

# PGY-1 Program Requirements & Policies

## Standard 1: Recruitment and Selection of Residents

### Pharmacy PGY1 Residency Candidate Recruitment, Application, Interview and Evaluation Process

#### Recruitment

Dayton VA makes every effort to recruit a diverse residency class that is reflective of all segments of society and provides an environment that promotes Inclusion, Diversity, Equity and Access (I-DEA). Our program is dedicated to the idea that increased self-awareness and appreciation for other worldviews and cultures makes pharmacists more effective clinicians, consultants, researchers, educators, and advocates. To that end, we employ all available venues to help us identify underrepresented candidates who may benefit from residency program. Suggestions from the ASHP Diversity Resource Guide are reviewed ([diversity-resource-guide.pdf \(ashp.org\)](#)) for ideas that can be implemented. This document will be reviewed at least yearly to look for opportunities for further improvements.

VISN 10 RPDs will collectively send a letter with respective programs recruitment materials/links to the top 10 Colleges of Pharmacy who have a majority of students from underrepresented minorities in the profession of pharmacy.

The Dayton VA recruits at Ohio Society of Health-System Pharmacists, American Society of Health- System Pharmacists (Mid-Year) and VA Virtual residency showcases.

#### Medical Education/Vaccination Requirements:



TQCVL RESIDENTS  
FELLOWS STIPENDS.

#### Qualification and Interview Selection Process:

An objective selection process is used to ensure equity in our selection of candidates. Liability Insurance: You will not need any additional liability insurance during residency. An interview is required by electronic means (e.g., Teams, Zoom). Electronic vs face to face interviews will be done in efforts to promote diversity and inclusion to ALL candidates. The Dayton VA participates in ASHP matching process for both Phase I and II.

The Dayton VA has a predetermined, objective criteria for determining which applications shall be invited to interview. The 12 candidates are determined by the top raw scores amongst the applicants of the predetermined, objective criteria. If there is a tie for the 12<sup>th</sup>

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spot, the RPD will make the final determination. We interview 12 candidates each year. Each application is reviewed, scored based on an objective criterion, and documented in Phorcas/Webadmit by two pharmacists. If there is a point difference of greater than 2, the application is scored by a third reviewer. The RPD will make the final determination of the 2 scores.

Residency candidates are required to submit the following items via PhORCAS/Webadmit by January 8:

- 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
- Personalized by You: Essay/letter of intent expressing purpose for pursuing a residency

### REQUIREMENTS FOR ACCEPTANCE

- Be a United States citizen
- Have a Doctor of Pharmacy degree from a fully accredited ACPE school of pharmacy withing 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

### Interviews, Selection Process and Match

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



TQCVL RESIDENTS

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## **Notification of Matched Candidates**

Within 30 days of the Match, the program contacts each matched candidate in writing and requests candidates to confirm and document their acceptance of the matched position and acceptance of the policies provided at/before the interview.

RPD or designee will review these policies with the matched candidates again at the time this notification is sent. The program also provides general information about the hiring process, including pre-employment requirements (including drug screening, physical examination, background checks, and confirmation of program start date and term of appointment with this notification.

The candidate is asked to return documentation of acceptance of the position and acceptance of the policies within 2 weeks of receipt of the notification. The policies will also be reviewed with the resident by the RPD/designee and documented within 14 days of the program.

## **Phase II Match**

If all available positions are not filled through the Phase I National Residency Match, candidates will be considered using all of the same criteria/processes in the selection process above. Candidates will be considered and evaluated based on the order of application and their qualifications. In Phase II, applications will be closed in 2 days. If a sufficient number of acceptable applications (defined as applications meeting interview criteria as stated in the selection process) have not been received, applications will be accepted for an additional 2 days. Notification will be the same as in Phase I.

## **Post Phase II Match/Scramble**

If all available positions are not filled through the Phase I and Phase II National Residency Match, candidates will be considered using all of the same criteria/process in the selection process above, except participation in the Match is not required. Candidates will be considered and evaluated based on the order of application and their qualifications. Applications will be closed when a sufficient number of applications for evaluation are received post-Phase II Match. When an acceptable candidate is identified, verbal/e-mail notification will be made as soon as possible. Since the timeframe is short, applicants who are offered a position will be expected to communicate a decision by e-mail within 48 hours and may lose the opportunity if they do not accept the position within the designated time. When (a) candidate(s) accept(s) the position(s), further applicants will not be considered. Formal written notification including all the required

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elements for a letter of appointment will be the same as in Phase I and will be sent within 30 days of the e-mail acceptance of the position.

If an acceptable candidate from the post-Phase II Match candidate pool has not accepted the position, applications may be re-opened to allow additional candidates to submit applications. If a candidate is not selected, the residency position will be returned to the National Pharmacy Residency Program Office to be temporarily redistributed for the year.

### **Interviews**

The application, interactions with the candidate, performance-based interview, response from cases, 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 for the in-coming residents.

Each candidate will be given 30 minutes, with additional time after the interview if needed, to complete 2 chronic disease cases. No references will be allowed to be used, as this exercise will also help prepare the candidate for their NABPLEX exam. The cases will be proctored by a pharmacist, should the candidate have any questions. A pre-determined score sheet is imbedded in Webadmit for scoring of the cases.

