if you elect to complete 6 weeks of internal medicine we will attempt to schedule that as one 6-week block. If you elect to complete 8 weeks of internal medicine we will likely divide that into two 4-week blocks.

	Minimum	Maximum	Resident Selection
<b>Required rotations</b>			
Orientation	2	2	2
Project	4	4	4
Recruitment (December)	1	1	1
Cardiology (inpatient)	4	8	
Critical Care (inpatient)	4	8	
Internal Medicine (inpatient)	4	8	
Infectious Diseases (inpatient/outpatient)	4	8	
Oncology (outpatient)	4	8	
Mental Health (required unless done as APPE at VA)	3	6	
Primary Care (PACT)	6	12	
<b>Electives</b>			
Academia (Concordia)	4	8	
Administration	2	6	
Heart Failure Clinic (outpatient)	3	6	
Endocrine (inpatient/outpatient)	4	6	
Emergency Department (outpatient)	3	6	
Geriatrics/Home Based Primary Care (inpatient/outpatient)	3	6	
Medication Safety (admin)	3	6	
Neurology (outpatient)	4	6	
Spinal Cord Injury (inpatient)	3	6	
Staffing (inpatient/outpatient)	1	4	
<b>TOTAL</b>			52

**Attachment 2**

**OUTGOING PGY1 SKILLS SURVEY**

Now that you are approaching the end of your PGY1 residency, we want to reflect on your progress during the year. You completed a similar survey at the beginning of this residency. Please complete this survey and return to RPD by assigned date.

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

1. Which of the following activities have you performed independently?

	Yes	No
IV Admixture		
Unit Dose Systems		
Check patient profiles against administration records		
Check technician work		
Interpret provider orders or prescriptions		

2. Please describe your computer skills. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently.	Average	OK, but would like additional training.	I have never worked with this prior.
Word				
Excel				
PowerPoint				
Access				
Outlook				
MS OneNote				
CPRS				
SharePoint				
PubMed				
MedMined				
MS Publisher				
MS Teams				

3. Now, at the end of your residency please rank yourself regarding how competent and confident you feel in each of the below areas using a scale of 1 (not competent or confident at all) to 5 (very competent and confident). Please enter numbers from incoming assessment for the "Pre" column.

Clinical  
Pre Post


Acute Care Cardiology  
Anticoagulation  
Critical care  
Diabetes/Endocrine

Administrative  
Pre Post


Distributing/Staffing  
Drug literature evaluation  
Prior authorization evaluation  
Medication Use Safety


- Gastroenterology
- Geriatrics
- Infectious Diseases
- Pharmacokinetics
- Hyperlipidemia
- Internal medicine
- Nephrology
- Neurology
- Nutrition/TPN
- Oncology
- Psychiatry
- Respiratory diseases


Medication Use Evaluation Project

4. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADE's (ADR's)				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying non-formularies				

5. Do you feel your drug information and statistics skills improved over the residency year? What activities were most helpful in this regard?

6. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				

Formal formulary reviews (drug monographs)				
Presentations to P&T committee				

7. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA (MedWatch)?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

8. Did your residency project require IRB approval?

\_\_\_\_\_yes \_\_\_\_\_no – IRB exempt

9. Did you present your residency project at PSW/Wisconsin Pharmacy Residency Conference?

\_\_\_\_\_yes \_\_\_\_\_no

10. State your short-term (3-5 years) and long-term (10-15 years) career goals.

Short term:

Long term:

11. How have your practice interests changed since the start of residency year?

12. How have your personal and professional strengths changed from start of residency year?

13. How have you improved on any weaknesses you identified prior to start of residency year?

14. What strategy do you have for life-long continuing education?

15. What plans do you have for participating in professional organizations in the future?

16. Please reflect on the three residency goals you listed in your incoming assessment. Did you achieve your goals?

**Attachment 3**

**PGY1 Pharmacy Residency Requirements  
Resident Name (Year)**

An electronic version of this document was be maintained by the individual resident with input from the mentor and RPD.

**Orientation Requirements**

<b>Objective</b>	<b><u>Contact Person:</u></b>	<b><u>Date Completed:</u></b>
PK Training: Resident participates in pharmacokinetics training. Resident complete a minimum of 5 PK assessments and progress notes during the orientation period or within first month of residency.	Grace Mortrude and Courtney Pagels	
Anticoag Training: Resident participates in anticoagulation training. Resident complete a minimum of 5 anticoagulation assessments and progress notes during the orientation or within first month of residency.	Jeremy Barnes	
Decentral Inpatient Orientation: Rotate to assigned areas to meet pharmacists and learn different inpatient assignments. Shadow work flow.	Christopher Frye	
Outpatient: Resident spends 1 hour in outpatient pharmacy during orientation for overview. Further outpatient training will occur when starting outpatient weeknight staffing.	Outpatient Supervisor	
Participate in additional orientation/training as scheduled by RPD. Additional training may include including chart review training, PADR training, VA ADERS training and med rec/discharge training.	RPD	

## Longitudinal Requirements

Objective	<u>Contact Person:</u>	<u>Date Completed:</u>
Weekend staffing under dual appointment ("internal moonlighting"): minimum of 10 weekend days required (Activities include: Heparin Rounds, PK and anticoagulation monitoring and documentation, and cross coverage of other staff).	Christopher Frye and Outpatient Supervisor	
Weeknight staffing: Resident completes longitudinal staffing experience (one evening shift (4:30-8pm) per week starting in September thru end of residency year). Residents will be assigned technician responsibilities until licensure is achieved. Residents will start with outpatient staffing, then transition to inpatient staffing around first of year. Residents will also rotate to emergency department for last quarter. Complete outpatient and inpatient checklists.	Christopher Frye and Outpatient Supervisor	
Resident documents 5 adverse reactions into the VA ADERS system	Drug Safety	
Resident documents a minimum of 1 ADRs that require submission to the FDA MedWatch program	Drug Safety	
Resident provides 1 continuing education (CE) education session to pharmacy staff. List of topics will be shared with residents by October 1st. Resident will work with an assigned CPS to develop a presentation. CE accreditation requirements must be submitted at least 30 days prior to event. Jen Koch to provide details on CE requirements.	Jen Koch and Leslie Alvarez	
Resident presents one Journal Club. Held the third Wed every month.	Steve Kennedy	
Participate in quarterly admin discussions. See learning experience in PharmAcademic for list of topics.	Kim Bell, Jen Koch	



Resident attends one committee/council meeting. List of various committees/councils will be shared at first admin quarterly discussion and resident will select at least one meeting to attend.	Kim Bell or Jen Koch to facilitate	
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## Longitudinal Requirements

<b>Objective</b>	<b><u>Contact:</u></b>	<b><u>Date Completed:</u></b>
Optional: Drug representative meetings. Tuesdays 2:30-3:30 pm	Contact Jen Koch if interested	
Resident identifies topic for Medication Use Evaluation (MUE) process. See learning experience. Contact RPD to schedule evaluation in PharmAcademic upon completion. Resident completes and presents MUE at appropriate meetings (e.g. Drug Safety and PNT). Select topic by October 1st.	RPD	
Resident participates Joint Commission discussion with OQM&S. RPD to schedule.	RPD	
Resident presents at PNT Council (or other suitable committee/council as deemed appropriate by RPD) at least once (examples: MUE, Drug Safety Subcommittee update, new/updated policy/procedure).	RPD	
Resident participates in the review of one pharmacy policy or order set in EHR. Resident will meet with preceptor to discuss purpose and background of policy/order set. Resident may be asked to serve as the representative as various nursing council meetings and/or PNT Council. RPD will assign policy/order set and outline process.	RPD	
Resident attends a minimum of 3 Drug Safety Subcommittee Meetings. Takes meeting minutes twice. Held the third Thursday of the month from 8-9 am. Assists with adverse drug reaction (ADR) reports via VA ADERS system.	Drug Safety Chair and/or PGY2 Medication Use Safety Resident	
Resident prepares 2 articles for Drug Safety Subcommittee Newsletter (3 time per year publication)	Drug Safety Chair and/or PGY2 Medication Use Safety Resident	

Attend "Preceptor Training" session at Concordia University of Wisconsin at start of year	RPD	
Complete chart reviews for long term care patients as assigned (2-3 per month).	Mo Hamdan, Ben Weitzel and Leslie Alvarez	
Complete weekly PADR (non-formulary) requests (see learning experience)	Mary Jo Jablonski, Bryan McGill and Lori Uildriks	

## Longitudinal Requirements

<b>Objective</b>	<b><u>Timeframe/Contact:</u></b>	<b><u>Date Completed:</u></b>
Manage anticoagulation for all CLC/SCI patients.	Jeremy Barnes, Mo Hamdan, Ben Weitzel and Erin Stoop	
Longitudinal APPE (LAPPE) student - participate in precepting for anticoagulation monitoring and participate in one professional development discussion/topic.	RPD	
Attend mentor meetings. Monthly for first quarter then minimum of quarterly.	Assigned Mentor or RPD	

## Overall Residency Objectives (to be completed by RPD each quarter at CTP)

<b>Residency Objectives</b>	<b>End Quarter 1</b>	<b>End Quarter 2</b>	<b>End Quarter 3</b>	<b>End Quarter 4</b>
<b>Percentage of R1 residency objectives marked as "Achieved for Residency" (Goal: 100% of all R1 objectives are "Achieved for Residency" by end of year) Place check mark</b>				

in box in quarter in which the objective was completed.				
R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.				
R1.1.1 Interact effectively with health care teams to manage patients' medication therapy				
R1.1.2 Interact effectively with patients, family members, and caregivers				
R1.1.3 Collect information on which to base safe and effective medication therapy				
R1.1.4 Analyze and assess information on which to base safe and effective medication therapy				
R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)				
R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions				
R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate				
R1.1.8 Demonstrate responsibility to patients				
R1.2 Ensure continuity of care during patient transitions between care settings				
R1.2.1 Manage transitions of care effectively				
R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients				
R1.3.1 Prepare and dispense medications following best practices and the organization's policies and procedures				

R1.3.2 Manage aspects of the medication-use process related to formulary management				
R1.3.3 Manage aspects of the medication use process related to oversight of dispensing.				
<b>Percentage of all other objectives achieved. (Goal: 80% of all remaining ASHP objectives (not including R1 objectives) are "Achieved for Residency" by end of year)</b>				
<b>Number of objectives that have been marked "Needs Improvement"</b>				
<b>Objectives that have not yet been evaluated</b>				

**CTP Sign-off (list date completed)**

	<u>Resident</u>	<u>Mentor</u>	<u>Residency Director</u>
Initial			
End Quarter 1			
End Quarter 2			
End Quarter 3			
End Quarter 4/FINAL			

#### **Attachment 4 - Chief Resident Responsibilities**

The Chief Resident responsibilities will be divided evenly amongst the PGY1 residents. It's recommended to have a primary and secondary resident assigned to each task.

##### **Activities/Responsibilities:**

- UW block leader(s) - Send reminder e-mails to preceptors regarding student case presentations. Coordinate UW seminars. Coordinate project presentations
- Resident scheduler - Coordinate weekend scheduling with inpatient pharmacy supervisor.
- Coordinate Pharmacy week activities with co-residents (October)
- Coordinate social outing for preceptors and residents - start of year, around WPRC and end of year.
- Coordinate all communication and travel arrangements for PSW/WPRC (including deadlines for registration, abstract submissions, poster printing and scheduling of practice presentations)

## **Appendix K – PGY2 Infectious Diseases Pharmacy Residency Program Materials**

### **Program Design**

The following schedule represents an overview of the expected rotations and an approximation of the time commitment for each area. Please see individual rotation experience documents for specific duties and outcomes, goal, and objectives that will be evaluated.

Throughout the year, the resident will be required to attend various meetings. These include Pharmacy, Nutrition, and Therapeutics Council and its associated Antimicrobial Subcommittees and task forces; Infection Control Council; Journal Club; HIV Treater's meeting/MCW ID Conferences (as time permits); microbiology rounds; and other relevant medical conferences.

### **Required Rotations:**

1. Orientation: (~ 4 weeks; customized based on the resident's knowledge, skills, and abilities)
  - a. Hospital orientation, including personnel procedures, safety, sexual harassment, ethics training.
  - b. Overview of Pharmacy Program (inpatient satellite, IV room, outpatient pharmacy)
  - c. Service policies and procedures
  - d. Computer systems
  - e. Practice experience in a major area(s) (IV room, de-central inpatient)
  - f. Identification of a project
  - g. Assessment of personal goals and needs
2. Antimicrobial Stewardship Program (4-8 weeks)
3. Antimicrobial Stewardship Program (ASP)/ID Consults Combined – Part 1 (3-4 months)
4. Antimicrobial Stewardship Program (ASP)/ID Consults Combined – Part 2 (3-4 months)
5. ID Consult Service (4-8 weeks)
6. Infectious Diseases Administration (longitudinal)
  - a. Antimicrobial drug information, antimicrobial stewardship intervention and antimicrobial use reporting (Annual Antimicrobial Stewardship Report), antimicrobial drug use policy, formulary management, and order set development (longitudinal)
7. Microbiology lab (semi-longitudinal 1-3 months)
  - a. 1-2 sessions/week for ~ 15 total sessions over 1-3 months; depending on microbiology supervisor's schedule
8. Outpatient ID Clinic/OPAT Clinic (longitudinal)
  - a. Assist with ID provider and fellow clinics depending on coinciding block rotation
9. Outpatient Infectious Diseases – BLOCK Rotation (4-8 weeks)
  - a. includes Hepatitis C clinic, OPAT program management, and HIV/ID clinics
10. PGY2 Research Project (longitudinal)
11. Other longitudinal responsibilities built into core rotations: Biannual OPAT and ASP reports, microbiology projects, educational in-services, fecal microbiota transplant monitoring, quality improvement projects/initiatives, and multidisciplinary meetings

### **Elective Block Rotations:**

1. Antimicrobial stewardship with a COVID-19 Focus (4-8 weeks depending on patient load)
2. Critical care (4-8 weeks)
3. Emergency Department/Outpatient Antimicrobial Stewardship (block) (4-8 weeks)
4. Hematology/oncology (4-8 weeks)
5. Internal medicine (4-8 weeks)

In addition to the required rotations and activities outlined in the manual, the resident will be asked to submit an application for "Trainee" membership to the Society of Infectious Diseases Pharmacists (SIDP), IDSA, or to MAD-ID.

