

Dayton Veterans Affairs Medical Center

Department of Pharmacy



PGY-1 Pharmacy Residency Program

Information for Candidates

Dayton Veterans Affairs Medical Center

I. INTRODUCTION

The Post Graduate Year-1 Residency (PGY-1) in Pharmacy at the Dayton Veterans Affairs Medical Center has been designed with the standards of The American Society of Health-System Pharmacists (ASHP).

II. PURPOSE STATEMENT (ASHP)

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.

III. PROGRAM DESCRIPTION

The Dayton VAMC PGY1 pharmacy residency prepares its graduates to assume positions as direct patient care clinicians and/or to pursue a second-year post-graduate training in a focused area of practice. The Dayton VAMC is a tertiary care academic facility that provides the capability to involve each resident in patient care, project management and administration exposure.

This PGY1 Residency is designed to provide residents with experiences that will enhance their knowledge and skills so they can provide high level pharmacotherapy for patients. The nature of the patient population in the VA setting allows for continuity of care across the continuum. Pharmacists practice in the inpatient and ambulatory care settings. Opportunities for patient contact are available throughout the rotations. The PGY1 residency is a 52-week full time training period commitment.

Residents will have experiences in ambulatory and institutional patient care, participate as a member of the health care team, and provide education to patients and health professionals. In addition, residents will learn to perform self-monitoring and demonstrate leadership through contributing to performance improvement. Residents will be encouraged to develop an approach to the profession that can lead to life-long learning and career satisfaction.

IV. PROGRAM GOVERNANCE

The Residency Advisory Committee (RAC) governs the residency program. It is comprised of all preceptors as well as members of management leadership. The Committee is chaired by the Residency Program Director. The RAC meet 8-10 times per year to review and discuss the progress of the resident(s) and program development. If needed, the RAC will meet more often. Interactive feedback is utilized in preparation of further residency activities. The RAC discusses and recommends modifications to the resident (s) schedule based on resident (s) progress and areas of improvement needed.

V. LICENSURE

The Pharmacy resident [PR] is required to obtain a pharmacist license as defined by the Department of Veterans Affairs and ASHP. PR will be licensed upon entry into the residency program if possible. If the resident is not licensed upon entry into the program, the resident is required to become licensed as soon as possible. Failure to obtain a license to practice pharmacy within 120 days of the start of the program may result in immediate dismissal from the program. Failure to attempt to become licensed at the earliest possible date is a serious violation of the intent of this policy and may also result in immediate dismissal. If the PR fails to obtain a license by the deadline through no fault of his/her/their own, individual circumstances may be considered. However, the residency program director and the Dayton VA Medical Center may still terminate the PR for failure to obtain a license by the stated deadline based on the needs of the facility and the residency program regulatory standards.

If a resident is not licensed for at least 2/3 (35 weeks) of the program, the resident will not receive a certificate. If the resident is not licensed within 120 days of starting the program, the options are termination, suspending the resident/pausing the program and restarting after licensure or extending the program. Termination is the usual result of not being licensed within 120 days of starting the program. The potential to extend the program for up to 8 weeks or pause (suspend) the program for up to 8 weeks and restart after licensure so the resident is licensed for 2/3 (35 weeks) of the program will only be considered under extenuating circumstances and must be recommended by the RPD and RAC and approved through the VA National VA Pharmacy Residency Program Office. This special consideration will only be extended to residents' whose performance has been exceptionally good and no rankings of "needs improvement" in any area or on any objective. During a pause/suspension in the program, the resident will not receive a stipend or receive benefits. If an extension of the program is granted, the determination of a stipend for the extension will be decided by the National VA Pharmacy Residency Program Office and National VA Office of Academic Affairs. The resident should not expect a stipend for a program extension because it is possible that no stipend will be provided beyond the 52-week planned term of the residency.

VA residencies requires a licensure in any one of the 50 states. Licensure to participate in the learning experience (Critical Care) at Kettering Medical Center will require Pharmacy licensure in Ohio. If the resident plans to complete a rotation at KMC, this will be mapped in the second 6 months of the residency year.