The interview committee will document their interview raw scores and comments for: 1) each candidate's interview questions; 2) case review in Phorcas/Webadmit. In efforts to maintain consistency and minimize bias, each interview committee member will be consistent in asking each candidate their respective interview questions. Each candidate will receive the same cases. Again in efforts to maintain consistency and minimize bias, if anyone from the interview committee is unable to participate in all interviews for all candidates, their raw scores will not be counted in the final tally.

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## Scoring Criteria for Interview Questions

Score	Criteria
Highest (5 or multiple of 5)	Excellent response; clearly answers the question(s). Answer is comprehensive, relevant. No prompting needed to get comprehensive answer with examples as needed/requested. Answer shows thorough research/understanding of program. Confident, professional. Gestures are natural, no distracting mannerisms. Shows enthusiasm. Excellent vocabulary.
Between Highest and Middle (4 or multiple of 4)	Above average response; demonstrates potential. Clearly answers the questions but could expand further. Little prompting needed to get comprehensive answer with examples as needed/requested. Answer shows some research/understanding of program. Confident, professional. Gestures are mostly natural, no distracting mannerisms. Shows enthusiasm. Good vocabulary.
Middle (3 or multiple of 3)	Adequate response; answers the questions without elaboration. Some prompting needed to get comprehensive answer with examples as needed/requested. Answer shows some research but limited understanding of program. Could be more enthusiastic. Adequate vocabulary and acceptable use of grammar.
Between Middle and Lowest (2 or multiple of 2)	Fair response; could be developed further. Significant prompting needed to get comprehensive answer with examples as needed/requested. Answer shows limited research and limited understanding of program. Somewhat difficult to follow logic of response. Response somewhat difficult to believe. Lack of confidence or overconfident/arrogant. Gestures constrained/exaggerated or lacking. Minor distracting mannerism. Could be more enthusiastic. Struggles to find appropriate word(s). Lacks adequate vocabulary.
Lowest (1 or multiple of 1)	Poor and/or rambling response; Unable to follow logic of response. Even with significant prompting, does not give comprehensive answer with examples as needed/requested. Response somewhat difficult to believe. Answer shows no research or poor understanding of program. No confidence or overconfident/arrogant. Gestures constrained/exaggerated or lacking. Distracting mannerisms. No enthusiasm. Lacks adequate vocabulary.

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Examples of Performance Based-Interview questions:

### **Professional goals and commitment**

What are your goals for a residency and beyond? Why did you choose the Dayton VA?

Low    **1**    **2**    **3**    **4**    **5**    High

### **Experience**

Please tell me about your rotations. What was your favorite clinical rotation and why?

Low    **1**    **2**    **3**    **4**    **5**    High

### **Diversity/Equity/Inclusiveness/Respect**

Please share an example that demonstrates your respect for people and their differences, and how you've worked to understand perspectives of others.

Low    **1**    **2**    **3**    **4**    **5**    High

### **Description of the Rank Order**

After resident candidates have been interviewed, the interview committee meet to discuss the rank order submission to the National Matching Service (NMS). The rank order is determined by taking into consideration the interview raw scores from the interview panel, resident interests, and interview responses. The committee discusses the rank order until a consensus is made for submission to NMS. If a consensus cannot be determined by the committee, the RPD or designee will make the final determination.

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## Standard 2: Program Requirements & Policies

### Residency Program Director (RPD)

The RPD is responsible for all aspects of the residency program. The RPD may delegate various tasks to other preceptors or individuals as needed, but ultimate responsibility for accreditation and success of the residency program lies with the RPD.

### Residency Advisory Committee (RAC)

The RAC is established by the RPD to provide guidance and oversight of the program. The RAC is responsible for monitoring resident progress, program requirements and policies; structure, design and conduct of the residency program; and ongoing program improvement including a formal annual assessment of the program and the preceptor development program. The RAC also monitors the implementation of program improvement plans.

The RAC is comprised of the RPD (chair), preceptors and the Chief of Pharmacy. Preceptors on the RAC are responsible for their learning experiences. The RAC meets at least quarterly, our site will aim for about 8-10 times per year. Although the RAC discusses resident progress, the specifics of resident performance are only recorded in a confidential file and not in the published agenda/minutes.

### Resident Responsibilities/Job Description/Functional Statement

#### 1. General Description:

The PGY1 Residency is a 52-week full time commitment. Under the guidance of preceptors and while developing his/her/their own skills in the provision of pharmaceutical care, the pharmacy resident's (PR) responsibilities include providing highly innovative and progressive clinical pharmacy services throughout the medical center. The PR assists in the organization and implementation of educational, clinical, and administrative/project activities of the Pharmacy Service. Functions include but are not limited to: the provision of pharmaceutical care and drug information, interpretation of providers' orders, counseling patients on proper medication administration and storage, drug regimen reviews, pharmacokinetic monitoring, assessing adverse drug events and assisting in medication use evaluation programs, participating in the Pharmacy and Therapeutics Committee and Medication Safety Committee, and participating in education of providers and staff. The PR develops skills to become a leader in training and integrating staff members into all pharmaceutical care activities. The PR develops an ability to perform his/her/their functions with an increasing level of independence through the year.

#### 2. Functions and Responsibilities:

- A. To develop skills as a provider of pharmaceutical care and drug information.
- B. To develop skills in practice management and drug policy development.
- C. To ensure the safe and appropriate use of medications and medical items.