### **Teaching Responsibilities**

The VA offers an infectious diseases experiential rotation for the University of Wisconsin, Medical College of Wisconsin, and Concordia University. The resident is responsible for assisting in precepting the students during the residency year. The resident will also have opportunities to take part in the student evaluations. The resident will attend all Infectious Diseases case presentations that are given by each student on rotation at the VA.

#### Formal Lectures/lab courses

The resident will be required to give several formal student lectures throughout the year. Below is a tentative lecture schedule:

- 2-3 Microbiology topic discussion
  - To be coordinated by the resident with Jeanna Donkle during microbiology rotation. These discussion may take place at any time throughout the year.
- VA Grand Rounds (once for the year)
  - 3/22/2024
- Concordia University ID Elective class
  - Fall semester (your choice)
- Concordia University 2<sup>nd</sup> year Pharmacotherapeutics Class
  - Spring semester 1-2 lectures (Pneumonia, Parasites)
- Concordia University 2<sup>nd</sup> year Pharmacotherapeutics Lab Activity
  - Optional, Spring semester
- Medical College of Wisconsin School of Pharmacy Patient Care labs
  - Optional, Fall and Spring semesters

#### Teaching certificate

The PGY2 ID resident may choose to participate in an affiliated pharmacy school teaching certificate (Medical College of Wisconsin School of Pharmacy or Concordia University Wisconsin School of Pharmacy) or participate in the local ZVAMC teaching certificate.

### **Other responsibilities:**

#### Long-term care chart reviews

The resident will be responsible for completing one or two long-term care chart reviews per month. Contact the RPD and/or chart review assignment list for details.

#### Disease State Grid

The PGY2 Internal medicine resident is expected to independently track of disease states reviewed and discussed throughout the residency year. An electronic form will be used for tracking purposes and will be provided by the RPD at the start of the residency year.

#### Electronic File of Residency Work

All residents are expected to keep an electronic file of all resident work products (e.g. topic discussion, etc.) as well as documented feedback provided by preceptors.

### Coverage Responsibilities

The PGY2 Infectious Diseases resident will be expected to assist with ID Pharmacy workgroup coverage in the rare event it is needed. The resident will be provided as much notice as possible regarding coverage responsibilities, however, same day notice may be necessary in the event of unplanned ID pharmacist absence.



**Attachment 1**

**SKILLS SURVEY & PLAN FOR DEVELOPMENT FOR INCOMING  
PGY2 INFECTIOUS DISEASES RESIDENT**

This document is intended to help you, the program director, and your preceptors plan a PGY2 ID Pharmacy residency program that will be most beneficial to you and your career development. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind.

Resident:

Date:

1. In what state(s) are you licensed to practice pharmacy?

17. Are you certified in BLS?  Yes  No

If yes, indicate expiration date:

18. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently	Average	Okay, but would like additional training	I have never worked with this prior
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPRS (VA EHR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SharePoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PubMed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. After reflecting on your PGY1 residency year, please rank your confidence using a scale of 1 (not confident at all) to 5 (very confident).

Rank

Rank

	Critical care/sepsis		Infection Control
	HIV/AIDS/PrEP		Primary literature evaluation
	Pharmacokinetics		Travel Medicine/Vaccinology
	Bone and joint infections		Formulary management
	Endovascular infections/bacteremia		Pharmacoeconomics

	Opportunistic infections		Microbiology
	Invasive fungal infections		Antimicrobial Stewardship Core Strategies
	Hepatitis B and C		Rapid diagnostic tests
	Medication use evaluation		Mycobacterial infections
	Research		Precepting/teaching
	Technical writing		Clinical decision support design

20. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interviewing patients for changes in health status or allergy history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing a progress note	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarifying an order with a provider and documenting it in the patient chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing and/or reporting ADRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervening with physicians/nurses to avoid or correct a medication related problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documenting interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approving/Denying non-formulary medications (prior authorization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Have you participated in any research endeavor?  Yes  No  
If yes, please describe:

2. Have you performed statistics independently? How comfortable are you in this area?

3. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Patient Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				

Formal formulary reviews (drug monographs)				
Presentations to PNT committee				

4. Have you (indicate quantity):

	> 5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in TJC accreditation or survey?				
Been involved with quality improvement?				
Been involved in managing a drug shortage?				

5. Have you attended in investigational review board meeting (IRB)??  Yes  No

6. Have you presented at a professional meeting (eg ASHP Midyear)?  Yes  No  
If yes, please describe:

7. Describe your current ID practice interests.

8. What three goals do you wish to achieve during the residency?

9. What strategy do you have for life-long continuing education?

10. What plans do you have for participating in professional organizations?

11. What plans do you have for participating in community service?

**Attachment 2**

**Example Schedule – PGY2 ID**

	July	August	September	October	November	December	January	February	March	April	May	June
PGY2	Orientation	ASP and Micro	ID Consults	Elective or additional ASP focus month	Elective	ASP & ID Consults I	ASP & ID Consults I	ASP & ID Consults I	ASP & ID Consults II	Elective	ASP & ID Consults II	ASP & ID Consults II

**Attachment 3**

**Outgoing Skills Assessment  
PGY2 Infectious Diseases Pharmacy Residency Program**

This document is intended to allow you, your residency program director and preceptors measure your growth during your PGY2 year and get feedback on the residency year. It may be helpful to reflect on your incoming skills survey when completing this activity. Please complete electronically.

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

For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently	Average	OK, but would like additional training	I did not have the chance to develop skills with this
Word				
Excel				
PowerPoint				
Access				
Outlook				
CPRS				
SharePoint				
Internet				
PubMed				
MS Publisher				

After reflecting on your PGY2 year, please rank your confidence using a scale of 1 (not confident at all) to 5 (very confident).

Pre - PGY2	Post - PGY2		Pre - PGY2	Post - PGY2	
		Critical care/sepsis			Infection Control
		HIV/AIDS/Prep			Drug literature evaluation
		Pharmacokinetics			Drug safety
		Internal medicine			Formulary management
		Medication use evaluation			Pharmacoeconomics
		Hematology/Oncology			Microbiology
		Fungal infections			Bone and joint infections
		IV PO conversion			Renal dosing of antibiotics
		Endovascular infections			Mycobacterial infections
		Antimicrobial Stewardship Core Strategies			Precepting/teaching

Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADRs				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Documenting interventions				
Approving/Denying non-formulary medications				

How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Patient Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to P&T committee				

Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in JCAHO accreditation or survey?				
Been involved with quality improvement?				
Been involved in managing a drug shortage?				

Describe your residency project:

Did you present the results?

If so, at what conference(s)?

Were you given adequate feedback?

Do you plan to publish?

Were you given adequate guidance throughout the process?

Did the project meet your expectations?  
What would you do differently if could do it over again?

Do you have confirmed job placement post-PGY2 residency? If so please list place of employment, job title, and duties.

Did you accomplish all your goals set forth by completing a PGY2 ID Pharmacy Residency?  
If yes, what specific goals did you accomplish?

If not, what prevented you from accomplishing your goals?  
State your short-term (3-5 years) and long-term (10-15 years) career goals.

What strengths have you identified for yourself this year?

What areas do you identify that could still use improvement?

Describe your plan for involvement in the pharmacy profession in the future.

### **Program Specific Questions**

What specifically did you like most about your PGY2 Infectious Diseases Pharmacy experience?

What specifically could you suggest for improvements for the PGY2 Infectious Diseases Pharmacy residency?

Is there anything you would change in regards to the sequence or timing of the rotations?

Did orientation adequately prepare you for the rest of the year? If not, please provide details on what could be improved.

Overall thoughts on the PGY2 preceptors (pharmacists)? Strengths/weaknesses?

Please provide any additional feedback regarding your residency year below:

**Attachment 4**

**Residency Requirement Grids** (To be completed by RPD and included in final customized training plan):

<b>Residency Requirements</b>	<b>Expected Date</b>	<b>Description</b>	<b>Contact Person</b>	<b>Date(s) Completed</b>
80% residency objectives are "Achieved for Residency"; no objectives are marked as "needs improvement"	ongoing	PharmAcademic will be reviewed quarterly and progress documented in customized training plan	Grace Mortrude	
All R1 residency objectives are "Achieved for Residency"	ongoing	PharmAcademic will be reviewed quarterly and progress documented in customized training plan. R1 objectives must be "achieved" twice before officially being marked as "achieved" for residency.	Grace Mortrude	
Disease State checklist - 12 topic discussions - 4 ID journal clubs	ongoing	Review required content matter throughout the year	Grace Mortrude	
Research Project	ongoing	Refer to research timeline for specific deadlines	Grace Mortrude	
Order Set or Clinical Guideline Revision or Creation	TBD	Update an existing antimicrobial order set or clinical guideline; or create a new local order set or protocol based on clinical guidelines, recent literature, and the VA National Formulary	Grace Mortrude	
Pharmacy Journal Club	TBA	Present one Journal Club over course of year	Steve Kennedy	
Regional or National Residency Conference Presentation	TBA	Formal presentation on longitudinal project at a conference agreed upon by RPD and resident	Grace Mortrude	
Research Manuscript	June	Written manuscript on longitudinal project in format suitable for journal submission	Grace Mortrude	
Annual Stewardship Report	Fall	Assist with developing the annual Antimicrobial Stewardship Report; includes data collection on antimicrobial use,	Grace Mortrude	



		intervention data, and antimicrobial resistance/HAI trends	
Committee attendance PNT AMS subcommittee Infection Control Council	Ongoing	Attend at least one meeting of the listed committees throughout the year.	Grace Mortrude
Grand rounds presentation	TBA	The resident is to create and present a grand rounds presentation to the medical center and VA grand rounds	Grace Mortrude
Academic lectures	TBA	The resident presents at least one academic lecture to pharmacy students at a local school of pharmacy	Grace Mortrude
Policy Review	TBA	The resident will review and make recommend changes for OR create at least one pharmacy policy	Grace Mortrude
Medication review	TBA	The resident will create at least one drug monograph with a recommendation for addition or changes to formulary status	Grace Mortrude

## Attachment 5

### **PGY2 ID Resident Customized Training Plan and Quarterly Evaluation Resident: RPD: Grace Mortrude, PharmD, BCIDP**

#### **INITIAL CUSTOMIZED TRAINING PLAN (Date Completed: )**

---

This training plan was developed using information provided in the Incoming Skills Survey (full document will be posted in PharmAcademic) and from discussion with resident and preceptors. This plan will be reviewed and updated quarterly and will be signed by both the resident and the program director in PharmAcademic every quarter.

*Resident reflection*

**Professional and Personal Strengths:**

**Areas of Improvement:**

**Career goals:**

Short-term (3-5 years):

Long-term (5-10 years):

**Interests:**

**Residency Goals:**

**Summary of residency tasks completed, in progress and goals/timelines:**

Topic Discussions ( % completed, expectation 3/quarter)

- FOU
- Sepsis
- Upper Respiratory Infections (focus on pediatrics)
- HIV/AIDs
- STDs
- Opportunistic Infections
- Intra-abdominal Infections
- Viral Hepatitis
- Tuberculosis
- Cardiovascular Infections
- CNS Infections
- Joint Commission Requirements (recommended to complete Feb/March)

Journal Clubs (1/quarter)

**Wellbeing & resilience:**

Reflection on Well-Being Index results ([Well-being Index for Pharmacy Personnel \(pharmacist.com\)](http://pharmacist.com)):

Stress Signature (from ZVAMC Employee Wellness, Stress First Aid):

*We all have different "stress signatures" or patterns of thinking, feeling, behaving, and relating that shows up when we are distressed. While everyone's stress signature is unique, we tend to react to stress with similar patterns each time we are faced with stressful situations. We can learn to identify and monitor ourselves for these unique stress reactions to help us quickly recognize when we are moving towards the right of the stress continuum. Take a moment and reflect on and identify what stress looks like for you:*

	Green: Ready	Yellow: Reacting	Orange: Injured	Red: Ill/Burnout
What thoughts and emotions do you notice?				
What behaviors do you notice?				
How are your relationships impacted?				
What is happening in your body?				

Changes to Program:

*RPD comments*

Changes to Program:

RPD summary:

Knowledge Base

Rotations

Administrative projects

Longitudinal project

Teaching & precepting

Community engagement

**FIRST QUARTER UPDATE/PLAN (Date Completed: )**

---

*Resident reflection:*

**Strengths:**

**Areas of Improvement:**

**Career Goals:**

Short-term (3-5 years):

Long-term (5-10 years):

**Interests:**

**Wellbeing & resilience:**

Reflection on Well-Being Index results ([Well-being Index for Pharmacy Personnel \(pharmacist.com\)](http://pharmacist.com)):

Stress Signature (from ZVAMC Employee Wellness, Stress First Aid):

*We all have different "stress signatures" or patterns of thinking, feeling, behaving, and relating that shows up when we are distressed. While everyone's stress signature is unique, we tend to react to stress with similar patterns each time we are faced with stressful situations. We can learn to identify and monitor ourselves for these unique stress reactions to help us quickly recognize when we are moving towards the right of the stress continuum. Take a moment and reflect on and identify what stress looks like for you:*

	Green: Ready	Yellow: Reacting	Orange: Injured	Red: Ill/Burnout
What thoughts and emotions do you notice?				
What behaviors do you notice?				
How are your relationships impacted?				
What is happening in your body?				