VI. PROGRAM STANDARDS

The goals chosen to achieve the program outcomes serve as the basis for residency training. These goal statements are taken from ASHP's " **REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCIES.**" The required competency areas, goals, and objectives for PGY1 Pharmacy Residencies can be found by copying and pasting the following link: [PGY1 Required Competency Areas \(ashp.org\)](https://www.ashp.org/PGY1-Required-Competency-Areas)

VII. QUALIFICATIONS & SELECTION OF THE RESIDENT CANDIDATE(S)

Residency candidates are required to submit the following items via PhORCAS:

- United States Citizen
- PGY-1 application (via PhORCAS)
- Copy of curriculum vitae
- Official college of pharmacy transcripts
- Three letters of recommendation from professional colleagues and/or college faculties
- Essay expressing purpose for pursuing a residency

VIII. ORIENTATION

Residency Orientation: The resident(s) will be asked to review and study the "Residency-Guide-Transitioning-from Student-to-PGY1", developed by ASHP, prior to initiation of the residency. Resident(s) will be directed to the ASHP website to download this material. Upon acceptance into the program, after the MATCH, residents will be given access to the residency orientation documents via Pharmacademic. The Program Director will discuss the documents in Pharmacademic during the first month of the residency.

Orientation: The residency program (Foundations in Residency) commences with an approximate time period of 3 weeks (start date maybe end of June). Orientation to Inpatient and Outpatient areas will occur in September. The orientation periods render exposure to the various practice components of the department, including computer training, committees, policies and procedures.

Customized Residency Plan: Prior to the start of the residency, the program director will send each resident the questionnaire *Assessment and Plan for Residency Training*. The resident will return the completed questionnaire by July 1st. This will be used to develop each resident's customized plan for residency training. The plan is written and developed collaboratively by the resident and program director within 30 days of the residency. The plan will include the resident's interests, areas for improvement, areas of strength, current and future goals, and plans for training. This information is used to develop an individualized training schedule for the residents. The resident, program director and members of the RAC make suggestions to develop the individualized plan, based on residents' progress, areas of improvement and interests. The resident (s) plan will be updated on a quarterly basis by the program director and resident and adjusted accordingly to the resident's progress, this will be shared to all preceptors via Pharmacademic.

IX. LEARNING EXPERIENCES

The RAC develop the resident (s) schedule of learning experiences.

Required Learning Experiences:

- Anticoagulation
- Home-Based Primary Care
- Integrative Medicine
- Internal Medicine I
- Orientation (Foundations and Residency)
- Primary Care I
- Psychiatry I

Required Longitudinal Experiences:

- Practice Management
- Cardiology-Heart Failure
- Inpatient Staffing
- Outpatient Staffing
- Medication Use Evaluations
- Teaching Certificate
- Research/Major Project

Electives Learning Experiences:

- Academia
- Community Living Center
- Endocrinology

- Infectious Diseases
- Integrative Medicine II
- Internal Medicine II
- Population health
- Psychiatry II
- Trauma/Surgical Critical Care @ Kettering Medical Center
- Women's Health

Unique Features

- Rotation opportunities via non-VA setting to maximize learning experience: Teaching Rotation at Cedarville University, Critical Care at Kettering Medical Center
- Teaching Certificate via University of Cincinnati or Cedarville University

X. EVALUATION AND ASSESSMENT OF THE RESIDENT

Evaluations are performed throughout the residency to provide feedback and guidance regarding the resident's performance and the effectiveness of training. All evaluations are based upon ASHP's Accreditation Standards, Program Objectives.

[PGY1 Required Competency Areas \(ashp.org\)](https://www.ashp.org/standards/PGY1-Required-Competency-Areas)

- Informal, verbal feedback daily or weekly (rotation dependent)
- Verbal, mid-rotation evaluation between resident and rotation preceptor
- **Preceptor Evaluation of Resident:** Formal, written end-of rotation evaluation between resident and rotation preceptor using the Summative evaluation form designed for each learning experience in Pharmacademic. For longitudinal experiences, evaluations are completed quarterly. Preceptors will share resident (s) progress with the RAC.
- **Resident Self-Evaluation:** The resident completes formal self-evaluations using the summative evaluation forms in Pharmacademic and reviews this with the rotation preceptor(s). Resident will complete ASHP's *Resident Quarterly Evaluation Form*. This will be formally shared with the RAC through Pharmacademic.
- **Resident Evaluation of Preceptor:** Formal, written preceptor evaluations are to be completed at the conclusion of each rotation, shared with the preceptor, and submitted to the program director in Pharmacademic.
- **Quarterly Progress Report:** The resident's progress on goals and objectives will be discussed routinely at each Residency Advisory

Committee meeting. Each quarter a written progress report using ASHP's *Resident Quarterly Evaluation Form* will be prepared and discussed with the resident, then shared with the RAC through Pharmacademic. The Resident Plan will be modified as needed according to the results of the Quarterly progress reports, needs and interests of the resident.