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- D. To promote the optimal use of medications (including prevention of improper or uncontrolled use of medications).
- E. To educate healthcare professionals, the patients, and the public in pharmacotherapy.
- F. To participate in medication use evaluations and rational drug use.
- G. To promote documentation of allergies and adverse drug reactions.
- H. To develop the skills to conduct projects.
- I. To perform the functions of a staff pharmacist as assigned.
- J. To discuss any problems related to or effecting the residency with preceptors and/or the PR Program Director to resolve problems and to ensure that the goals and objectives of the program can be met

### 3. Responsibilities:

The PR, with the supervision and guidance of the preceptor(s), has responsibility for providing expert pharmacotherapy services for patients and professional staff throughout the medical center to optimize patient response and resource utilization. Within this basic framework, the PR assumes the duties and responsibilities in the pharmacy practice areas of: clinical practice, education, program management, administrative activities and projects, with a graduated level of responsibility as competency is demonstrated to the preceptor in accordance with Supervision of Associated Health Trainees VHA Handbook 1400.04. [VHA Handbook 1400.04, Supervision of Associated Health Trainees \(va.gov\)](#)

Under the direction of the preceptor(s):

- Provides advanced pharmacology and therapeutics consultation to the professional staff.
- Assists as an active member in Pharmacy & Therapeutics Committee, Medication Safety Committee activities.
- Implements protocols/guidelines/changes approved by the Pharmacy and Therapeutics Committee regarding the use of formulary and non-formulary and restricted medications.
- Assists in the medication utilization evaluation process and the adverse drug event program.
- Provides formal and informal drug information service to the professional staff.
- Obtains medication histories from patients when appropriate and summarizes the significant findings.
- Identifies any drug-induced problems that may be affecting the patient or contributing to the need for hospitalization and acts to achieve their resolution.
- Recommends optimal management of drug-induced problems.
- Weighs the risk/benefit ratio of various therapeutic alternatives, develops a therapeutic plan utilizing the most efficacious, least toxic, and most economical pharmacological treatment modalities available, and institutes the plan or communicates it to the patient's primary provider.
- Develops individualized dosing regimens through the pharmacokinetic monitoring service based on the pharmacokinetics of the medications employed, the renal status, and other pertinent parameters.
- Determines appropriate doses of medications requiring pharmacokinetic monitors.
- Determines when drug levels and other pertinent laboratory information in those patients requiring pharmacokinetic monitoring are needed.
- Decides objective and subjective parameters necessary to monitor the therapeutic



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and toxic effects of the drugs selected.

- Provides primary patient care in the Ambulatory Care Clinics under the supervision of a preceptor.
- Formulates patient treatment plans and recommends appropriate drug therapy per approved treatment protocols or in consultation with preceptor(s).
- Recommends initial, continued or modified drug therapy, and monitoring of medication therapy and adjustment of medications or dosages if needed as outlined in approved treatment protocols or in consultation with a physician.
- Analyzes the patient's medication regimen for drug interactions and determines the potential and significance of each interaction. Acts to achieve optimal management of drug interaction problems.
- Provides patient education on medications including, but not limited to any charges made in the current medication regimen.

### B. Education

- Develops one's skills and becomes a self-directed learner.
- Assists in training professional staff including pharmacy, medical, nursing, residents, and students.
- Assists preceptors with pharmacy students
- Provides and promotes education for patients.
- Participates in at least 40 hours of hospital/professional continuing education programs annually.
- Provide feedback to the preceptors on their teaching effectiveness and the structure and content of the residency experiences

### C. Projects

- May actively participate in projects under the supervision of a preceptor.
- Under the guidance of a preceptor, may publish projects in referred journals, independently or as a contributing member of a project team.

### D. Duties:

- Maintain educational competence to perform per responsibilities
- Enhance own skills and knowledge
- Be physically capable of performing responsibilities

### E. Other:

- Provide the services as defined in this document
- Abide by the bylaws, rules, and regulations of this Medical Center which apply to activities as a member of the professional staff
- Abide by the professional standards established by the American Society of Health System Pharmacists and the policies and procedures of this Medical Center and the Department of Veterans Affairs
- In the performance of official duties, the employee/PR has regular access to both printed and electronic information containing sensitive data which must be protected under the provisions of the Privacy Act of 1974 and other applicable laws, federal regulations, VA statutes and policies,

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and VHA policy. The employee/PR is responsible for (1) protecting that data from unauthorized release or from loss, alteration, or unauthorized deletion; and (2) following applicable regulations and instructions regarding access to computerized files, release of access codes, etc., as set out in a "Rules of Behavior" signed by each employee.

- The Pharmacy resident [PR] is required to obtain a pharmacist license as defined by the Department of Veterans Affairs and the Dayton VAMC policies
- Meet the requirements of the ASHP Accreditation Standard for post graduate year 1 (PGY1) pharmacy residency program.

### **Organizational policies**

The PR will be protected by and abide by all VA Directives, policies and procedures of the Medical Center and pharmacy team and the by-laws of the medical staff when applicable. Such policies include, but are not limited to: policies on Dress Code, Prevention of Sexual Harassment, Pharmacy Service Operations, Employee Grievances, Equal Employment Opportunity (EEO) Complaint Process, Probationary Periods, Trial Periods and Placement Follow-up, Compliance, Organizational Ethics: Code of Ethical Behavior and Standards of Ethical Conduct. Local medical Center policies:

[DVAMC Governance Document Management - Documents - All Documents \(sharepoint.com\)](https://dvamc.sharepoint.com/sites/VHAV10HR/SitePages/Services.aspx)

VISN 10 HR SharePoint Site:

<https://dvagov.sharepoint.com/sites/VHAV10HR/SitePages/Services.aspx>

### **Attendance**

The residency is a full-time temporary appointment of 52 weeks in duration. The resident will be onsite or working remotely as approved for 5 days per week for at least 40 hours per week to perform activities to meet the goals and objectives of the program. When the resident is off site, the program director and preceptor must approve the time off or away and procedures for leave must be followed. The resident is expected to be present for learning experiences and staffing assignments as scheduled. A resident cannot have more than 37 days off the normal tour of duty over the 52 weeks without requiring a program extension.