**Summary of residency tasks completed, in progress and goals/timelines updated in the last quarter:**

Topic Discussions ( % completed, expectation 3/quarter)

- FUO
- Sepsis
- Upper Respiratory Infections (focus on pediatrics)
- HIV/AIDs

- STDs
- Opportunistic Infections
- Intra-abdominal Infections
- Viral Hepatitis
- Tuberculosis
- Cardiovascular Infections
- CNS Infections
- Joint Commission Requirements (recommended to complete Feb/March)

Journal Clubs (1/quarter)

**Plan for Second Quarter:**  
**Specific action plan for areas for improvement:**  
**Changes to Program:**

*RPD comments*

**Resident Progress:**

- Practice Requirements Checklist
- Evaluation reviews – themes identified
- Program Goals and Objectives Achieved for Residency (ACHR) Review
  - % R1 objectives ACHR (100% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least twice)
  - % all other objectives Achieved for Residency (80% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least once)
- Resident Portfolio Review
- Evaluation Timeliness

**Changes to Program:**

**RPD Summary:**

Knowledge Base

Rotations

Administrative projects

Longitudinal project

Teaching & precepting

Community engagement

**Documentation of Completion of Residency Requirements:**

**SECOND QUARTER UPDATE/PLAN (Date Completed: )**

---

Resident reflection:

**Strengths:**

**Areas of Improvement:**

**Career Goals:**

Short-term (3-5 years):

Long-term (5-10 years):

**Interests:**

**Wellbeing & resilience:**

Reflection on Well-Being Index results ([Well-being Index for Pharmacy Personnel \(pharmacist.com\)](http://pharmacist.com)):

Stress Signature (from ZVAMC Employee Wellness, Stress First Aid):

*We all have different "stress signatures" or patterns of thinking, feeling, behaving, and relating that shows up when we are distressed. While everyone's stress signature is unique, we tend to react to stress with similar patterns each time we are faced with stressful situations. We can learn to identify and monitor ourselves for these unique stress reactions to help us quickly recognize when we are moving towards the right of the stress continuum. Take a moment and reflect on and identify what stress looks like for you:*

	Green: Ready	Yellow: Reacting	Orange: Injured	Red: Ill/Burnout
What thoughts and emotions do you notice?				
What behaviors do you notice?				
How are your relationships impacted?				
What is happening in your body?				

**Summary of residency tasks completed, in progress and goals/timelines updated in the last quarter:**

Topic Discussions ( % completed, expectation 3/quarter)

- FOU

- Sepsis
- Upper Respiratory Infections (focus on pediatrics)
- HIV/AIDs
- STDs
- Opportunistic Infections
- Intra-abdominal Infections
- Viral Hepatitis
- Tuberculosis
- Cardiovascular Infections
- CNS Infections
- Joint Commission Requirements (recommended to complete Feb/March)

Journal Clubs (1/quarter)

**Plan for Second Quarter:**

**Specific action plan for areas of improvement:**

**Changes to Program:**

*RPD comments*

**Resident Progress:**

- Practice Requirements Checklist
- Evaluation reviews – themes identified
- Program Goals and Objectives Achieved for Residency (ACHR) Review
  - % R1 objectives ACHR (100% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least twice)
  - % all other objectives Achieved for Residency (80% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least once)
- Resident Portfolio Review
- Evaluation Timeliness

**Changes to Program:**

**RPD Summary:**

Knowledge Base

Rotations

Administrative projects

Longitudinal project

Teaching & precepting

Community engagement

**Documentation of Completion of Residency Requirements:**

**THIRD QUARTER UPDATE/PLAN (Date Completed: )**

---

Resident reflection:

**Strengths:**

**Areas of Improvement:**

**Career Goals:**

Short-term (3-5 years):

Long-term (5-10 years):

**Interests:**

**Wellbeing & resilience:**

Reflection on Well-Being Index results ([Well-being Index for Pharmacy Personnel \(pharmacist.com\)](http://pharmacist.com)):

Stress Signature (from ZVAMC Employee Wellness, Stress First Aid):

*We all have different "stress signatures" or patterns of thinking, feeling, behaving, and relating that shows up when we are distressed. While everyone's stress signature is unique, we tend to react to stress with similar patterns each time we are faced with stressful situations. We can learn to identify and monitor ourselves for these unique stress reactions to help us quickly recognize when we are moving towards the right of the stress continuum. Take a moment and reflect on and identify what stress looks like for you:*

	Green: Ready	Yellow: Reacting	Orange: Injured	Red: Ill/Burnout
What thoughts and emotions do you notice?				
What behaviors do you notice?				
How are your relationships impacted?				
What is happening in your body?				

**Summary of residency tasks completed, in progress and goals/timelines updated in the last quarter:**

Topic Discussions ( % completed, expectation 3/quarter)

- FUO
- Sepsis
- Upper Respiratory Infections (focus on pediatrics)



- HIV/AIDs
- STDs
- Opportunistic Infections
- Intra-abdominal Infections
- Viral Hepatitis
- Tuberculosis
- Cardiovascular Infections
- CNS Infections
- Joint Commission Requirements (recommended to complete Feb/March)

Journal Clubs (1/quarter)

**Plan for Second Quarter:**  
**Specific action plan for areas of improvement:**  
**Changes to Program:**

*RPD comments*

**Resident Progress:**

- Practice Requirements Checklist
- Evaluation reviews – themes identified
- Program Goals and Objectives Achieved for Residency (ACHR) Review
  - % R1 objectives ACHR (100% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least twice)
  - % all other objectives Achieved for Residency (80% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least once)
- Resident Portfolio Review
- Evaluation Timeliness

**Changes to Program:**

**RPD Summary:**

Knowledge Base

Rotations

Administrative projects

Longitudinal project

Teaching & precepting

Community engagement

**Documentation of Completion of Residency Requirements:**

**FOURTH QUARTER (FINAL) UPDATE/PLAN (Date Completed: )**

---

*Resident reflection:*

**Strengths:**

**Areas of Improvement:**

**Career Goals:**

Short-term (3-5 years):

Long-term (5-10 years):

**Interests:**

**Wellbeing & resilience:**

Reflection on Well-Being Index results ([Well-being Index for Pharmacy Personnel \(pharmacist.com\)](http://www.pharmacist.com)):

Stress Signature (from ZVAMC Employee Wellness, Stress First Aid):

*We all have different "stress signatures" or patterns of thinking, feeling, behaving, and relating that shows up when we are distressed. While everyone's stress signature is unique, we tend to react to stress with similar patterns each time we are faced with stressful situations. We can learn to identify and monitor ourselves for these unique stress reactions to help us quickly recognize when we are moving towards the right of the stress continuum. Take a moment and reflect on and identify what stress looks like for you:*

	Green: Ready	Yellow: Reacting	Orange: Injured	Red: Ill/Burnout
What thoughts and emotions do you notice?				
What behaviors do you notice?				
How are your relationships impacted?				
What is happening in your body?				

**Summary of residency tasks completed, in progress and goals/timelines updated in the last quarter:**

Topic Discussions ( % completed, expectation 3/quarter)

- FUO
- Sepsis
- Upper Respiratory Infections (focus on pediatrics)
- HIV/AIDs

- STDs
- Opportunistic Infections
- Intra-abdominal Infections
- Viral Hepatitis
- Tuberculosis
- Cardiovascular Infections
- CNS Infections
- Joint Commission Requirements (recommended to complete Feb/March)

Journal Clubs (1/quarter)

**Plan for Second Quarter:**  
**Specific action plan for areas for improvement:**  
**Changes to Program:**

*RPD comments*

**Resident Progress:**

- Practice Requirements Checklist
- Evaluation reviews – themes identified
- Program Goals and Objectives Achieved for Residency (ACHR) Review
  - % R1 objectives ACHR (100% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least twice)
  - % all other objectives Achieved for Residency (80% - To be marked as ACHR these objectives must have been evaluated as “Achieved” at least once)
- Resident Portfolio Review
- Evaluation Timeliness

**RPD Summary:**

Knowledge Base

Rotations

Administrative projects

Longitudinal project

Teaching & precepting

Community engagement

**Documentation of Completion of Residency Requirements:**

## **Appendix L – PGY2 Internal Medicine Pharmacy Program Materials**

### **Block Learning experiences**

Required and elective learning experiences that are completed in a block format are listed below, along with the duration of the experience. The residency schedule is customized to ensure the resident meets their personal goals and objectives for the residency program. Elective experiences will be discussed at the initial customized training plan session. Please see rotation learning experience descriptions in PharmAcademic for details.

1. Required learning experiences:
  - a. Orientation (2-4 weeks; customized based on the resident's knowledge, skills, and abilities)
  - b. Internal Medicine (12 weeks)
  - c. Cardiology (8 weeks)
  - d. Critical Care (6 weeks)  
Infectious Diseases (6 weeks)
2. Elective learning experiences (variable duration, 2-4 weeks unless otherwise specified):
  - a. Academic detailing
  - b. Administration
  - c. Antimicrobial Stewardship Program
  - d. Concordia PGY2 Academia Rotation (~8 weeks blended)
  - e. Emergency Department
  - f. Gastroenterology
  - g. Heart failure clinic
  - h. Mental Health
  - i. Nephrology
  - j. Neurology
  - k. Oncology
  - l. Palliative Care
  - m. Primary Care
  - n. Recruitment
  - o. Spinal Cord Injury

### **Longitudinal Learning Experiences**

In addition to the block learning experiences, residents will be given the opportunity to participate in clinical pharmacy activities over the course of the residency year. The following longitudinal learning experiences are required:

- Project
- Medication Safety
- Medication Use Evaluation
- MCW School of Pharmacy Teaching Experience

More details for each of these experiences are listed in PharmAcademic. All longitudinal experiences will be scheduled for the length of the full year (or until required deliverables are completed) and evaluations will be completed quarterly in PharmAcademic as required. Residents are expected to complete a quarterly self-evaluation for each of these experiences. It is the responsibility of the resident to incorporate the longitudinal experiences into the daily activities of the rotations. If this proves challenging, the resident should discuss strategies for doing

so with their rotation preceptor, their mentor, or the residency director. Part of the objectives for assigning rotations and a longitudinal activity is to prepare residents for clinical practice where multiple demands need be assessed, prioritized, and managed. In the event of absence (planned or unplanned) the resident should communicate and help determine if and how coverage would need to be re-assigned to other staff.

*Project:* see residency project section in general manual and/or learning experience for details.

*Medication Safety:* The resident will attend Drug Safety Subcommittee meetings over the course of the residency year. The resident will take a leadership role within the subcommittee at some point during the year to include preparation of agenda, taking meeting minutes and leading meeting(s). (See learning experience for more detail)

*Medication Use Evaluation:* The PGY2 IM resident will contribute to a medication use evaluation (MUE), selected in partnership with RPD and site preceptors. The resident will present MUE findings to PNT committee and any other pertinent stakeholders.

*MCW School of Pharmacy Teaching Experience:* The PGY2 IM resident will assist in proctoring four onsite MCW School of Pharmacy lab sessions.

### **PGY2 Internal Medicine Residency Requirements**

A set of requirements for successful completion of the PGY2 IM Residency Program is available in attachment 4. All activities must be completed by the conclusion of the Residency Program, or a certificate of completion will not be awarded. The resident and mentor should review and sign off on this list monthly and the Residency Director will review the resident's progress quarterly when completing Customized Training Plan.

Details on additional responsibilities are listed below.

#### Formal Lectures

The resident will be required to give several formal lectures throughout the year. Below is a tentative lecture schedule:

- One UW seminar lecture (as requested)
- One VA Grand Rounds or equivalent experience
- One or Two lectures at College of Pharmacy if completing academic rotation and/or teaching certificate program (e.g. Concordia PGY2 Academia rotation)

#### Long-term care chart reviews

The resident will be responsible for completing one or two long-term care chart reviews per month. Contact the RPD and/or chart review assignment list for details.

#### Teaching certificate

The PGY2 Internal Medicine resident may choose to participate in an optional teaching certificate program through a local School of Pharmacy or VA site. See RPD for details.

#### Disease State Grid

The PGY2 Internal medicine resident is expected to independently track of disease states reviewed and discussed throughout the residency year. An electronic form will be used for tracking purposes and will be provided by the RPD at the start of the residency year.

#### Electronic File of Residency Work

All residents are expected to keep an electronic file of all resident work products (e.g. topic discussion, etc.) as well as documented feedback provided by preceptors.

#### Coverage Responsibilities

The PGY2 Internal Medicine resident will be expected to assist with acute care workgroup coverage as needed in any of the following settings: ICU, medicine wards, cardiology floor, hematology/oncology wards, surgical wards. The resident will be provided as much notice as possible regarding coverage responsibilities, however, same day notice may be necessary in the event of unplanned acute care pharmacist absence.

**Attachment 1**

**INCOMING SKILLS SURVEY & PLAN FOR DEVELOPMENT FOR PGY2 INTERNAL MEDICINE RESIDENT**

This document is intended to help the resident, the program director, and your preceptors plan a pharmacy practice residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind. It is preferred if done electronically.

Resident Name:

Date:

- 1. In what state(s) are you licensed to practice pharmacy?

Expiration Date:

- 2. Are you certified in BLS? Yes \_\_\_\_ No \_\_

If yes, indicate expiration date:

- 3. Are you ACLS certified? Yes \_\_\_\_ No \_\_

If yes, indicate expiration date: \_\_\_\_\_

- 4. List any other certifications you possess?

- 5. Please describe your computer skills. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently.	Average	OK, but would like additional training.	I have never worked with this prior.
Word				
Excel				
PowerPoint				
Outlook				
CPRS				
SharePoint				
Internet				
PubMed				
MS Publisher				

- 6. According to the VARK questionnaire, there are 4 main ways of learning –

- V – Visual
- A – Aural
- R – Read/write
- K – Kinesthetic

- a. We would like to find out the way that you learn best, so we can tailor your learning during the residency year.
- b. Please go to: <http://vark-learn.com/the-vark-questionnaire/>
- c. From that site, please click on questionnaire and answer the questions. When answering the questions, we all would like multiple methods of being taught, but try to choose the answer that fits best. When you have completed submit the questionnaire and list below your score for each domain. When you are

given your scores, you will be also given a link with some tips for your style. Be sure to check those out as well.

d. List your scores here:

7. After reflecting on your PGY1 year and your past experiences please rank yourself as competent and confident using a scale of 1 (not competent and confident at all) to 5 (very competent and confident) in the following areas.


- Anticoagulation
- Cardiology
- Critical care
- Diabetes/Endocrine
- Gastroenterology
- Geriatrics
- Infectious Diseases
- Pharmacokinetics
- Primary Care
- Nephrology
- Neurology
- Nutrition/TPN/Electrolytes
- Oncology
- Psychiatry
- Respiratory diseases


- Administration
- Public Speaking
- Teaching
- Precepting
- Drug literature evaluation
- Medication safety
- Formulary management
- Medication use evaluation
- Pharmacoeconomics
- Research project
- Outpatient medication order verification
- Inpatient medication order verification
- Written communication
- Verbal communication
- Other (please list)



8. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Performing medication reconciliation				
Providing discharge consultation				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the pt chart				
Recognizing and/or reporting ADEs (ADRs)				
Recognizing and/or reporting medication errors				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying non-formulary requests				

9. Do you have formal course work in drug information and/or statistics? Have you performed statistics independently? How comfortable are you in these areas?

