

**Department of Veterans Affairs (VA)  
Minneapolis VA Health Care System  
(MVAHCS)  
Minneapolis, MN  
2024-2025 Pharmacy Residency Manual**

**VA**



**U.S. Department  
of Veterans Affairs**



**ASHP-Accredited**

PGY1 Pharmacy Residency

PGY2 – Pain Management and Palliative Care

PGY2 – Psychiatric Pharmacy

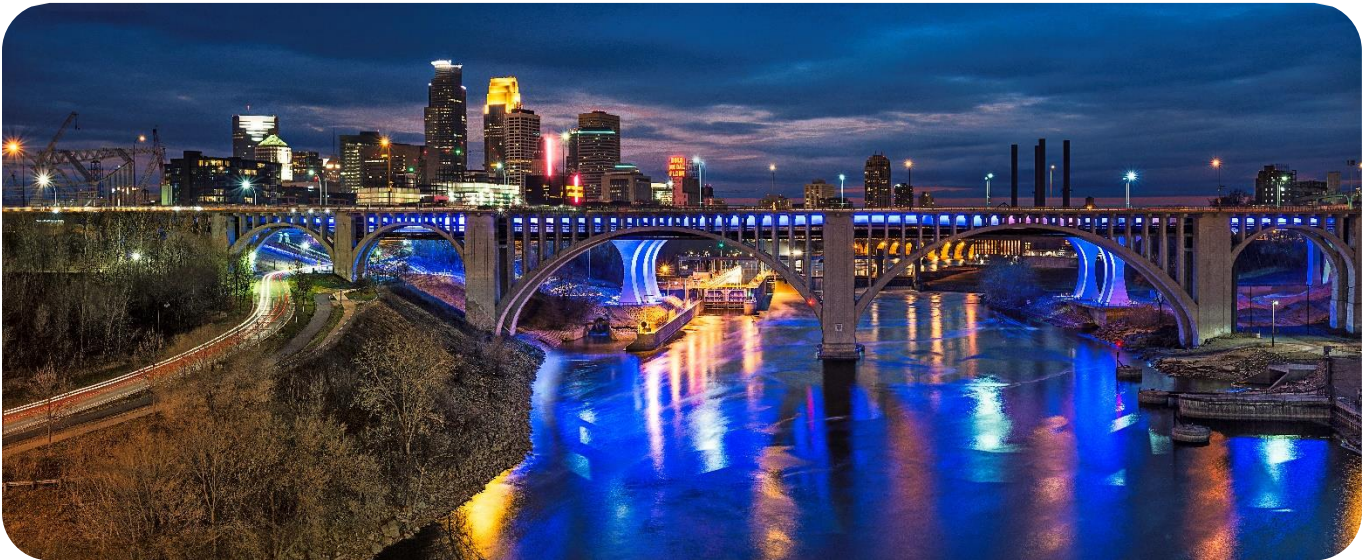
PGY2 – Geriatric Pharmacy



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## *Minneapolis Skyline and Minnehaha Falls*

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## Welcome!

Thank you for inquiring about the Minneapolis VA Health Care System (MVAHCS) Pharmacy Residency Programs. We are pleased you are considering our program(s) for your professional future! This booklet provides valuable information about our facility, teaching programs, preceptor faculty, and clinical practice experiences for the following residency programs:

- PGY1 – General, established 1963, ASHP-accredited (3 positions)
- PGY1 – General with an interprofessional experience in mental health, established 2013, ASHP-accredited (1 position)
- PGY2 – Psychiatric Pharmacy, established 2013, ASHP-accredited (1 position)
- PGY2 – Geriatrics, established 2018, ASHP-accredited (1 position)
- PGY2 – Pain Management and Palliative Care, established 2018, ASHP-accredited (2 positions)

At the MVAHCS, over 100 pharmacists play a vital role in the delivery of patient care; working closely with physicians, nurses and other health care team members to ensure America's Veterans receive the finest care. We pride ourselves in providing an innovative and unique pharmaceutical care program in which all pharmacists participate.