Residents are expected to attend and participate in ALL residency showcases (ex. OSHP, ASHP) and other residency related events as discussed by RPD. Resources will be assessed annually by the medical center for travel.

### **Benefits**

#### ***Schedule/Leave Requests (vacation, sick time, professional leave/authorized absence/travel time, etc.)***

Residents accumulate leave at the rate of 4 hours of sick leave (SL) and 4 hours of annual leave (AL) per pay period (26 pay periods/year).

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There are 11 Federal holidays. Residents will not be asked to staff any Federal holidays. Although, residents staffing Federal holidays will be assessed annually during our Residency Advisory Committee (RAC) meetings as a continuous quality improvement assessment.

### **Professional Leave**

Administrative leave (AL) will be granted for professional meetings that the program recruits' resident candidates (ASHP and OSHP). A maximum of 5 days AL for ASHP and 2 days for OSHP.

Professional leave (authorized absence/travel time) may be requested through the Residency Program Director (RPD) who will direct the resident of the procedure for the specific request. The resident may apply for travel and educational funds for professional conferences through the Dayton VA. The approval of funding goes through the VA and local travel approval process and requires the resident to complete the appropriate online requests (i.e. Concur Government Edition (CGE) [VA Identity and Access Management System \(IAM\)](#) ). Assistance with completion of the requests is available through the travel coordinator and/or RPD. Funding for travel and educational residency conferences have historically always been funded by the medical center for residents. Although availability for funding will continue to be reviewed annually.

Requests for use of ALL leave (AL/SL/Administrative) are made through the VATAS system (<https://vatas.va.gov/webta/>). Timing of requests and impact on learning experiences and completion of goals/objectives will be considered when approving/denying requests. All requests must be discussed with the RPD and preceptor prior to submission. The current preceptor and RPD must approval all requests for planned time off.

The accumulation of SL is to protect the resident from loss of pay during an illness. Excessive use of SL could negatively affect performance and the achievement of the goals of the residency. In the event that an extended sick or family leave is necessary, the facility will consider the arrangements on an individual case basis. VA policies will be followed:[https://dvagov.sharepoint.com/sites/vhadaymcg/Shared%20Documents/Forms/ AllItems.aspx](https://dvagov.sharepoint.com/sites/vhadaymcg/Shared%20Documents/Forms/AllItems.aspx)  
The Pharmacy Residency Program Director will advocate for the resident but will not excuse the resident from meeting the goals and objectives of the Pharmacy Residency or the ASHP requirements. See **Extended Leave** section below.

If a resident needs to use leave that has not been planned (e.g., SL), they must call the RPD, current preceptor and/or the pharmacy program assistant who manages timecards. The resident must speak to at least one of these people. E- mails are inadequate to communicate this information. Texts are appropriate. If the resident cannot reach both the RPD and preceptor, he/she/they must ask one of the individuals contacted to share the information.

They must indicate that they have not spoken to the designated individuals and ask them to communicate via other appropriate mechanism so the people who need to know are informed. The resident must also inform the RPD, preceptor or pharmacist in charge what responsibilities will need to be re- assigned, cancelled, or postponed due to that day's absence to. If the resident only reaches the program assistant,

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they must reach out to one of the other individuals listed regarding the responsibilities for the day. The resident must repeat this process for every day that he/she/they will be absent unless another arrangement has been made with the RPD or preceptor (i.e. emergency surgery requiring several days of leave).

### **Extended Leave**

The residency year is 52 weeks of work. The program is incomplete unless the time and all requirements for graduation are met. Per the ASHP Standards, an extension of the program would be required to complete the program if a resident exceeds 37 days of leave of any type including vacation time, sick time, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave, military leave, parental leave, leave of absence, extended leave, conference and education days. (See [ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf](#) pages 5-6). A program extension will be equivalent in competencies and time missed.

For military leave, veterans who are called to active duty may request an exemption from the National Director of Residency Programs and Education for the requirement to complete the 52 weeks within 1 year of the initially scheduled date of completion. Such exemption will be considered on an individual basis in collaboration with the local Residency Program Director if the Veteran has been on active duty/military leave for the time of absence from the residency program.

### **Duty Hours**

The link to ASHP policy on duty hours is [duty-hour-requirements.ashx \(ashp.org\)](#).

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, administrative duties, scheduled remote work, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. The Dayton VAMC does not have in-house or off-site call.

Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

Dayton VAMC Pharmacy Residents are only permitted to work outside the VA with permission from the program director. Anyone having knowledge of a pharmacy resident working outside the VA must report it to the pharmacy residency program director. Dayton VA does not have dual appointments where residents are scheduled and compensated for hours beyond their residency.

### ***Maximum Hours of Work per Week***

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities.

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### ***Mandatory Time Free of Duty***

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks).

### ***Maximum/Continuous Duty Period Length***

Duty periods of PGY-1 residents must not exceed 16 hours in duration.