10. Have you...

(please check box that corresponds with the frequency of which you have completed each task)

	>5	3-5	1-2	None
Critically evaluated the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Given case presentation(s)				
Given lectures on pharmacotherapy topics to students or other health care professionals				
Performed literature searches using computerized lit retrieval systems				
Given presentations to P&T committee				

11. What experience do you have in policy making or systems revision to improve safety and effectiveness of pharmacotherapy for patients?

12. Have you...

(please check box that corresponds with the frequency of which you have completed each task)

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

13. Have you participated in any research endeavor, particularly a clinical trial?

\_\_\_\_\_yes      \_\_\_\_\_no

If yes, please describe.

14. Describe your PGY1 residency project. Was it approved by investigational review board (IRB)?

15. If your PGY1 project was not IRB approved have you ever submitted for IRB approval for any other project?

\_\_\_\_\_yes      \_\_\_\_\_no

16. Have you attended an IRB meeting?

\_\_\_\_\_ yes      \_\_\_\_\_ no

17. List committee/council meetings you attended during your PGY1 year and the level of your involvement (attendee, active participant, lead meeting, took minutes, etc).

18. Have you presented at an ASHP, ACCP, APhA or other professional meeting?

\_\_\_\_\_yes      \_\_\_\_\_no

If yes, please describe:

19. Do you wish to complete the elective teaching rotation with Concordia University of Wisconsin (CUW)?  
 \_\_\_\_\_yes \_\_\_\_\_no

20. Describe your PGY1 experiences related to precepting. How many students did you precept? On what rotations? How did you provide feedback?

21. State your short-term (3-5 years) and long-term (10-15 years) career goals.

22. Describe your current practice interests (related to internal medicine).

23. Describe your teaching philosophy.

24. What are your personal and professional strengths?

25. What areas of improvement were identified during your PGY1 year? What weakness would you like to improve during your PGY2 residency? What are your suggestions for improvement in these areas?

26. What three goals do you wish to achieve during the PGY2 residency year?

27. What strategy do you have for life-long continuing education?

28. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for participating in professional organizations in the future?

29. Please rank the priority for elective experiences (1-13)

Specialty	Ranking
Academic Detailing	
Administration	
Antimicrobial Stewardship Program	
Emergency Department	
Gastroenterology	
Heart Failure	

Mental Health	
Nephrology	
Neurology	
Oncology	
Palliative Care	
Primary Care	
Spinal Cord Injury	

**Attachment 2**

**OUTGOING SKILLS ASSESSMENT  
PGY2 INTERNAL MEDICINE RESIDENCY PROGRAM**

This document is intended to allow the resident, the residency program director, and preceptors measure growth during the PGY2 year and get feedback on the residency year. It is helpful to reflect back on your incoming skills survey when completing this activity. It is preferred be completed electronically.

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

1. Please describe your computer skills after completing your PGY2 year.

Application	Able to use proficiently.	Average	OK, but would like additional experience	Still never worked with this.
Word				
Excel				
PowerPoint				
Outlook				
CPRS				
SharePoint				
Internet				
PubMed				
MS Publisher				

2. After reflecting on your PGY2 year, and considering your past experiences, please rank yourself as competent and confident using a scale of 1 (not competent and confident at all) to 5 (very competent and confident) in the following areas. Pre-PGY2 residency scores have been provided (from your incoming skills assessment).

Pre	Post		Pre	Post	
		Anticoagulation			Administration
		Cardiology			Public Speaking
		Critical care			Teaching
		Diabetes/Endocrine			Precepting
		Gastroenterology			Drug literature evaluation
		Geriatrics			Medication safety
		Infectious Diseases			Formulary management
		Internal Medicine			Medication use evaluation
		Pharmacokinetics			Pharmacoeconomics
		Primary Care			Research project
		Nephrology			Outpatient medication order verification
		Neurology			Inpatient medication order verification


Nutrition/TPN/  
Electrolytes  
Oncology  
Psychiatry  
Respiratory diseases


Written communication  
Verbal communication  
Other (please list)  
Other (please list)


Acute Care Cardiology  
Ambulatory Care Cardiology  
Anticoagulation  
Critical care  
Diabetes/Endocrine  
Gastroenterology  
Geriatrics  
HIV/Infectious Diseases  
Pharmacokinetics  
Hyperlipidemia  
Internal medicine  
Nephrology  
Neurology


Nutrition/TPN/Electrolytes  
Oncology  
Psychiatry  
Respiratory diseases  
Drug literature evaluation  
Drug safety  
Formulary monographs  
Institutional practice (staffing)  
Medication use evaluation  
Pharmacoeconomics  
Research project  
Other (please specify)

3. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Performing medication reconciliation				
Providing discharge consultation				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADEs (ADRs)				
Recognizing and/or reporting medication errors				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying non-formulary requests				

4. How many of the following have you completed?

	>5	3-5	1-2	None
--	----	-----	-----	------

Critically evaluated the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Given case presentation(s)				
Given lectures on pharmacotherapy topics to students or other health care professionals				
Performed literature searches using computerized lit retrieval systems				
Given presentations to P&T committee				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

5. Did you obtain any certifications during your PGY2 residency year? Please list below.
  
6. Do you feel that your drug information skills improved over the course of your PGY2 year? Please explain.
  
7. Describe your PGY2 experiences with policy making and/or systems revision to improve safety and effectiveness of pharmacotherapy for patients?
  
8. Do you feel that your statistical skills have improved over the course of your PGY2 year? Please explain.
  
9. Describe your residency project. Was it IRB approved? Did you present a poster? Do you plan to publish?

10. Did you find the elective teaching rotation with Concordia University of Wisconsin (CUW) worthwhile?

\_\_\_\_\_yes \_\_\_\_\_no n/a (did not complete)

Additional feedback on CUW teaching rotation:

11. Did your experiences with precepting during your PGY2 meet your expectations? How could this experience be improved?

12. Has your teaching philosophy changed over the course of your PGY2? If so, please explain.

13. Do you have confirmed job placement post-PGY2 residency? If so please list job title and duties.

14. State your short-term (3-5 years) and long-term (10-15 years) career goals.

15. What strengths have you identified for yourself this year?



16. What areas do you identify that could still use improvement?

17. What strategy do you have for life-long continuing education?

18. Describe your plan for involvement in the pharmacy profession in the future?

19. What specifically did you like most about your PGY2 Internal Medicine(IM) experience?

20. What specifically could you suggest for improvements for the PGY2 IM residency?

21. Please provide any additional feedback regarding your residency year below:

**Attachment 3****Example Rotation Schedule – PGY2 IM**

Week #	
1	Orientation
2	Orientation
3	IM1
4	IM1
5	IM1
6	IM1
7	Cardiology
8	Cardiology
9	Cardiology
10	Cardiology
11	ICU
12	ICU
13	ICU
14	ICU
15	ICU
16	ICU
17	ID
18	ID
19	ID
20	ID
21	ID
22	ID
23	IM2
24	IM2
25	IM2
26	IM2
27	Cardiology
28	Cardiology
29	Cardiology
30	Cardiology
31	GI
32	GI
33	Heart Failure
34	Heart Failure
35	Heart Failure
36	Heart Failure
37	Neurology
38	Neurology

39	Neurology
40	Neurology
41	Nephrology
42	Nephrology
43	Nephrology
44	SCI
45	SCI
46	SCI
47	SCI
48	IM3
49	IM3
50	IM3
51	IM3
52	IM3
53	IM3/Transition

**Attachment 4**

**PGY2 Internal Medicine Resident Recruitments**  
**Resident Name (Year)**

**Block Rotation Requirements**

<b>Objective</b>	<b>Evaluator/ Contact</b>	<b>Dates Completed:</b>	<b>Initials/Signature of Evaluator</b>
Internal Medicine (minimum of 12 weeks)	Jeremy Barnes		
Complete a rotation for each of the following services (minimum duration):			
Cardiology (8 weeks)	Steve Kennedy		
Critical Care (6 weeks)	Bill Blaser		
Infectious Diseases (6 weeks)	Grace Mortrude		

**Longitudinal Responsibilities**

<b>Objective</b>	<b>Evaluator/ Contact</b>	<b>Date Completed:</b>	<b>Initials/Signature of Evaluator</b>
Develop and conduct year-long pharmacy research project – See Project Timeline table below	TBD – project mentor		
Participate in formulary management activities through completion of rotation PADRs	Variable – preceptor		

Participate and take leadership role in Medication Safety Activities – See Medication Safety Activities table below	Ben Weitzel / Jen Koch		
Complete prior authorization drug requests (PADRs) for osteoporosis medications	Mary Jo Jablonski / Bryan McGill		
Complete monthly chart review for assigned patient(s) (1-2 patient per month)	Jeremy Barnes		
Update and submit finalized disease state appendix	Jeremy Barnes		
Update and submit electronic file of residency work	Jeremy Barnes		

### Optional Experiences

Objective	Evaluator/Contact:	Notes
Concordia University Wisconsin Pharmacy Teaching Certificate Program & Teaching Rotation	Jeremy Barnes	
Elective rotations (number and duration as mutually agreed upon by resident and residency director)	Jeremy Barnes	

### Intermittent Requirements

<b>Objective</b>	<b>Evaluator/contact:</b>	<b>Notes/Date Completed</b>	<b>Initials/Signature of Evaluator</b>
Train new pharmacists and pharmacy students on admission medication reconciliation process (as requested)	Jen Koch / Jeremy Barnes		
Provide quarterly diabetes lecture to veterans (as available/requested by diabetes educators)	Jeremy Barnes		
Provide Grand Rounds Presentation (or equivalent formal presentation)	Jeremy Barnes		
Provide nurse and nurse resident education on acute care pharmacy practices (as requested)	Jeremy Barnes		
Present at least one formal Journal Club presentation	Steve Kennedy		
Present a UW seminar to APPE students (as available/requested)	Jeremy Barnes		
Participate in creation or revision of medical center policy/biannual MUE	Jeremy Barnes		
Present year-long project and project poster at PSW/WPRC meeting (or other state or national meeting deemed appropriate by the residency director)	Jeremy Barnes		

### **Medication Safety Activities**

<b>Objective</b>	<b>Evaluator/contact:</b>	<b>Date completed:</b>	<b>Initials/Signature of Evaluator</b>
Review biweekly ISMP newsletter activity for each Drug Safety Subcommittee meeting	Ben Weitzel		
Prepare minutes for Drug Safety Subcommittee meeting(s)	Ben Weitzel		
Prepare agenda and lead Drug Safety Subcommittee meetings	Ben Weitzel		

Complete follow-up and minutes from Drug Safety Subcommittee meetings as assigned	Ben Weitzel		
Participate in one RCA or HFMEA (if not completed as a PGY1)	Lindsey Ladell / Anna Jozefiak / Mirella Sabol		
Participate in a Joint Commission activity or patient tracer (if not previously completed at the CJZVAMC as a PGY1)	Lindsey Ladell / Anna Jozefiak / Mirella Sabol		

### Precepting Responsibilities

Objective	Evaluator/Contact	Notes	Initials/Signature of Evaluator
Co-precept internal medicine pharmacy students and PGY1 residents	Jeremy Barnes		
Assist with orientation and evaluation of internal medicine pharmacy students	Jeremy Barnes		
Assign and evaluate drug information questions and notes for internal medicine students	Jeremy Barnes		
Participate in the coordination and evaluation of medication use evaluations (MUEs) for pharmacy students (as needed / as available)	Jeremy Barnes		
Assist in facilitation of four Patient Care labs at MCW Pharmacy School	Jeremy Barnes		

## Recommended Project Timeline

Task	Evaluator/Contact	Target Date	Date Completed and Initials of Evaluator
RPD shares list of potential projects with residents	Jeremy Barnes / Project Mentor	July 1st	
Resident selects project, meets with mentor, completes Research Education (if submitting to IRB)	Jeremy Barnes / Project Mentor	August 1st	
Resident submits "Request for Determination of Operations Activity" form to project mentor, residency mentor, and RPD and presents project to Pharmacy Residency Research Panel.	Jeremy Barnes / Project Mentor	August 15th	
Resident submits finalized "Request for Determination of Operations Activity" to RPD	Jeremy Barnes / Project Mentor	September 1st	
Resident submits Human Studies Paperwork to Research Service (if submitting to IRB)	Jeremy Barnes / Project Mentor	October 1st	
Resident creates first draft of abstract and starts manuscript to contain background and methods.	Jeremy Barnes / Project Mentor	November 1st	
Drafts of the following due to the Pharmacy Residency Research Panel: Abstract and Poster for Wisconsin Pharmacy Residency Conference (WPRC). These items should include background and methods information. Manuscript should also be updated at this time.	Jeremy Barnes / Project Mentor	December 1st	
Project data collection continues.	Jeremy Barnes / Project Mentor	Dec-Mar	
Final draft of abstract due to RPD, mentor and project mentor	Jeremy Barnes / Project Mentor	December 15th	



Resident registers for WPRC and submits abstract. Resident contacts medical media to determine timeline for printing of posters.	Jeremy Barnes / Project Mentor	January 1st	
Resident completes data collection and starts to create final project presentation (PowerPoint) and poster (if professional poster not completed as PGY1)	Jeremy Barnes / Project Mentor	February	
PGY1 Residents schedule practice presentations.	Jeremy Barnes / Project Mentor	February	
Final draft presentation slides and poster due to RPD, mentor and project mentor.	Jeremy Barnes / Project Mentor	March 1st	
Resident participates in presentation practice sessions at VA.	Jeremy Barnes / Project Mentor	mid March	
Resident delivers practice Presentation at Aurora citywide event (as requested)	Jeremy Barnes / Project Mentor	late March	
Resident presents at WPRC	Jeremy Barnes / Project Mentor	Early April	
Resident submits Research Audit with Research Compliance Office (if submitted to IRB)	Jeremy Barnes / Project Mentor	end May	
Resident submits first draft of residency manuscript to project mentor and Research Panel	Jeremy Barnes /Project Mentor	June 1st	
Resident submits final manuscript to project mentor, residency mentor, and RPD	Jeremy Barnes /Project Mentor	mid June	

### Overall Residency Objectives

Residency Objectives	End Quarter 1	End Quarter 2	End Quarter 3	End Quarter 4 (Final)
Percentage of R1 residency objectives marked as "Achieved for Residency" (Goal: 100% of all R1 objectives are "Achieved for Residency" by end of year)				
Residency Objectives	End Quarter 1	End Quarter 2	End Quarter 3	End Quarter 4 (Final)
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. <b>Place check mark in box in quarter in which the objective was completed.</b>				
R1.1.1 Interact effectively with health care teams to manage patients' medication therapy				
R1.1.2 Interact effectively with patients, family members, and caregivers				
R1.1.3 Collect information on which to base safe and effective medication therapy				
R1.1.4 Analyze and assess information on which to base safe and effective medication therapy				

R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)				
R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions				
R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate				
R1.1.8 Demonstrate responsibility to patients				
<b>Percentage of all other objectives achieved. (Goal: 80% of all remaining ASHP objectives (not including R1 objectives) are "Achieved for Residency" by end of year)</b>				
<b>Number of objectives that have been marked "Needs Improvement"</b>				
<b>Objectives that have not yet been evaluated</b>				

Monthly and Quarterly Sign-off (Initials and Date)

	<u>Mentor</u>	<u>Resident</u>	<u>RPD</u>
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			

## **Appendix M – PGY2 Medication Use Safety and Policy Program Materials**

### **Program Design**

The following schedule represents an overview of the expected rotations and an approximation of the time commitment for each area. Please see individual rotation experience documents for specific duties and outcomes, goal, and objectives that will be evaluated. Additionally, the resident will participate in the VHA's Advanced Fellowship in Patient Safety (AFPS) and must also complete those requirements throughout the year. These requirements align closely and enhance the requirements of the PGY2 Medication Use Safety and Policy residency program.