XI. RESIDENCY PROGRAM STRUCTURE (Attachment I)

XII. REQUIREMENTS FOR ACCEPTANCE

- Be a United States citizen
- Have a Doctor of Pharmacy degree from a fully accredited ACPE school of pharmacy within the United States or equivalent experience
- Have a license in good standing to practice Pharmacy from a recognized State Board of Pharmacy or in pursuit of and eligible for licensure

XIII. INTERVIEW

All those invited for an interview will be informed of the interview schedule and that performance-based interviewing will be used. They will also receive the following via e-mail prior to the interview:

- Performance Standards, Remediation and Disciplinary Policies
- Policies: Duty-hour, Licensure, leave, Requirements for successful completion of the program, Residency-specific remediation/disciplinary policy
- Program start date and term of appointment
- Stipend and benefits information
- Information about financial support for required professional meeting attendance
- Hiring process and pre-employment requirements including drug screening, physical examination, background checks and communication with human resources

The application, interactions with the candidate, performance-based interview and references will be used to rate these characteristics (ex. growth mindset, critical thinking skills, maturity, leadership, self-awareness, respect, flexibility/adaptability, professionalism). Each candidate's responses may vary from the exact criteria. The criteria are provided to help interviewers evaluate the candidates consistently and equitably. Interviewers will select the rating that best matches the characteristics demonstrated.

Objective criteria for applicant's pre-interview, interview and selection rank have been pre-determined the year prior and is imbedded in Phorcas/Webadmit. Our annual post-interview process improvement on the "Interview" process done during a RAC meeting

provides the platform for preceptors to be actively involved and engaged in improving resident interviews for the upcoming year AND allows for a process to be established for the next year of in-coming residents.

XIV. DURATION OF APPOINTMENT, BENEFITS, AND LEAVE

- 52 weeks: June/July 20XX to June 20XX
- Stipend: ~\$48,500 with health insurance available
- Annual leave: Four hours of annual leave per pay period
- Sick leave: Four hours of sick leave per pay period
- Administrative Leave: Available for meetings and symposiums
- Liability Insurance: You will not need any additional liability insurance during residency
- ASHP defines the amount of time residents are allowed to be away from the program: Time away from the residency program does not exceed a combined total of the greater 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.

DUTY HOURS

This program adheres to ASHP Duty requirements for Pharmacy Residencies:
<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

XV. MINIMUM REQUIREMENTS FOR THE RESIDENT TO OBTAIN THE RESIDENCY CERTIFICATE

- 1) Meet all ASHP PGY1 Residency Requirements including the required goals/objectives. A resident may be permitted to graduate with up to 2 objectives in a status of “Satisfactory” status, and ALL other objectives in achieved status. Continued progress to the level expected of the objectives can occur as the resident continues to gain experience. [PGY1 Required Competency Areas \(ashp.org\)](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-required-competency-areas.ashx)
- 2) One Continuing Education talk (ACPE)
- 3) Four case presentations (one of the presentations can be your residency project)
- 4) One completed research/major project. Manuscript suitable for publication. Project is not considered complete until the manuscript is written and approved by the RPD
- 5) One completed Medication Use Evaluation
- 6) Two educational In-Services (all staff or small group)
- 7) Completion of all Pharmacademic evaluations
- 8) Development of/or revision of a therapeutic guideline/protocol/policy
- 9) Completion of all assignments and projects defined by preceptors and RPD
- 10) Compliance with institutional, departmental and residency policies

- 11) Upload all completed projects/MUE/ACPE and other projects to Pharmacademic
- 12) Two journal clubs
- 13) Be licensed for at least 2/3 of the program (35 weeks)
- 14) Complete out-going survey in Pharmacademic

XVI. Other residency requirements (these are not required to receive a residency certificate):

- New Practitioner articles during orientation
- Presentations to Dayton-ASHP/Nursing Pharmacology CE
- Contribution to a Diversity Equity & Inclusion activity. Residents are to participate in multiple task forces or committees as schedule permits
- Residents are responsible for planning Pharmacy Week
- VADERS (VA Drug Adverse Event Reporting) reviews
- Residents serve as a preceptor to pharmacy students completing clinical advanced rotations at the Dayton Veterans Affairs Medical Center
- Residents are responsible for drafting Quarterly Pharmacy Newsletter
- Community service/Volunteer activity in healthcare (VA or non-VA)

Journal clubs and In-services can be the same, if pertinent and relevant to audiences. Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the ASHP Accredited PGY1 Residency Program.

Residents that fail to complete all program requirements and comply with all conditions of the residency program shall not be awarded a certificate of completion of the residency program.