### ***Minimum Time Off between Scheduled Duty Periods***

PGY-1 residents must have a minimum eight hours between scheduled duty periods.

The Residency Program Director and the preceptors intend to adhere to these regulations. The resident must report any conflicts with duty hours immediately to the program director to assist in resolution of the duty hours conflict so that the regulations are not violated. The resident is prohibited from violating duty hours requirements.

Moonlighting\* (voluntary, compensated work performed inside or outside the organization) is allowed only IF approved by the program director. The program director and preceptors will do continuous assessment of the resident's progress and the impact of moonlighting on he/she/their ability to complete residency competencies. Failure to report and resolve duty hours conflicts constitutes a violation of policy and could result in disciplinary action. Duty hour compliance will be monitored and documented monthly on tracking sheet and quarterly using PharmAcademic.

If resident is moonlighting, completion of ASHP Moonlighting assessment will be added in PharmAcademic:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/duty-hour-moonlighting-policy-example-v2.pdf>

In addition, if the resident is moonlighting, they are only allowed to moonlight a maximum of 16 hours per pay period.

### **Duty Hours Compliance Tracking**

Duty hours are to be tracked monthly by the resident by completing the tracking form in PharmAcademic. The resident documents compliance/non-compliance with duty hours requirements in PharmAcademic on the Duty Hours Attestation Form on a monthly basis. Any violation of duty hours must be reported to the RPD and a plan of correction developed by the resident and RPD to avoid future violations. The RPD will bring any violations to the RAC for additional discussion, assessment of cause(s) and plans to avoid future violations.

### **Benefits**

Stipend and Term of Appointment --The stipend for the full 52 weeks is ~ \$48,500. The program starts typically the end of June-early July in the upcoming academic year.

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Opportunity of a program extension with pay and benefits, beyond 37 days per 52-week training period will depend on the decision of the National Director of Residency Programs and Education and pending availability of funding by the VA and is not guaranteed. If no pay is available or authorized with program extension, this will impact the availability of benefits for the resident. The RPD will also inform the Chief of Pharmacy of the potential extension. If extended leave is granted, a resident must use all earned leave prior to going on leave without pay (LWOP). LWOP would be in effect until the resident returned to the program. With an approved extension of the residency program, completion of all requirements of the residency and the number of days that exceeded the allotted leave must be accomplished within 1 year of the initially scheduled completion date (the date planned for completion if there had not been a need for extended leave). Therefore, the maximum time for LWOP would be 1 year.

Leave time—see *Schedule/Leave requests*

Health insurance and life insurance coverage is available as in the Federal Benefits package. Free parking is available. Liability insurance is not required, all trainees, including residents are covered under a completed TQCVL. The United States Government accepts responsibility and liability for the actions of its employees during the exercise of their official duties. Employees' performing within the course and scope of their duties in or for the Department of Veterans Affairs (VA) are afforded the protection of the Federal Tort Claims Act.

### **Resources for Work**

Residents will be provided with a safe space to work which is free from excessive interruptions and noise, a laptop/computer, onsite and remote computer access, access to online references, literature resources, clinical information systems and databases as well as extensive online VA educational programs.

### **Performance Standards, Remediation, Disciplinary Policies and Termination or Resignation**

The Pharmacy Resident (PR) is expected to fulfill all the objectives of required and elective learning experiences and to satisfactorily complete all other requirements outlined in the residency manual. Professionalism, high quality, and timeliness are expected. The goal is for the PR to successfully meet the expectations and to grow professionally. Preceptor and self- evaluations will be conducted and documented for every learning experience. In addition, quarterly assessment of the PR's achievement of his/her/their goals will be done by the PR and the Residency Program Director with input from all preceptors. If performance does not meet these expectations and/or there is lack of progress toward the goals, the resident will be given ample opportunity to improve.

Formative assessment and feedback will be documented when a resident is not progressing as expected. Elective time may be used to extend required rotation(s) to permit the resident additional time to meet the objectives of the rotation. If the objective(s) that have not been met continue to be used and evaluated in other rotations, the resident may be permitted to demonstrate the ability to fulfill the objective(s) in

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subsequent rotation(s). Written documentation of feedback, evaluations and discussions will be maintained. The resident's performance will be assessed based on terminal competency, not an average of the evaluations in all the experiences. The goal of the residency is to teach, not to discipline.

When there is concern that the resident is not progressing satisfactorily and/or may not receive a residency certificate, the National Director of Residency Programs and Education for VA will be contacted as soon as possible. If the resident does not progress in a manner anticipated to reach the expected level of competency with all the reasonable provisions discussed, the resident will not be permitted to graduate from the residency program and a residency certificate will not be issued. If the resident has not completed a major project, Medication Use Evaluation, educational program, and other program requirements by the scheduled completion of the program as required for graduation, the resident may be given a 30-day grace period to complete the assignment/project and submit the document(s) after the end of the program. This 30-day grace period is not paid, and the resident will not be a VA Resident. The resident is welcome to reach out to preceptors as needed for feedback on drafts prior to the end of the grace period. If the submission is satisfactory by the end of the 30-day period, a certificate will be awarded at that time.

If there are severe deficiencies or if no improvement occurs by the resident with feedback, the resident will be placed on a probationary period with a focused performance improvement plan. All efforts will be made by the program to assist the resident in meeting program requirements for graduation and receiving a certificate. However, if after all efforts are made and a reasonable timeframe given, and the resident is not progressing in a timeline to meet program requirements, the program director (after discussion with the RAC), will meet with the National Residency Program office to discuss if the resident may be terminated prior to the end of the 52-week residency tenure period or if an extension maybe permitted to achieve the requirements for graduation.