Throughout the year, the resident will be required to attend various meetings. These include Pharmacy, Nutrition, and Therapeutics Council, Drug Safety Committee, Medication Events Committee, Clinical Pharmacy Specialist/Preceptor Meetings, Pharmacy Staff Meetings, Journal Clubs, Student Case Presentations, and other relevant medical conferences or meetings as determined by rotation preceptors. The resident will also participate in weekly AFPS meetings and in monthly Zablocki Patient Safety Fellowship mentor meetings.

1. Orientation: (~ 3 weeks; customized based on the resident's knowledge, skills, and abilities)
  - a. Hospital orientation, including personnel procedures, safety, sexual harassment, ethics training.
  - b. Overview of Pharmacy Program (inpatient satellite, IV room, outpatient pharmacy)
  - c. Service policies and procedures
  - d. Computer systems
  - e. Practice experience in a major area(s) (IV room, de-central inpatient)
  - f. Identification of a project
  - g. Assessment of personal goals and needs
2. Informatics (3 months)
3. Safety and Quality Improvement course at the Medical College of Wisconsin (MCW) (1 month)
4. Drug Safety I and II (longitudinal, 6 months each)
5. Simulation (4-6 weeks)
6. Internal Medicine (2 weeks)
7. Root Cause Analysis (6 weeks)
8. Formulary Management (~9 months)
8. Longitudinal rotations (~12 month) include the following:
  - Research/Quality Improvement Project
  - Pharmacy Administration
  - Residency Administration
  - Medication Events Committee
  - Patient Safety Fellowship
  - Procurement
9. Electives include: Concordia Teaching Experience (8 weeks)
10. Miscellaneous such as vacation, meetings, electives, job search (~4 weeks)

### **Teaching Responsibilities**

Throughout the residency year, the resident will be involved in pharmacy student, pharmacy resident and all staff education. The resident will also be responsible for assisting in precepting students and residents during the residency year.

### **Formal Presentations**

The resident will be required to give several formal student presentations throughout the year. Below are presentations that the resident will be involved in:

- VA Grand Rounds
- Patient Safety Elective
- Wisconsin Pharmacy Residency Conference (WPRC)
- Zablocki/NCPS Team Training

Additional presentation opportunities include:

- Concordia University Wisconsin School of Pharmacy Quality and Performance Management in Healthcare lecture
- University of Wisconsin School of Pharmacy Seminar Lecture

### **Teaching certificate**

The PGY2 Medication Use Safety and Policy resident may choose to participate in an optional teaching certificate program at the Zablocki VA or through a local School of Pharmacy. See RPD for details.

### **Electronic File of Residency Work**

The PGY2 Medication Use Safety and Policy resident is expected to keep an electronic file of all resident work (e.g., any work product such as topic discussion, policy, presentation) as well as documented feedback provided by preceptors. This electronic file will be reviewed quarterly with the RPD during the customized training plan.

## **Attachment 1**

### **SKILLS SURVEY & PLAN FOR DEVELOPMENT FOR INCOMING PGY2 MEDICATION USE SAFETY AND POLICY RESIDENT**

This document is intended to help you, the program director, and your preceptors plan a PGY2 Medication Use Safety and Policy residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind.

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

1. In what state(s) are you licensed to practice pharmacy?  
\_\_\_\_\_

2. Are you certified in BLS? Yes \_\_\_\_ No \_\_\_\_

If yes, indicate expiration date: \_\_\_\_\_

3. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently	Average	OK, but would like additional training	I have never worked with this prior
Word				
Excel				
PowerPoint				
Outlook				
CPRS				
VistA				
BCMA				
Lexicomp				
UpToDate				
VA ADERS				
JPSR				
SharePoint				
Internet				
PubMed				
MS Publisher				

4. After reflecting on your PGY1 year, please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Writing a progress note & documenting interventions				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADEs (ADRs) in VA ADERS				
Reporting Adverse Drug Events/Reactions in FDA MedWatch				
Intervening with physicians/nurses to avoid or correct a medication related problem				

Participating in strategic planning exercises				
Evaluation of accreditation standards				
Development of action plans around non-compliance with accreditation standards or safety events				
Precepting students or residents				
Mentoring				
Developing written policies and procedures				
Leading a committee or a meeting (setting the agenda, facilitating the meeting, tracking the follow up, preparing minutes)				
Performing Medication Use Evaluations				
Performing Drug Literature Evaluation				
Ability to self-assess and make changes to performance based on findings				
Ability to negotiate and resolve conflicts				
Ability to manage complex projects				
Ability to effectively lead change				
Evaluating a medication error to determine potential causes and coming up with an action plan				
Acting upon a medication recall				
Acting upon a medication shortage				

5. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluated the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Lectures to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to PNT committee				
Health care failure mode effect analysis (HFMEA)				
Root Cause analysis (RCA)				

6. Have you presented at a professional meeting?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, please describe:

7. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for active participation in professional organizations specific to Medication Use Safety and Policy throughout the residency year?



8. State your short-term (3-5 years) and long-term (10-15 years) career goals.
  
  
  
  
  
  
  
  
  
  
9. Describe your current Medication Use Safety and Policy practice interests.
  
  
  
  
  
  
  
  
  
  
10. What are your personal and professional strengths?
  
  
  
  
  
  
  
  
  
  
11. What areas of weakness would you like to improve during the residency? What are your suggestions for improvement in these areas?
  
  
  
  
  
  
  
  
  
  
12. What three goals do you wish to achieve during the residency? (Ensure the goals are SMART – Specific, Measurable, Attainable, Relevant, Time-bound)
  
  
  
  
  
  
  
  
  
  
13. What strategy do you have for life-long continuing education?

**Attachment 2**

**PGY2 Med Use Safety and Policy Sample Schedule**


Date	Rotation (Primary)	Longitudinal
Week 1	Orientation/Patient Safety Fellowship Bootcamp	Drug Safety 1st Half (6 month)
Week 2		
Week 3		
Week 4	Elective/Longitudinal	Patient Safety Fellowship (12 month)
Week 5	Internal Medicine	Pharmacy Administration (12 month)
Week 6		
Week 7	Elective/Longitudinal	Research/Quality Improvement Project (12 month)
Week 8		
Week 9		
Week 10	MCW Course	Residency Administration (12 months)
Week 11		
Week 12		
Week 13		
Week 14	Informatics	Procurement (12 months)
Week 15		
Week 16		
Week 17		
Week 18		
Week 19		
Week 20		
Week 21		
Week 22		
Week 23	ASHP Midyear	
Week 24	Informatics	Drug Safety 2nd Half (6 month)
Week 25		
Week 26		
Week 27	Simulation	Medication Events Committee (12 month)
Week 28		
Week 29		
Week 30		
Week 31	Elective/Longitudinal	Patient Safety Fellowship (12 month)
Week 32		
Week 33		
Week 34		
Week 35	Root Cause Analysis	Pharmacy Administration (12 month)
Week 36		
Week 37		
Week 38		
		Research/Quality Improvement Project (12 month)
		Formulary Management (9 month)
		Residency Administration (12 months)
		Procurement (12 months)

Week 39		
Week 40		
Week 41	WPRC	
Week 42	Elective/Longitudinal	
Week 43		
Week 44		
Week 45		
Week 46		
Week 47		
Week 48		
Week 49		
Week 50		
Week 51		
Week 52	Transition	
Week 53		


**Attachment 3**

**Resident Name:**  
**Date Initiated:**  
 Last Updated: June 6, 2022

**PGY2 Medication Use Safety & Policy Residency Requirements**

<b>Activities</b>	<b>Date Complete</b>	<b>Evaluated By</b>	<b>Suggested Completion</b>
Incumbent reviews residency program manual, and signs acknowledgement & uploads into PharmAcademic			Orientation RPD
Incumbent understands the process of checking prescriptions using Script Pro			Orientation Outpatient Pharmacy Supervisor
Incumbent understands the process of filling, documenting and labeling prescriptions			Orientation Outpatient Pharmacy Supervisor
Incumbent is familiar with the dispensing window and understands the process of dispensing a prescription to a patient			Orientation, Weekend Orientation Outpatient Pharmacy Supervisor
Incumbent understands the process for reviewing prescriptions on the patient's medication profiles			Orientation Outpatient/Inpatient Pharmacy Supervisor
Incumbent is able to finish prescriptions independently			Orientation/Internal Medicine
Incumbent is familiar with the process of refilling prescriptions for patients			Orientation
Incumbent understands the process of refilling a cell in the Robot			Orientation Outpatient Pharmacy Supervisor
Incumbent is familiar with counting machines			Orientation Outpatient Pharmacy Supervisor
Incumbent becomes familiar with the Automated Dispensing Unit Cabinet System			Orientation  Automated Dispensing Cabinets_ Inpatient Pharmacy Supervisor
Incumbent is able to check materials for the Code-4 carts			Orientation Inpatient Pharmacy Supervisor
Incumbent discusses Emergency Management process for pharmacy.			Orientation/ Procurement
Incumbent discusses various data extraction methods available in the VA.			Orientation/Informatics

Incumbent will complete the following IHI Open School Modules.			Orientation/MCW Course														
<table border="1"> <tr> <td>L101</td> <td>PS 203</td> </tr> <tr> <td>PFC 101</td> <td>QI 101</td> </tr> <tr> <td>PS 101</td> <td>QI 102</td> </tr> <tr> <td>PS 102</td> <td>QI 103</td> </tr> <tr> <td>PS 103</td> <td>QI 104</td> </tr> <tr> <td>PS 104</td> <td>TA 101</td> </tr> <tr> <td>PS 201</td> <td></td> </tr> </table>	L101	PS 203	PFC 101	QI 101	PS 101	QI 102	PS 102	QI 103	PS 103	QI 104	PS 104	TA 101	PS 201				
L101	PS 203																
PFC 101	QI 101																
PS 101	QI 102																
PS 102	QI 103																
PS 103	QI 104																
PS 104	TA 101																
PS 201																	
<a href="http://www.ihi.org/education/ihiopenschool/Pages/default.aspx">http://www.ihi.org/education/ihiopenschool/Pages/default.aspx</a>																	
Incumbent understands SMART goals			Orientation/Residency Administration														
Incumbent completes <a href="#">Active Coping Module - Residency Wellness Center</a> and reviews <a href="#">Residency Wellness Center</a> and local resources for support			Orientation RPD														
The resident completes topic discussion with Ethics/Compliance Officer			Orientation Ethics/Compliance Officer (Abigail Reymann)														
The resident will review all "How To" documents and residency resources.			Orientation														
Incumbent discusses procurement/inventory process to include discussion of drug shortages & drug recalls			Procurement & Pharmacy Administration														
Incumbent discusses the Medication Use Evaluation (MUE) Process			Formulary Management														
Incumbent discusses pharmacy department specific all employee survey results with a focus on culture of safety components			Pharmacy Administration														

Activities	Date Completed	Evaluated By	Consider completing this activity
Incumbent will develop a topic discussion on strategic planning and deliver to RPD.  <b>NOTEBOOK REQUIREMENT</b> <i>Topic discussion documents</i>			Residency Administration   Leading a Strategic Planning Effort.pdf
The resident will participate in short- or long-term strategic planning.  <b>NOTEBOOK REQUIREMENT</b> <i>Written strategic plan and/or written summary of experience</i>			Residency Administration  Pharmacy Administration

<p>Incumbent reviews student medication safety learning material and revise as appropriate to include (but not limited to) updating the materials to include the new ISMP targeted best practices.</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Revised learning materials</i></p>			Residency Administration
<p>Incumbent will participate in at least 3 Alaris Pump Tracers to include attending the tracer, inputting data into tracking spreadsheet &amp; developing a tracer summary to be shared with unit leadership (<u>write date and unit</u>)</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Tracer summary</i></p>			Contact PI Coordinator Medication Management to coordinate, Informatics
<p>Incumbent participates substantially in at least two drug shortages or recalls (<u>write date and drug</u>)</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Written documentation of shortage or recall (may include screenshot of recalls website)</i></p>			Procurement
<p>Incumbent presents at least two formal Journal Club presentations. One journal club must include the comparison of two conflicting articles and will include determining the validity and applicability.</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Journal club handout and presentation, if applicable</i></p>			Steve Kennedy (local journal club), Patient Safety Fellowship
<p>Incumbent participates in an accreditation survey, a mock survey, or a targeted assessment of an accreditation standard</p>			To be coordinated with Lindsey Ladell or Anna Jozefiak
<p>Incumbent participates in a discussion of Medication Management standards with Accreditation Specialist</p>			Date to be coordinated with PGY1s/ Accreditation Specialist/Medication Management PI Coordinator
<p>Incumbent will facilitate at least one Root Cause Analysis and will report out recommendations to the Top Management Team</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Deidentified action plan</i></p>			To be coordinated with Lindsey Ladell, Dan McRae or Anna Jozefiak
<p>Incumbent will proactively evaluate at least one high risk processes utilizing Healthcare Failure Mode Effect Analysis methodology and will develop a written summary</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Written summary of HFMEA</i></p>			To be coordinated with Lindsey Ladell or Anna Jozefiak <a href="https://www.patientsafety.va.gov/podcasts.asp">https://www.patientsafety.va.gov/podcasts.asp</a> Ideas: Close Call Medication Event Trends, ISMP Best Practices, Shortage/Recall