As a resident, you will have the unique opportunity to gain clinical experience in a multitude of settings and practice environments with the opportunity to customize your residency based on your own professional interests. You will be directly involved in providing patient-oriented pharmaceutical care as well as completing projects and being involved in precepting opportunities through our affiliation with the Colleges of Pharmacy from the University of Minnesota, North Dakota State University, South Dakota State University, Concordia University, and Creighton University. This residency program is designed to provide you with a comprehensive, well-rounded experience that will build a solid foundation for your future. We hope you will decide to join us for your residency year at the MVAHCS. We look forward to receiving your application!

Sincerely,



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## **Veterans Administration (VA) Mission**

To fulfill President Lincoln's promise: "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

## **About the Veterans Health Administration (VHA)**

The Veterans Health Administration is home to the United States' largest integrated health care system consisting of 150 medical centers, nearly 1,400 community-based outpatient clinics, community living centers, Vet Centers and Domiciliaries. Together these health care facilities, and the more than 53,000 independent licensed health care practitioners who work within them, provide comprehensive care to more than 8.3 million Veterans each year.

## **VHA Mission**

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

## **VHA Vision**

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

## **VA Core Values**



Because **I CARE**,

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

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

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

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

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

## VA Core Characteristics

**Trustworthy.** VA earns the trust of those it serves – every day – through the actions of all employees. They provide care, benefits, and services with compassion, dependability, effectiveness, and transparency.

**Accessible.** VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.

**Quality.** VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people. VA is a model of unrivalled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication.

**Innovative.** VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency, and capability to deliver the highest standard of care and services to all of the people it serves.

**Agile.** VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Service members.

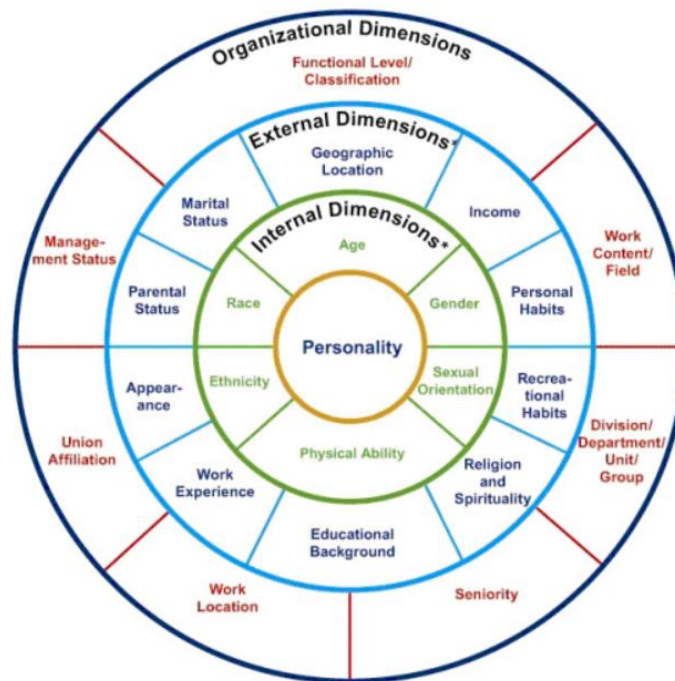
**Integrated.** VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA's relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Service members.

## Diversity Statement

The Department of Veterans Affairs (VA) is committed to ensuring Equal Employment Opportunity (EEO), promoting workforce diversity and workplace inclusion in service to our nation's Veterans. The VA will vigorously enforce all applicable Federal EEO laws, regulations, executive orders, and management directives to ensure equal opportunity in the workplace for all VA employees.