The VA National Director of Residency Programs and Education will be contacted regarding this as soon as possible. Immediate dismissal may occur for violation of VA regulations, policies and procedures or for unethical or unprofessional conduct. Immediate dismissal may also occur if the verification of graduation reveals that the student did not graduate from the School of Pharmacy attended. The VA National Director of Residency Programs and Education will be contacted as soon as possible regarding immediate dismissal of a resident.

If the PR does not agree with the evaluation of a preceptor, the PR is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution. If the PR is not satisfied with the resolution, the PR may submit a written request to present his/her/their justification of performance to the Pharmacy Residency Program Director within 7 days of the evaluation. The Program Director will review the evaluations and investigate the situation. The Program Director will attempt to resolve the situation within 14 business days of the request. The resolution will be presented to the PR in writing. If the PR is not satisfied with the resolution, he/she/they may submit a written request for review by the Residency Advisory Committee (RAC) within 7 business days of notification of the Program Director's decision. This request must include a written justification demonstrating why the PR feels the evaluation should be changed, including objective information about the PRs performance. The PR will also have the opportunity to present to the RAC verbally. The PR may request that the preceptor involved not be present for the

## PGY-1 Program Requirements & Policies

verbal presentation. However, the RAC may deem it appropriate to have the preceptor involved also present verbally to the RAC. The RAC will also review all written documentation of performance and discussions. The RAC may also ask the resident to demonstrate the ability to perform functions in question through case presentation and questions or other appropriate means based on the skills involved in the evaluation. All preceptors will be permitted to participate in the evaluation of the PRs performance in this circumstance. The PR will be informed in advance of the criteria-based evaluations that will be used. The RACs decision with the concurrence of the Residency Program Director and Chief of Pharmacy is final. This entire process will be coordinated by the Residency Program Director. In the case that the Residency Program Director is the preceptor involved in the evaluation in question, the RAC committee will select another preceptor to coordinate the process. If the PR desires further intervention, the VA National Director of Residency Programs and Education will be contacted.

If the PR has an issue that is not related to evaluation, a similar process will be followed. The PR is asked to address the issue directly. If the issue is not resolved, the PR should contact the RPD. The RPD will discuss with the RAC as appropriate. The Chief of Pharmacy will be involved as needed. If the PR desires further intervention, the VA National Director of Residency Programs and Education will be contacted.

Attachments: Probation letter & Performance Improvement Plan



Resident Probation  
Letter no name.docx



Performance  
Improvement Plan.d

### **Termination or Resignation or Not Granting a Certificate**

All considerations of termination, resignation or not granting a residency certificate will be discussed with the VA National Director of Residency Programs and Education as soon as possible. A resident may contact the VA National Director of Residency Programs and Education if he/she/they feel that issues are not being addressed at the local level.

### **Plagiarism**

Plagiarism is a form of theft. It is a VERY SERIOUS violation of ethical standards and will result in disciplinary action during the residency program and later as a professional.

Unfortunately, plagiarism is committed at times without any ill intent because the writer does not fully understand how to paraphrase and cite correctly. Here are some examples to help you avoid plagiarism.

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



## PGY-1 Program Requirements & Policies

This presentation from MD Anderson Cancer Center has some additional hints: (Can be opened by non-VA computer only) [Effective Writing and Avoiding Plagiarism \(slideshare.net\)](#)

Residents are expected to read a reference and then explain the content in their OWN WORDS WITHOUT LOOKING at the original passage. Even when an author's work is cited, direct copying of a statement or portions "word for word" is not permitted. The only exception is when specifically quoting a statement or statements to convey the message and it is properly noted that these are the exact words using quotations. Use of large sections/quotations/tables from copyrighted material requires permission from the authors and/or publishers. Residents are responsible to investigate further or get permission so there is no copyright infringement.

ASHP and our facility has a ZERO tolerance for plagiarism. Flagrant plagiarism will be referred to the RAC/RPD/Chief of Pharmacy and dismissal may result.

REFERENCING FORMAT: An option is the National Library of Medicine format is used for referencing. [Samples of Formatted References for Authors of Journal Articles \(nih.gov\)](#). When submitting to a specific publication, check the requirements for that publication.

# PGY-1 Program Requirements & Policies

## 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 (KMC) 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.

Licensure will be verified through the appropriate state licensing board website in which the resident is seeking licensure.

## Requirements to receive Residency Certificate:

- 1) Meet all ASHP PGY1 Residency Requirements including the required goals/objectives. A resident maybe 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)
- 2) One Continuing Education talk (ACPE)
- 3) Four case presentations (one of the presentations can be your residency project)

## PGY-1 Program Requirements & Policies

- 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

### **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)

If there are assignments/projects that are not completed at the scheduled completion of the residency, the resident may be given an extension of up to 30 days to complete these assignments and submit them to the RPD. An extension to complete unfinished work will be unpaid (Work without Compensation (WOC) appointment).