<p>Incumbent will prepare a written document of evidence-based information on an assigned topic to enhance organizational committee decisions related to medication-use systems/policies</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Written document</i></p>			<p>Formulary Management Drug Safety Medication Events</p>
<p>Incumbent will precept/complete at least one Medication Use Evaluation, Drug Class Review, or Treatment Guideline/Policy/Protocol</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Written documentation</i></p>			<p>Formulary Management/ Drug Safety</p>
<p>Incumbent will evaluate and complete PADR consults as assigned by the formulary management pharmacist.</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Provide deidentified documentation of PADR documentation for a subset of consults (e.g. one per quarter)</i></p>			<p>Formulary Management</p>
<p>Incumbent will present Patient Safety Team group project at Grand Rounds or equivalent local formal presentation (write date &amp; title)</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Presentation slides and handouts, if applicable</i></p>			<p>Patient Safety Team to coordinate date with AFPS Director.</p>
<p>Incumbent will assist with the construction or revision of at least one order set (<u>write date &amp; title of order set</u>)</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Screenshot of order set/EHR</i></p>			<p>Informatics/Formulary Management</p>
<p>Incumbent will write or revise at least one Residency Rotation Learning Experience (<u>write date &amp; rotation</u>)</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Learning Experience</i></p>			<p>Contact Lindsey Ladell to coordinate.</p>
<p>Incumbent compose or extensively revise at least one medication-use policy or procedure. This must include: review of whether it meets accreditation standards, obtaining consensus from stakeholders, formulating an implementation plan, collaborate with others to develop any necessary educational materials, and collaborate with others to provide education, if applicable, &amp; assess the implementation (<u>write document date &amp; policy title</u>)</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Policy</i></p>			<p>Pharmacy Administration, Drug Safety, Medication Events Committee</p>

Incumbent must evaluate at least two medication use policies/systems using a gap analysis to determine compliance with accreditation standards		Anna Jozefiak, PharmD, BCPS	Pharmacy Administration, Drug Safety, PI Coordinator-Medication Management
Incumbent will present year-long project at Wisconsin Pharmacy Residency Conference (or other state or national meeting deemed appropriate by the residency program director)  <b>NOTEBOOK REQUIREMENT</b> <i>Poster and presentation slides</i>			Research & Quality Improvement
Incumbent will update NIOSH List of Hazardous Drugs in Healthcare Settings  <b>NOTEBOOK REQUIREMENT</b> <i>Updated NIOSH list or documentation of recommendations</i>			Drug Safety
Incumbent will update/create at least one simulation to include: <ul style="list-style-type: none"> <li>- Alignment with policies &amp; procedures</li> <li>- Alignment with literature</li> </ul> <b>NOTEBOOK REQUIREMENT</b> <i>Written summary of simulation</i>			Simulation
Incumbent will evaluate and respond to at least 4 pharmacy department specific JPSRs in collaboration with pharmacy administration  <b>NOTEBOOK REQUIREMENT</b> <i>Deidentified summary of review and response</i>			Pharmacy Administration
Incumbent will evaluate medication event aggregate data/information and prepare and present at least one summary to the pharmacy department during a staff meeting  <b>NOTEBOOK REQUIREMENT</b> <i>Written summary of presentation or handout</i>			Pharmacy Administration
Incumbent will complete annual medication events aggregate root cause analysis  <b>NOTEBOOK REQUIREMENT</b> <i>Written summary of aggregate review</i>			Medication Events Committee/PI Coordinator Medication Management




<p>Incumbent will prepare at least 4 written responses to medication event JPSRs that have investigation ownership outside of the pharmacy department (e.g. prescribing, administering). Written response will align with Just Culture principles and will include systems level suggestions and ideas to prevent similar events.</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Written summary of analysis and action plan</i></p>			Medication Events Committee/PI Coordinator Medication Management
<p>Incumbent will review at least one Just the Facts flyer and make changes based on standards or create at least one new Just the Facts based on Joint Commission standards</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Just the Facts document</i></p>			PI Coordinator Medication Management/Anna Jozefiak/Lindsey Ladell
<p>The incumbent will prepare for at least one quarterly medication event committee meeting to include development of agenda, quarterly medication event analysis, meeting leadership and meeting follow-up</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Agenda and any other meeting documents developed</i></p>			PI Coordinator Medication Management/Medication Events Committee
<p>Incumbent attends at least 2 drug rep meetings over the course of the residency year (<u>write dates of meetings</u>)</p>			Jen Koch
<p>Incumbent will teach at least one session of the patient safety elective during each offering. The resident will review elective participant feedback and will prepare a written reflection on how teaching approach will be modified based on learner feedback. Reflection should be reviewed with the RPD.</p> <p><b>NOTEBOOK REQUIREMENT</b> <i>Written reflection</i></p>			Residency Administration
<p>Incumbent reviews the Transition/HOW TO documents for residency. Updates documents as appropriate and adds any additional documents based on current residency needs.</p> <p><b>NOTEBOOK REQUIREMENT</b></p>			Residency Administration

**Project Timeline**

Task	Evaluator/Contact	Target Date	Date Completed and Initials of Evaluator
RPD shares list of potential projects with residents	Lindsey Ladell/Project Mentor	July 1	

Resident selects project, meets with mentor, completes Research Education (if submitting to IRB)	Lindsey Ladell/Project Mentor	August 1	
Resident submits “Request for Determination of Operations Activity” form to project mentor, residency mentor, and RPD and presents project to Pharmacy Residency Research Panel <b>NOTEBOOK REQUIREMENT</b>	Lindsey Ladell/Project Mentor	August 15	
Resident submits finalized “Request for Determination of Operations Activity” <b>NOTEBOOK REQUIREMENT</b>	Lindsey Ladell/Project Mentor	September 1	
Resident submits Human Studies Paperwork to Research Service (if submitting to IRB) <b>NOTEBOOK REQUIREMENT</b>	Lindsey Ladell/Project Mentor	October 1	
Resident creates first draft of abstract and starts manuscript to contain background and methods	Lindsey Ladell/Project Mentor	November 1	
Drafts of the following are due to the Pharmacy Residency Research Panel: Abstract and Poster for Wisconsin Pharmacy Residency Conference (WPRC). These items should include background and methods information. Manuscript should also be updated at this time. <b>NOTEBOOK REQUIREMENT</b>	Lindsey Ladell/Project Mentor	December 1	
Project data collection continues	Lindsey Ladell/Project Mentor	Nov - Mar	
Resident submits abstract for WPRC to RPD and project mentor (as applicable) for feedback. <b>NOTEBOOK REQUIREMENT</b>	Lindsey Ladell/Project Mentor	February 15	
Resident registers for WPRC and submits abstract. Resident contacts medical media to determine timeline for printing of poster	Lindsey Ladell/Project Mentor	March 1	
Resident completes data collection. Final presentation slides sent to RPD, mentor, and project mentor. Resident schedules practice presentations (in coordination with other residents) <b>NOTEBOOK REQUIREMENT</b>	Lindsey Ladell/Project Mentor	March 1	
Resident participates in WPRC practice sessions	Lindsey Ladell/Project Mentor	March	
Resident submits slides as required by WPRC	Lindsey Ladell/Project Mentor	March	

Resident presents at WPRC (podium and poster)	Lindsey Ladell/Project Mentor	April 5	
Resident submits Research Audit with Research Compliance Office (if submitted to IRB)	Lindsey Ladell/Project Mentor	May 30	
Resident submits first draft of residency manuscript to project mentor and Research Panel	Lindsey Ladell/Project Mentor	June 1	
<p>Resident submits final manuscript to project mentor, residency mentor, and RPD. Completes VHA1058 prior to publication submission.</p>  <p>VHA1058_05_Documentation_Format_F</p> <ul style="list-style-type: none"> <li>• First draft of manuscript due to project mentor &amp; RPD 1 month prior to completion date of residency</li> <li>• Final draft due to RPD 5 days prior to completion date of the residency</li> </ul> <p><b>NOTEBOOK REQUIREMENT</b></p>	Lindsey Ladell/Project Mentor	June 15	

## **Appendix N – PGY2 Psychiatric Pharmacy Program Materials**

### **Initial Assessment**

At the beginning of the Residency Program, the resident will be asked to complete the Incoming Skills Survey to help customize program design. See Attachment 1.

### **Program Design**

The following schedule represents an overview of the expected rotations and an approximation of the time commitment for each area. Please see individual rotation experience documents for specific duties and outcomes, goals, and objectives that will be evaluated. See Attachment 2 for a sample schedule

1. Required Block Rotations
  - a. Orientation
  - b. Acute Inpatient Psychiatry #1
  - c. Acute Inpatient Psychiatry #2
  - d. Mental Health Residential Rehabilitation Treatment Program #1
  - e. Mental Health Residential Rehabilitation Treatment Program #2
  - f. Neurology
  - g. Outpatient Mental Health
  - h. Substance Use Disorders Clinic
  - i. Consult/Liaison Psychiatry
  - j. Immediate Mental Health Access Clinic
  
2. Required Longitudinal Rotations
  - a. Administration
  - b. Primary Care Mental Health Integration
  - c. Research
  
3. Elective Rotations
  - a. Academic Detailing
  - b. Pain Management
  - c. Concordia University Wisconsin - Academic Rotation
  - d. Concordia University Wisconsin – Mental Health Elective
  - e. Internal Medicine
  - f. Establish New Rotation

### **Teaching Responsibilities**

The VA offers a mental health clinical rotation for APPE students from the University of Wisconsin – Madison, Concordia University Wisconsin, Medical College of Wisconsin, and Drake University. The resident is responsible for assisting in precepting the students during the residency year. The resident will also have opportunities to take part in the student evaluations.

### **PGY2 Psychiatric Pharmacy Residency Requirements**

The list of requirements for successful completion of the PGY2 Psychiatric Pharmacy Residency Program is available in attachment 3. All activities must be completed by the conclusion of the Residency Program, or a certificate of completion will not be awarded. The resident and Residency Director will review progress quarterly when completing Customized Training Plan.

Details on some additional responsibilities are listed below.

Teaching certificate

The PGY2 Psychiatric Pharmacy resident may choose to participate in an optional teaching certificate program through a local School of Pharmacy and/or the VA. See RPD for details.

Disease State Grid

The PGY2 Psychiatric Pharmacy resident is expected to keep track of disease states reviewed and discussed throughout the residency year. An electronic form will be used for tracking purposes and will be provided by the RPD at the start of the residency year.

Electronic File of Residency Work

All residents are expected to keep an electronic file of all resident work products (e.g. topic discussion, policy development, etc.) as well as documented feedback provided by preceptors.

Coverage Responsibilities

The PGY2 psychiatric pharmacy resident will be expected to assist with mental health workgroup coverage as needed in any of the following settings: MHR RTP, PCMHI, inpatient psychiatry, or outpatient mental health. The resident will be provided as much notice as possible regarding coverage responsibilities, however, same day notice may be necessary in the event of unplanned mental health pharmacist absence.

**Attachment 1**

**SKILLS SURVEY & PLAN FOR DEVELOPMENT FOR INCOMING PGY2 PSYCHIATRIC PHARMACY RESIDENT**

This document is intended to help you, the program director, and your preceptors plan a PGY2 Psychiatric Pharmacy residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind. Please complete electronically.

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

1. In what state(s) are you licensed to practice pharmacy?  
\_\_\_\_\_
2. Are you certified in BLS? Yes \_\_\_\_ No \_\_\_\_  
If yes, indicate expiration date: \_\_\_\_\_
3. Have you received training in prevention and management of disruptive behavior  
Yes \_\_\_\_ No \_\_\_\_  
If yes, indicate type of training \_\_\_\_\_
4. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

<b>Application</b>	<b>Able to use proficiently</b>	<b>Average</b>	<b>OK, but would like additional training</b>	<b>I have never worked with this prior</b>
Microsoft Word				
Microsoft Excel				
Microsoft PowerPoint				
Microsoft Outlook				
Computerized Patient Record System (CPRS)				
Veterans Integrated System Technology Architecture (Vista)				
WI Prescription Drug Monitoring Program (PDMP)				
Centralized Mail Order Pharmacy (CMOP) website				
Pharmacy Benefits Manager (PBM) website				
American Association of Psychiatric Pharmacists (AAPP) website				
DSM-5				
Sharepoint				
Micromedex				
UpToDate				

PubMed				
PharmAcademic				

5. What behavioral health clinical experiences have you had? (site, type of patients, length of experience).

a. Site                                      Patient Type                                      Length of Time

6. After reflecting on your PGY1 year and previous experiences, please rank your confidence with the following topics using a scale of 1 (not confident) to 5 (very confident).

Rank		Rank	
	Major Depressive Disorder		Movement Disorders
	Bipolar Disorder		Headaches/Migraines
	Schizophrenia		Seizure Disorders
	Generalized Anxiety Disorder		Multiple Sclerosis
	Panic Disorder		Traumatic Brain Injury
	OCD		ADHD
	Social Anxiety Disorder		Disruptive, Impulse-Control, and Conduct Disorders
	PTSD		Other Developmental Disorders
	Alcohol Use Disorder		Sleep-Wake Disorders
	Opioid Use Disorder		Metabolic Syndrome
	Other Substance Use Disorder		Pregnancy and postpartum psychiatric disorders
	Dual Diagnosis		Economic and Outcome Studies in Psychiatry
	Personality Disorders		Biostatistics
	Eating Disorders		Precepting (students and residents)
	Neurocognitive Disorders		Course Development (academia)
	Behavioral and Psychological Symptoms of Dementia		Research Design
	Delirium		Regulatory Issues in Pharmacy Practice
	Chronic Pain Management		

7. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Taking a medication history				
Providing discharge instructions				
Interviewing patients for changes in health status				
Writing a progress note				
Clarifying an order with a provider				
Recognizing and/or reporting ADRs				
Recognizing and/or reporting patient events				

Intervening with nurses to correct a medication related problem				
Documenting interventions				
Written Communication				
Verbal Communication				
Public Speaking				
Evaluating non-formulary medications				
Motivational interviewing				
Collaborating on an interprofessional health care team				
Performing mental health assessments and brief questionnaires (PHQ-9, GAD-7, PCL-5)				
Preparing a lecture for pharmacy students				
Preparing a discussion for an interdisciplinary team of healthcare professionals				
Leading a patient medication group				
Patient Case Presentation				
Dealing with conflict				
Time Management				
Providing constructive feedback				
Receiving constructive feedback				
Formulary monographs				
Drug literature evaluation				
Medication use evaluation				
Interpreting basic statistics				

8. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Formal patient case presentation				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Presentations to P&T committee				
Written learning experiences for residency rotations				

9. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Performed medication use evaluations?				
Been involved in an accreditation or survey (JCAHO, ASHP, OMHO, CARF)?				
Been involved with quality improvement?				
Been involved in a drug shortage?				