Diversity is a concept by which value is placed on the differences of the people who make up our workforce. We strive to achieve diversity in various expressions, including but not limited to, age, gender, race, ethnicity, and sexual orientation. We embrace the opportunity to find ways of enabling people of many different backgrounds to make valuable contributions to our Minneapolis VA Health Care System pharmacy residency program. When individuals promote positive working relationships by learning to respect and appreciate people with diverse backgrounds, this improves the quality of care provided to our Veterans.

We celebrate our differences as individuals and unite as a pharmacy team toward a common goal: to provide a diverse educational environment that fosters the success of learners to provide culturally competent care that is inclusive of the Veteran population we serve.



## **Diversity at the Minneapolis VA**

### ***Veterans***

Per the National Center for Veterans Analysis and Statistics: In 2020, there were 19,397,944 Veterans living throughout the United States and territories, including 313,912 Veterans living in Minnesota. In September 2021, nationwide there were approximately 19,077,100 Veterans, with 89.31% male and 10.69% female.

In mid-April 2023, there were 74,289 Veterans currently served by the Minneapolis VA Health Care System. Of these, 7.2% were female. Of the Veterans we serve, 84.16% identified as white, 3.71% as black or African American, 0.99% as American Indian or Alaskan Native, 0.87% as Asian, 0.58% as Native Hawaiian or other Pacific Islander, and 9.69% as undisclosed race. Ethnicity data was reported for the majority but not all of Veterans, 1.22% identified as Hispanic or Latino (of note, 14.7% of Veterans had undisclosed ethnicity). The age distribution of Veterans in the Minneapolis VA Health Care System was 2.26% aged 20-29 years, 8.91% 30-39 years, 8.66% 40-49 years, 10.58% 50-59 years, 16.32% 60-69 years, 35.36% 70-79 years, 13.53% 80-89 years, and 4.40% aged 90 years or older.

Veterans are recently able to add their sexual orientation, pronoun, and/or self-identified gender identity to their medical chart. Comprehensive statistics on this data are not yet available; the majority of Veterans (89.1%) at the Minneapolis VA have not yet disclosed their sexual orientation. Of those who have shared data, a mixture of Veterans have reported their sexual orientation to be straight/heterosexual, lesbian/gay/homosexual, bisexual, queer, choose not to disclose (20.5% of those directly asked so far), unsure/don't know, or another option with the ability to add details in their medical chart if desired.

Of note, the Minneapolis VA Health Care System serves Veterans living in parts of MN and Western WI and accepts specialty consults from the St. Cloud VA Health Care System and other VAs within the VISN.

### ***Staff***

The staff at the Minneapolis VA come from diverse backgrounds. Based on data from our EEO department: In VA Fiscal Year 2022, there were approximately 4700 employees at the Minneapolis VA including about 480 temporary employees. Data did not include medical and Manila residents. Of the total workforce, 33.77% were male, 66.23% were female, and 1.72% identified as Hispanic or Latino. Of those identifying as non-Hispanic or Latino, 79.13% identified as white, 10.06% as black or African American, 7.06% as Asian, 1.68% as American Indian or Alaskan Native, 0.17% as Native Hawaiian or other Pacific Islander, and 0.17% as two or more races or undisclosed race. Of the total workforce, 12.6% self-identified having a disability.