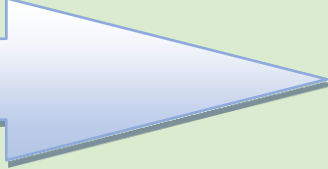
## PGY-1 Program Requirements & Policies

### Standard 3: Structure, Design, & Conduct of the Residency Program

#### Structure and Cadence of Learning Experiences:

Required	Electives	Required Longitudinal
Anticoagulation (4 weeks)	Academia (2-4 weeks)	Cardiology-Heart Failure (1/2-day clinic twice monthly X 52 weeks)
Home-Based Primary Care (4 weeks)	Community Living Center (2-4 weeks)	Medication Use Evaluation (48-50 weeks)
Integrative Medicine I (4 weeks)	Endocrinology (4 weeks)	Practice Management (48-50 weeks)
Internal Medicine I (4 weeks)	Infectious Diseases (4 weeks)	Research/Major Project (48-50 weeks)
Orientation: Foundations in Residency (3 weeks)	Internal Medicine (2-4 weeks)	Teaching certificate (48-50 weeks)
Primary Care I (4 weeks)	Integrative Medicine II (4 weeks)	Inpatient Staffing (10 months staffing every 3 <sup>rd</sup> weekend, 1 week in 1 <sup>st</sup> and 2 <sup>nd</sup> Quarters)
Psychiatry I (4 weeks)	Population Health (4 weeks)	Outpatient Staffing (10 months: staffing every 3 <sup>rd</sup> weekend starting in October + 1 week in 1 <sup>st</sup> and 2 <sup>nd</sup> Quarters)
	Psychiatry II (4 weeks)	
	Trauma/Surgical Critical Care (4 weeks) @ Kettering Medical Center	
	Women's Health (2-4 weeks)	

## PGY-1 Program Requirements & Policies

June/July	August - November	December	January - June
<b>Foundations in Residency</b>			
Residency Orientation	Internal Medicine I	Residency recruitment	Primary Care II
Pharmacy Service Orientation	Home-Based Primary Care Primary Care I	Inpatient/Outpatient Practice	Integrative Medicine
Departmental Policies/Procedures	Anticoagulation	Vacation	Psychiatry
ASHP regulatory standards	Inpatient & Outpatient staffing orientation (September): Staffing of every 3 <sup>rd</sup> weekend begins 1 <sup>st</sup> weekend in October	Project Time: Major Project/ACPE + others	<b>Electives (3 months)</b>
Shadow Inpatient/Outpatient Rx areas			
Obtain Pharmacy Licensure	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Longitudinal Learning Experiences &amp; Other</b> </div> 		

# PGY-1 Program Requirements & Policies

## Utilizing PharmAcademic™ for Evaluations

PharmAcademic™ is a web-based software tools used to manage the evaluations and record-keeping associated with residency programs accredited by or seeking accreditation by ASHP. Accredited residency programs are based on goals and objectives as set forth by the RPDC. PharmAcademic™ is based on the RPDC and help residency programs meet the standards for accreditation. When an individual is enrolled as a resident or preceptor in PharmAcademic™, that person will receive an email message containing his/her password. Residents can log into PharmAcademic™ at <https://www.pharmacademic.com/> and change their password at that time. Residents will use PharmAcademic™ to complete all summative evaluations and to cosign evaluations completed by preceptors. PharmAcademic™ will notify the preceptor by e-mail when a task needs to be completed. Residents can either click on the link in the e-mail or log into PharmAcademic™ externally or click on the link in the task list to complete each task. It is encouraged that residents do not sign the evaluations until after meeting with the preceptor in person. Timeliness with evaluations are considered completion of evaluation with 7 days of due date.

To assist with timeliness of evaluation:

**\*\* Switch your Pharmacademic email from your school to VA email \*\***

Keys to constructive feedback:

- o Identify the purpose
- o Discuss in private, quiet area
- o Focus on your direct activities on your rotation
- o Perform self-assessment
- o Be specific – How can I improve? What can I change? Why change? What
- o Be timely
- o Decide on improvement plan
- o Plan for follow-up evaluation

## Evaluation/Assessment Strategy/Rating Scale

### Likert scale for Summative Evaluations for classifications for PGY1 Evaluations

1-2: Needs Improvement (NI)

Needs Improvement is used for areas that the resident is behind the expected learning curve. All objectives marked as needs improvement should also contain comments that include suggestions for improvement. Should an objective be marked as needs improvement, the corresponding goal should also be marked as needs improvement

3: Satisfactory Progress (SP)

## PGY-1 Program Requirements & Policies

Satisfactory progress is earned if the resident is on the learning curve, but still needs further experience requiring evaluation for an objective. Should an objective be marked satisfactory progress, the corresponding goal should also be marked as satisfactory progress

### 4-5: Achieved (ACH)

Achieved is earned for an objective if the resident has mastered the skill and no longer needs evaluation by the preceptor. Should all objectives not be evaluated on the preceptor's rotation, the corresponding goal should be marked as satisfactory progress.

**Achieved for Residency (ACHR)\*** = Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program

- One a quarterly basis, the RPD will review all summative and quarterly evaluations completed for learning experiences that the resident has completed and assess the ratings rendered by preceptors for each objective assigned to be taught and evaluated.
- For objectives taught and evaluated in multiple learning experiences or multiple quarters, requires having an evaluation of "achieved" on two separate learning experiences.
- Objectives evaluated in a singular learning experience may be marked ACHR after a one-time evaluation of "achieved" Designated only by program director or coordinator based upon review and assessment of each resident's performance from summative evaluations.
- For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include any comments specific to such objective(s) in the overall evaluation comments as they deem appropriate to their area of practice.
- At any time during the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, the RAC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, an action plan developed in collaboration with the resident which will be documented in the resident development plan and communicated with applicable preceptor(s).