10. Have you precepted pharmacy trainees before?  
\_\_\_\_\_yes \_\_\_\_\_no

If yes, please describe your experiences

11. Have you participated in any research endeavor?  
\_\_\_\_\_yes \_\_\_\_\_no

If yes, please describe

12. Have you presented at a professional meeting?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, please describe:

13. What three goals do you wish to achieve during the residency (SMART goals)? How do you plan to achieve them?

14. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for participating in professional organizations?

15. What characteristics do you look for in a good preceptor?

16. Our PGY1 residents are required to work 10 weekend shifts (0730-1600) over the course of the year, primarily covering inpatient anticoagulation and pharmacokinetics (dosing vancomycin and aminoglycosides). This is optional for PGY2 residents to participate in if they are interested. You would receive training specific for this and be able to coordinate your weekends with the other residents. This is compensated at a pharmacist wage, above and beyond your resident stipend. Is this something you may be interested in?

17. Please complete the [Well-Being Index](#). It is optional to share the results if you are comfortable. This will be completed at least quarterly to track your well-being over time and measures the 9 dimensions of distress. You will be provided with scores and resources for each upon completion.
  
18. Most important questions
  - a. Favorite donuts:
  - b. Favorite bagels:
  - c. Flavors I do not like:
  - d. Birthday (MM/DD):

19. Please indicate your preferences for rotation length by highlighting the number of weeks you would like to spend in that rotation. Each learning experience can be found in the MH CPS Folder > PGY2 > Rotations. This will help us establish your rotation schedule for the year, although the specific duration may depend on other factors. Changes may be made throughout the year if your interests change, but this will help provide a framework.

<b>Required Block</b>	Minimum	Maximum	
Orientation	3		
Inpatient Psychiatry #1	6	7	8
Inpatient Psychiatry #2	6	7	8
MHRRTP #1	5	6	7
MHRRTP #2	5	6	7
Outpatient MH	5	6	7
SUD Clinic	5	6	7
Neurology	5	6	7
IMHAC & Consult/Liaison Psychiatry	5	6	7
<b>Electives</b>	Minimum	Maximum	
Pain Management	4	5	
Academic Detailing	4	5	
Internal Medicine	4		
Academia at CUW	4		
CUW MH Elective	Spring Semester		
VA Teaching Certificate	Yes	No	
<b>Required Conferences</b>			
AAPP/WPRC	1		
<b>Required Longitudinal</b>	Required		
Primary Care Mental Health Integration	X		
Administration	X		
Research	X		

Total (only include Block learning experiences) =

Attachment 2  
 Example PGY2 Psychiatric Pharmacy Resident Schedule

Rotation	Start	Stop	Weeks		Monday	Tuesday	Wednesday	Thursday	Friday
<b>Orientation</b>	4-Jul	15-Jul	2	AM	Refer to Separate Calendar				
Matt				PM					
<b>MHRRTP #1</b>	Start	Stop	Weeks		Monday	Tuesday	Wednesday	Thursday	Friday
Matt	18-Jul	2-Sep	7	AM	MHRRTP	MHRRTP	MHRRTP	MHRRTP	PCMHI
				PM	GeroPsych	MHRRTP	MHRRTP	Research	MHRRTP
<b>OP MH/SUD</b>	Start	Stop	Weeks		Monday	Tuesday	Wednesday	Thursday	Friday
Erin	5-Sep	28-Oct	8	AM	PTSD	Geropsych	SUD	SUD	PCMHI
				PM	GeroPsych	PTSD	SUD	Research	SUD
<b>Inpatient #1</b>	Start	Stop	Weeks		Monday	Tuesday	Wednesday	Thursday	Friday
Mikki	31-Oct	16-Dec	7	AM	Inpt	Inpt	Inpt	Inpt	Inpt
				PM	GeroPsych	Inpt	PCMHI	Research	Inpt
<b>MHRRTP #2</b>	Start	Stop	Weeks		Monday	Tuesday	Wednesday	Thursday	Friday
Erin	19-Dec	27-Jan	6	AM	MHRRTP	Geropsych	MHRRTP	MHRRTP	MHRRTP
				PM	MHRRTP	MHRRTP	PCMHI	Research	PCMHI
<b>IMHAC/OP MH</b>	Start	Stop	Weeks		Monday	Tuesday	Wednesday	Thursday	Friday
Erin/Ari	30-Jan	10-Mar	6	AM	IMHAC	Geropsych	IMHAC	IMHAC	IMHAC
				PM	C/L	C/L	C/L	Research	PCMHI
<b>Inpatient #2</b>	Start	Stop	Weeks		Monday	Tuesday	Wednesday	Thursday	Friday
Matt	13-Mar	14-Apr	5	AM	Inpt	Inpt	Inpt	Inpt	Inpt
				PM	Inpt	IMHAC	PCMHI	Research	PCMHI
<b>Neurology</b>	Start	Stop	Weeks		Monday	Tuesday	Wednesday	Thursday	Friday
Mikki	17-Apr	26-May	6	AM	Neuro	Neuro	IMHAC	PCMHI	Neuro
				PM	Neuro	Neuro	Neuro	Research	PCMHI
<b>Pain/ C/L</b>	Start	Stop	Weeks		Monday	Tuesday	Wednesday	Thursday	Friday
Emily/Erin	29-May	30-Jun	5	AM	Pain	Pain	IMHAC	Pain	Pain
				PM	C/L	C/L	PCMHI	Research	PCMHI

### **Attachment 3**

#### PGY2 Psychiatric Pharmacy Residency Requirements

<b>Required Projects/Training</b>	<b>Description</b>
Medication Use Evaluation	Complete one MUE over the course of the year. This includes presentation of data along with formal write up.
Drug Monograph/Guideline Review	Revise PBM drug monograph or review updated guidelines
Long Term Care Chart Review	Responsible for completing monthly chart review on CLC patient by the 25th of every month
Risk ID - Suicide Training	Online training
PCMHI Competency Training, Phase 1	Online training for care management
PCMHI Competency Training, Phase 2	Online training for care management
Research Manuscript	Written in Mental Health Clinician format
<b>Required Small Group Presentation</b>	<b>Description</b>
Morbidity and Mortality Presentation	Present clinical pearl at least once during monthly mental health provider meeting
Psychiatry Resident Orientation	Provide pertinent pharmacy orientation to 2 <sup>nd</sup> year psychiatry residents
Psychology Intern Seminar	Lead discussion on pharmacotherapy clinical pearls
Geropsychiatry Conference Series	Lead discussion on pharmacotherapy clinical pearls in geriatrics
PCMHI Topic Discussion	Lead one topic discussion during PCMHI group supervision
PCMHI Journal Club	Lead one journal club during PCMHI group supervision
Pharmacy Journal Club	Lead one journal club over the course of the year
AAPP Clinical Pearls	Present clinical pearls from each session attended to MH CPS staff.
<b>Required Large Group Presentation</b>	<b>Description</b>
Concordia University Wisconsin Pharmacotherapy	Responsible for course development of one Pharmacotherapy lecture
Medical College of Wisconsin Pharmacotherapy	Responsible for course development of one Pharmacotherapy lecture
Medical College of Wisconsin Mental Health Elective	Join panel of MH CPS from around the state to discuss practice sites
CUW Advanced Mental Health Pharmacotherapy*	Responsible for course development of an elective topic

VISN 12 ACPE presentation	Lead one presentation virtually
AAPP Poster	Annual Meeting
WPRC Research Project**	Annual Education Meeting, PowerPoint required along with practice sessions
WPRC Presentation/Poster**	Attend if does not conflict with AAPP
**Attend if WPRC does not conflict with AAPP	

**Miscellaneous**

**Description**

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25 of the 31 (80%) residency objectives are "Achieved for Residency"

All R1 residency objectives are "Achieved for Residency"

Disease State Checklist

**Attachment 4**

PGY2 Psychiatric Pharmacy Residency Research Requirements

<b>Research Requirement</b>	<b>Approximate Deadline</b>
<i>RPD shares list of potential projects with residents</i>	<i>7/6 or before</i>
<i>Resident selects a project topic and meets with co-investigators</i>	<i>7/20 or before</i>
<i>Resident submits "Request for Determination of Operations Activity" form to project mentor, residency mentor, and RPD and presents to Pharmacy Residency Research Panel</i>	<i>15-Aug</i>
<i>Resident completes Research Education (if submitting to IRB)</i>	<i>1-Sep</i>
<i>Resident submits finalized "Request for Determination of Operations Activity" to RPD</i>	<i>1-Sep</i>
<i>Human Studies Paperwork to be completed and turned into Research Service (if submitting to IRB)</i>	<i>1-Oct</i>
<i>Data Collection</i>	<i>Oct - March</i>
<i>Resident creates first draft of abstract and starts manuscript to contain background and methods</i>	<i>1-Nov</i>
<i>Drafts of the following due to the Pharmacy Residency Research Panel: Abstract and Poster for Wisconsin Pharmacy Residency Conference (WPRC). These items should include background and methods information. Manuscript should also be updated at this time.</i>	<i>1-Dec</i>
<i>Abstracts due to CPNP and WPRC</i>	<i>Mid-January</i>
<i>Deadline for Registration for CPNP and WPRC</i>	<i>Early March</i>
<i>Abstract for WPRC/CPNP Poster Due</i>	<i>1-Mar</i>
<i>Data collection complete and first draft of WPRC slides due to co-investigators</i>	<i>1-Mar</i>
<i>Data Analysis complete and Poster due to medical media for printing</i>	<i>15-Mar</i>
<i>WPRC practice sessions</i>	<i>March</i>
<i>Present at WPRC Annual Education Conference</i>	<i>Early April</i>
<i>Present at CPNP Annual Meeting</i>	<i>Late April</i>
<i>Conduct Research Audit with Research Compliance Office (if submitted to IRB)</i>	<i>Late May</i>
<i>First draft of project manuscript due to co-investigators</i>	<i>1-Jun</i>
<i>Final manuscript due to co-investigators and RPD.</i>	<i>Mid-June</i>
<i>*Resident to schedule progress update with co-investigators ever 1-2 months as needed</i>	

## **Appendix O – PGY1 Pharmacy Residency Program (Green Bay) Materials**

### **Rotations**

For the PGY-1 Pharmacy Residency at the Milo C. Huempfer Health Care Center in Green Bay, the first half of the year will consist of four to six-week block rotations consisting of administration, oncology, primary care, formulary management, and pharmacy practice. The second half of the year will consist of longitudinal activities as determined by the resident and the residency advisory board with an emphasis on primary care.

Core block rotations include:

- Primary Care (Ambulatory Care)
- Pharmacy Practice
- Anticoagulation
- Oncology
- Mental Health (Completed as the final rotation of the residency year)

### **Skills Survey and Plan for Development**

At the beginning of the Residency Program, the resident will be asked to complete the Skills Survey and Plan for Development. See Attachment 1.

### **Longitudinal Activities:**

*Pharmacy Administration:* The resident will be introduced to pharmacy administration and drug use policy topics and meetings. These are incorporated into the residency throughout the year. See the learning experience description for more details. To ensure the residents are exposed to a variety of administrative tasks and experiences, the resident will complete activities on the Pharmacy Administration Requirements document. See Attachment 2. Greater than 80% of these requirements must be fulfilled prior to completion of the residency.

*Formulary Management:* The resident will be assigned on average approximately two to four non-formulary medication requests per month. This ensures that the resident becomes familiar with the formulary process and reviews medications and indications otherwise not covered in the residency year. A full description of this rotation is available in PharmAcademic.

*Home Based Primary Care:* The resident will be introduced to primary care in the home setting, and the unique challenges this setting presents.

It is the responsibility of the resident to incorporate the longitudinal experiences into the daily activities of the rotations. If this proves challenging, the resident should discuss strategies for doing so with their rotation preceptor or the residency director. Part of the objectives for assigning rotations and a longitudinal activity is to prepare residents for clinical practice where multiple demands needs to be assessed, prioritized, and managed. In the event of absence (planned or unplanned) the resident should determine if and how coverage would need to be re-assigned to other staff.

### **Practice Requirements**

After orientation, the resident is not expected to staff in a dispensing capacity on a regular basis. To ensure that graduates of the Pharmacy Residency Program are still competent and well-rounded practitioners, a set of Pharmacy Practice Requirements has been developed. See Attachment 3. These requirements will be addressed in their entirety in the orientation and pharmacy practice rotations. All activities of this requirement must be completed by the



conclusion of the Residency Program, or a certificate of completion will not be awarded. The Residency Director will review progress on completion of requirements quarterly.

**Attachment 1**

**SKILLS SURVEY & PLAN FOR DEVELOPMENT FOR INCOMING PGY1 RESIDENTS (GREEN BAY)**

This document is intended to help you, the program director, and your preceptors plan a pharmacy practice residency program that will be most meaningful to you. Please give some thought to the following questions. Your residency plan will be developed with the answers to these questions and the overall program objectives in mind. It is preferred if done electronically.

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

1. Are you a licensed pharmacist? \_\_\_\_\_yes \_\_\_\_\_no
  - a. If yes, what state? \_\_\_\_\_
  - b. If no, when will you be licensed? \_\_\_\_\_
  - c. If no, in what state do you plan to be licensed? \_\_\_\_\_
2. Are you certified in BLS? Yes \_\_\_\_ No \_\_\_\_  
If yes, indicate expiration date: \_\_\_\_\_
3. Are you ACLS certified? Yes \_\_\_\_ No \_\_\_\_  
If yes, indicate expiration date: \_\_\_\_\_
4. Which of the following activities have you performed independently?

	Yes	No
IV Admixture		
Unit Dose Systems		
Check Pt profiles against administration records		
Check technician work		
Interpret provider orders or prescriptions		

5. Please describe your computer skills. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently.	Average	OK, but would like additional training.	I have never worked with this prior.
Word				
Excel				
PowerPoint				
Access				
Outlook				
MS OneNote				
CPRS				
SharePoint				
Internet				
PubMed				
Ovid				
MS Publisher				

6. There are 4 main ways of learning –

- V – Visual
- A – Aural
- R – Read/write
- K – Kinesthetic

- a. We would like to find out the way that you learn best, so we can tailor your learning during the residency year.
- b. Please go to: <http://www.vark-learn.com/english/index.asp>.
- c. From that site, please click on questionnaire and answer the questions. When answering the questions, we all would like multiple methods of being taught, but try to choose the answer that fits best. When you have completed submit the questionnaire and list below your score for each domain. When you are given your scores, you will be also given a link with some tips for your style. Be sure to check those out as well.
- d. List your scores here:

7. What clinical experiences have you had? (site, type of patients, length of experience). May attach separate list if desired.

- |         |              |                |
|---------|--------------|----------------|
| a. Site | Patient Type | Length of Time |
|---------|--------------|----------------|

8. After reflecting on your Pharm.D. student clerkships and internship please rank yourself as competent and confident using a scale of 1 (not competent or confident at all) to 5 (very competent and confident).


- Ambulatory Care
- Cardiology
- Anticoagulation
- Diabetes/Endocrine
- Gastroenterology
- Geriatrics
- HIV/Infectious Diseases
- Pharmacokinetics
- Hyperlipidemia
- Internal medicine
- Nephrology
- Neurology


- Nutrition /Electrolytes
- Oncology
- Psychiatry
- Respiratory diseases
- Drug literature evaluation
- Drug safety
- Formulary monographs
- Institutional practice (staffing)
- Medication use evaluation
- Pharmacoeconomics
- Research project
- Other (please specify)

9. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the pt chart				
Recognizing and/or reporting ADE's (ADR's)				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying non-formularies				

10. Do you have formal course work in drug information and statistics? How comfortable are you in these areas?

11. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to P&T committee				

12. What experience do you have in policy making or systems revision to improve safety and effectiveness of pharmacotherapy for patients?

13. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

14. Have you participated in any research endeavor, particularly a clinical trial?

\_\_\_\_\_yes    \_\_\_\_\_no

If yes, please describe.

15. Have you attended an investigational review board meeting (IRB)?

\_\_\_\_\_yes    \_\_\_\_\_no

16. Have you presented at an ASHP, ACCP APhA or other professional meeting?

\_\_\_\_\_yes    \_\_\_\_\_no

If yes, please describe:

17. State your short-term (3-5 years) and long-term (10-15 years) career goals.

18. Describe your current practice interests.

19. What are your personal and professional strengths?

20. What areas of weakness would you like to improve during the residency? What are your suggestions for improvement in these areas?

21. What areas of residency training would you like to concentrate on during the residency?

22. What three goals do you wish to achieve during the residency?

23. What strategy do you have for life-long continuing education?

24. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for participating in professional organizations in the future?

**Attachment 2**

**OUTGOING PGY1 SKILLS SURVEY**

Now that you have completed your residency, we want to reflect on your progress during the year. You completed a similar survey at the beginning of this residency. We would like you now to complete the skills survey again.

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

2. Which of the following activities have you performed independently?

	Yes	No
IV Admixture		
Unit Dose Systems		
Check patient profiles against administration records		
Check technician work		
Interpret provider orders or prescriptions		

21. Please describe your computer skills. For each of the programs listed, state how proficient you are at using each application using the scale indicated.

Application	Able to use proficiently.	Average	OK, but would like additional training.	I have never worked with this prior.
Word				
Excel				
PowerPoint				
Access				
Outlook				
MS OneNote				
CPRS				
SharePoint				
Internet				
PubMed				
Ovid				
MS Publisher				

22. After reflecting on your Pharm.D. student clerkships and residency please rank yourself as competent and confident using a scale of 1 (not competent or confident at all) to 5 (very competent and confident).

Clinical

Pre Post


Ambulatory Care Cardiology  
 Anticoagulation  
 Diabetes/Endocrine  
 Gastroenterology  
 Geriatrics

Administrative

Pre Post


Distributing  
 Drug literature evaluation  
 Formulary monographs  
 Medication Use Safety  
 Medication Use Evaluation  
 Pharmacoeconomics


HIV/Infectious Diseases  
 Pharmacokinetics  
 Hyperlipidemia  
 Nephrology  
 Oncology  
 Psychiatry  
 Respiratory diseases

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Research project

23. Please evaluate your proficiency/skill performing the following:

	High	Med	Low	None
Consulting with providers				
Independently determining changes to medication therapy				
Taking a medication history				
Interviewing patients for changes in health status or allergy history				
Writing a progress note				
Clarifying an order with a provider and documenting it in the patient chart				
Recognizing and/or reporting ADE's (ADR's)				
Intervening with physicians/nurses to avoid or correct a medication related problem				
Approving/Denying non-formularies				

24. How comfortable are you in drug information and statistics?

25. How many of the following have you completed?

	>5	3-5	1-2	None
Critically evaluate the quality of a published clinical trial				
Published articles (yourself)				
Written a newsletter or article				
Case presentation(s)				
Lectures on pharmacotherapy topics to students or other health care professionals				
Written drug use evaluation criteria				
Literature searches using computerized lit retrieval systems				
Formal formulary reviews (drug monographs)				
Presentations to P&T committee				



26. What experience do you have in policy making or systems revision to improve safety and effectiveness of pharmacotherapy for patients?

27. Have you:

	>5	3-5	1-2	None
Written or developed a policy and procedure?				
Led a committee or meeting (set agenda, directed meeting, prepared minutes)?				
Been involved in recall of a drug?				
Reported an adverse drug event to the FDA?				
Reported a problem with a product or drug?				
Performed medication use evaluations?				
Been involved in a Joint Commission or other accreditation survey?				
Been involved with quality improvement?				

28. Have you participated in any research endeavor, particularly a clinical trial?

\_\_\_\_\_yes    \_\_\_\_\_no

If yes, please describe.

29. Have you attended an investigational review board meeting (IRB)?

\_\_\_\_\_yes    \_\_\_\_\_no

30. Have you presented at an ASHP, ACCP APhA or other professional meeting?

\_\_\_\_\_yes    \_\_\_\_\_no

If yes, please describe:

31. State your short-term (3-5 years) and long-term (10-15 years) career goals.

32. Describe your current practice interests.

33. What are your personal and professional strengths?

34. What areas of weakness would you like to improve?

35. What strategy do you have for life-long continuing education?

36. What professional organizations have you been active with so far? Describe your level of activity. What plans do you have for participating in professional organizations in the future?

**Attachment 3**

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

**Date Initiated:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Pharmacy Residency Administration Requirements (Green Bay)**

<b>Objective</b>	<b>Comments</b>	<b>Date(s) Completed</b>	<b>Evaluated By:</b>	<b>Contact person:</b>
Incumbent attends 4 Drug Safety Subcommittee Meetings. (Document Dates.)	Held the fourth Tuesday of the month at 8 AM.			Contact Shannon Pace to coordinate.
Incumbent completes minutes for at least one Drug Safety Subcommittee Meeting. (Document Dates.)	Held the fourth Tuesday of the month at 8 AM.			Contact Shannon Pace to coordinate.
Incumbent attends one VISN 12 Formulary Committee Meeting. (Document Date).	Held monthly on third Thursday of most months at 2 PM.			Contact Shannon Pace for agenda.
Incumbent discusses procurement/inventory process.				Contact Shannon Pace to coordinate.
Incumbent discusses Emergency Management process for Pharmacy.				Contact Shannon Pace to coordinate.
Incumbent observes 2 drug rep meetings with Shannon and/or other pharmacy designee.				Contact Shannon Pace to coordinate
Incumbent discusses the Medication Use Evaluation (MUE) process.				Date to be arranged with Shannon Pace.
Incumbent completes one MUE.				Can be done on any rotation. Contact Shannon Pace.
Incumbent participates in at least one Joint Commission Tracer activity (if available at the GBHCC).				Date to be coordinated with Shannon Pace
Incumbent will participate in a monthly seminar discussing the ASHP Managing and Leading Text				Dates to be coordinated with Shannon Pace
Incumbent will write formal responses to at least 2 drug information questions.				Can be done on any rotation. Contact Shannon Pace.

**Evaluators:**

<u>Print Name</u>	<u>Signature</u>	<u>Initials</u>

**Attachment 4**

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

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

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

**Pharmacy Residency Practice Requirements (Green Bay)**

**Inpatient/Outpatient Pharmacy**

<b>Inpatient Pharmacy</b>	<b><u>Date Completed:</u></b>	<b><u>Evaluated by:</u></b>	<b><u>Consider completing this activity:</u></b>
Incumbent becomes familiar with the Automated Dispensing Unit Cabinet system.			Orientation
Incumbent becomes familiar with the Auto Replenishment Program.			Orientation
Completes orientation to the principles of sterile product preparation, including the preparation of and special solutions used in the operating room.			Orientation
Incumbent is able to check materials for the Code-4 carts.			Orientation
Incumbent to complete 1 – 2 CLC chart reviews monthly.			Coordinated by Shannon Pace throughout the year

<b><u>Outpatient Pharmacy</u></b>			
Incumbent is able to check prescriptions independently.			Orientation
Incumbent is able to fill, document, and label prescriptions accurately.			Orientation
Incumbent is able to finish prescriptions independently.			Orientation
Incumbent is able in ScriptPro to edit a formulary item, able to run a report, able to refill a cell in the Robot.			Orientation
Incumbent is familiar with the counting machines.			Orientation
Incumbent spends 12 hours checking outpatient prescriptions. (Write each date/time block.) These hours will satisfy the orientation block.			Orientation

Additional exposure to this activity will occur during the scheduled rotation.			
Incumbent is familiar with the dispensing window and knows how to dispense a prescription.			Orientation
Incumbent spends a total of 24 hours in the intake area of the Outpatient Pharmacy. These hours will satisfy the orientation block. Additional exposure to this activity will occur during the scheduled rotation.			Orientation

### Other

Objective	Comments	Date Completed	Evaluated By:	Consider completing this activity:
Incumbent documents at least 10 adverse reactions into the VA ADERS system per year	Provide numbers of reports			Contact Shannon Pace to train on VA ADERS.
Incumbent documents a minimum of 2 ADRs that require submission to the FDA MedWatch program	Provide numbers of reports			Contact Shannon Pace to train on VA ADERS.
Incumbent completes 1 patient newsletter.	Schedule by Jan 1			Contact Shannon to reserve topic.
Incumbent completes 1 pharmacist newsletter ( <i>Secundum Artem</i> ).	Schedule by Jan 1			Contact Shannon to reserve topic.
Incumbent presents two Journal Clubs.				Contact Shannon Pace to coordinate dates.
Incumbent will longitudinally build up and follow a panel of anticoagulation patients.				Contact Primary Care Pharmacist to coordinate.
Incumbent will present at least one in-service to pharmacy or clinical staff				Contact Shannon Pace to choose topic and coordinate.
Resident completes between two to four non-formulary medication request per month				Contact Shannon Pace to coordinate

**Evaluators:**

<u>Print Name</u>	<u>Signature</u>	<u>Initials</u>

**Reviewed by:**

	<u>Resident</u>	<u>Mentor</u>	<u>Residency Director</u>
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			



## Resident Project Requirements

<b><u>Task</u></b>	<b><u>Target Date</u></b>	<b><u>Date Completed:</u></b>
RPD shares list of potential projects with residents	June/July	
Resident selects project, meets with mentor, completes Research Education (if submitting to IRB)	July/Aug	
Resident submits "Request for Determination of Operations Activity" form to project mentor, residency mentor, and RPD and presents project to Pharmacy Residency Research Panel.	August	
Resident submits finalized "Request for Determination of Operations Activity" to RPD	September 1st	
Resident submits Human Studies Paperwork to Research Service (if submitting to IRB)	October 1 <sup>st</sup>	
Resident creates first draft of abstract and starts manuscript to contain background and methods.	November	
Drafts of the following due to the Pharmacy Residency Research Panel: Abstract and Poster for Wisconsin Pharmacy Residency Conference (WPRC). These items should include background and methods information. Manuscript should also be updated at this time.	December	
Project data collection continues.	Oct-Mar	
Pharmacy Residency Research Panel meets to review WPRC abstracts and learning question.	January	

Final draft of abstract due to RPD, mentor and project mentor	Jan 15th	
Residents schedule practice presentations.	January	
Resident registers for WPRC and submits abstract. Resident contacts medical media to determine timeline for printing of posters.	Early January	
Resident completes data collection and starts to create final project presentation (powerpoint) and poster.	February	
Pharmacy Residency Research Panel meets to review posters.	February	
Resident participates in presentation practice sessions at VA (2 per resident). See chief resident responsibilities list.	March	
Final presentation slides and poster due to RPD, mentor and project mentor.	mid March	
Resident delivers practice presentation at Aurora citywide event	late March	
Resident presents at WPRC (podium and poster)	Early April	
Resident submits Research Audit with Research Compliance Office (if submitted to IRB)	end May	
Resident submits first draft of residency manuscript to project mentor and Research Panel	June 1st	
Resident submits final manuscript to project mentor, residency mentor, and RPD	June	

## University of Wisconsin Requirements

Objective	Comments	Date Completed	Evaluated By:	Contacts this activity:
Complete clinical instructor training through UW				Amanda Margolis, Denise Walbrandt

Grade clinical inquires for Milwaukee VA appointed UW student pharmacists				Amanda Margolis, Denise Walbrandt
Grade UW case presentations and project presentations				Amanda Margolis, Denise Walbrandt

### Overall Residency Objectives

Residency Objectives	Date Achieved
All R1 residency objectives are "Achieved for Residency"	
80% of all remaining ASHP objectives (not including R1 objectives) are "Achieved for Residency"	
No objectives are marked "Needs Improvement"	

### Sign-off

	<u>Resident</u>	<u>Mentor</u>	<u>Residency Director</u>
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			