### Requirements for a non-pharmacist rotation

Non-pharmacist rotations will be mapped in the 4th quarter. Requirements for a non-pharmacist rotation will be allowed when the resident is considered independent in the clinical setting, demonstrates strong communication skills, and has demonstrated over the course of the residency year that self-conduct is professional.

Completion of all objectives in R1.1 in achieved status and having R1.1 as achieved for the residency will serve as a marker for clinical independence. Readiness for a non-pharmacist rotation will be determined by the RPD.

# PGY-1 Program Requirements & Policies

## Diversity, Equity and Inclusivity:

- Healthcare Equity VA – ECHO (Extension for Community Healthcare Outcomes) DEI training sessions occur monthly. Recorded sessions are available <https://dvagov.sharepoint.com/sites/V20Clin/scanecho/hce/SitePages/Healthcare-Equity-VA-ECHO.aspx>
- Harvard Implicit Bias Test: <https://implicit.harvard.edu/implicit/takeatest.html>
- The Project Implicit Team: Implicit Social Recognition: <https://www.projectimplicit.net/>
- Guh J, Harris CR, Martinez P, Chen FM, Gianutsos L. Antiracism in Residency: A Multimethod Intervention to Increase Racial Diversity in a Community-Based Residency Program. Fam Med. 2019;51(1):37-40. <https://journals.stfm.org/familymedicine/2019/january/chen-2018-0328/>

Discrimination, bullying and harassment are unacceptable and will not be tolerated. VHA, Office of Academic Affiliation (OAA) and Pharmacy Residency Program Office (PRPO) and this institution expect that residents will be able to work and study in an atmosphere that prohibits discrimination, bullying and harassment by colleagues, supervisors, teachers, peers, other staff members, and patients. This applies in all areas including employment and training. If residents experience or observe discrimination, bullying or harassment, they should report it to the preceptor, RPD and/or Chief of Pharmacy and to Human Resources. Any reported discrimination, bullying or harassment will be addressed as soon as possible.

Dayton VA promotes a culture of psychological safety where everyone can express their ideas respectfully without fear of punishment or humiliation. Everyone is expected to show respect for all people with whom they interact at all times. When there is disagreement, a process to discuss each perspective will be expected and it will be done with respect and active listening. Resolutions to a disagreement will be agreed upon by both parties.

## Well-being & Resiliency

It is easy for the complexities of health care to result in stress for professionals who work in health care. No one is exempt from the stresses of his/her/their professional and personal life. No one should feel afraid or ashamed to ask for help coping with stress or depression – we've all needed assistance at various points. Many resources and people are available and here to assist.

Residents are to assess their level of readiness for work, wellness and monitor for signs of burnout. Each resident is encouraged to discuss with RPD, at any time of the year, any questions, concerns with their wellbeing. Well-being and Resiliency will be discussed during monthly RPD interactions.

Definitions for awareness during exercises and assessment:

- **Burnout:** A syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment occurring from chronic workplace stress



## PGY-1 Program Requirements & Policies

- Resilience: The ability of a person, community, or system to withstand, adapt, recover, rebound, or even grow from adversity, stress, or trauma
- Moral injury: The impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations. Integral to the concept is the perception of betrayal by those in positions of authority and the inability (for a variety of reasons) to speak up to address the issue.

The program includes:

- Discussion with pharmacy residents to the realities of stress and resilience
- Recorded Residency Call by Dr. Bonner as part of orientation  
[https://va-eerc-ees.adobeconnect.com/\\_a1089657440/p6cg9j9hk5ws/?launcher=false&fcsContent=true&pbMode=normal](https://va-eerc-ees.adobeconnect.com/_a1089657440/p6cg9j9hk5ws/?launcher=false&fcsContent=true&pbMode=normal)

Some tools/resources:

- <https://wellbeing.ashp.org/resources> (Wellbeing Ambassador program)
- In addition, Headspace is available free for ASHP members through <https://www.ashp.org/membership-center/be-kind-to-your-mind>.
- National VA educational monthly resident sessions
- “What matters To You?” conversations w/RPD monthly
- Wheel of Health: <https://dhwprograms.dukehealth.org/wheel-of-health/>
- U.S. Surgeon General’s Framework for Workplace Mental Health & Well-Being (Commissioned Corps of US Public Health Service)
- [Well-Being Tools – Duke Center for Healthcare Safety and Quality \(dukehealth.org\)](#)
- [Well-being Index for Pharmacy Personnel \(pharmacist.com\)](#)
- [A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being - National Academy of Medicine \(nam.edu\)](#)
- [Whole Health Home \(va.gov\)](#)
- Opportunity for a resident to select a mentor during the 1<sup>st</sup> 3 months to support or advise the resident as needed in addition to the support from the RPD
- As needed discussion/meetings based on observations or reports of any staff or resident
- VISN 10 Whole Health: [VISN 10 Employee Whole Health Wellbeing Offerings Calendar - Calendar \(sharepoint.com\)](#)

# PGY-1 Program Requirements & Policies



ASHP Roadmap to Pharmacy Workforce

## Employee Assistance Program

Residents should not hesitate to seek the support of the Employee Assistance Program. Getting appropriate support early can prevent difficult situations which may severely interfere with a resident completing the requirements of the program and getting a residency certificate.

[Employee Assistance Programs \(opm.gov\)](https://www.opm.gov)

## Wheel of Health



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