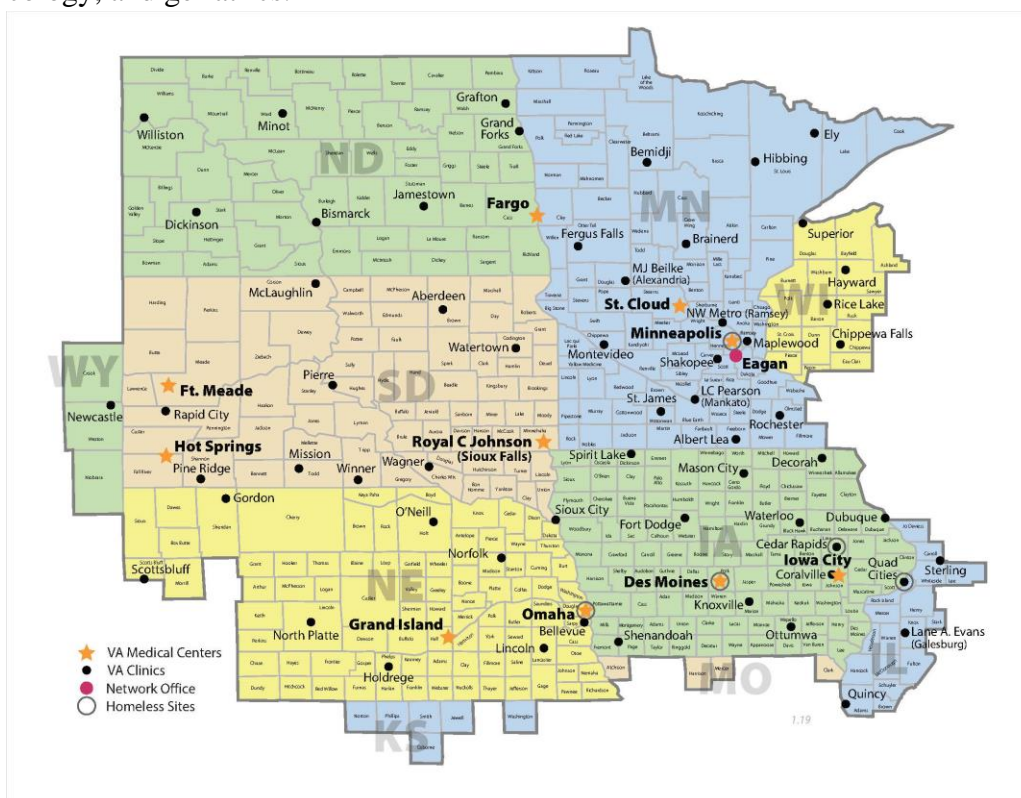
Residents will have the opportunity to work with numerous members of the team, including but not limited to primary care, internal medicine, mental health, and other specialty providers, medical residents and fellows, nursing, lab, dietitians, physical therapy, occupational therapy, recreational therapy, psychology, social work, medical services administration (MSA), housekeeping, supervisors, canteen services, and other team members.



## Our Facility

The MVAHCS is a teaching facility which operates approximately 348 acute care beds including psychiatry, spinal cord, polytrauma & rehab, neurology, surgery, cardiology, intensive care and general internal medicine as well as 104 long term care beds through the Community Living Center (CLC). In addition to offering primary, extended, and specialty care, Minneapolis operates community-based outpatient clinics (CBOCs), such as Shakopee, Northwest Metro, Maplewood, Rice Lake and Hayward CBOCs. Pharmacy Service at Minneapolis is affiliated with the Colleges of Pharmacy from the University of Minnesota, North Dakota State University, South Dakota State University, Concordia University, and Creighton University. The MVAHCS is institutionally affiliated with the University of Minnesota School of Medicine.

The MVAHCS is part of the VA Midwest Health Care Network, also known as Veterans Integrated Service Network (VISN) 23. VISN 23 serves more than 430,000 enrolled veterans, and delivers health care services through 8 hospitals, 63 community-based outpatient or outreach clinics, 8 community living centers and 4 domiciliary residential rehabilitation treatment programs. The Network employs over 12,500 full-time employees and has an annual operating budget in excess of \$2.5 billion. MVAHCS is one of the ten largest VA medical centers in the country, serving more than 100,000 veterans in a six-state area of the upper Midwest. Our facility is a teaching hospital providing a full range of patient care services with state-of-the-art technology, educational resources, and research. Comprehensive health care is provided through primary care, specialty care, acute care, and long-term care in areas of medicine, surgery, psychiatry, neurology, oncology, and geriatrics.



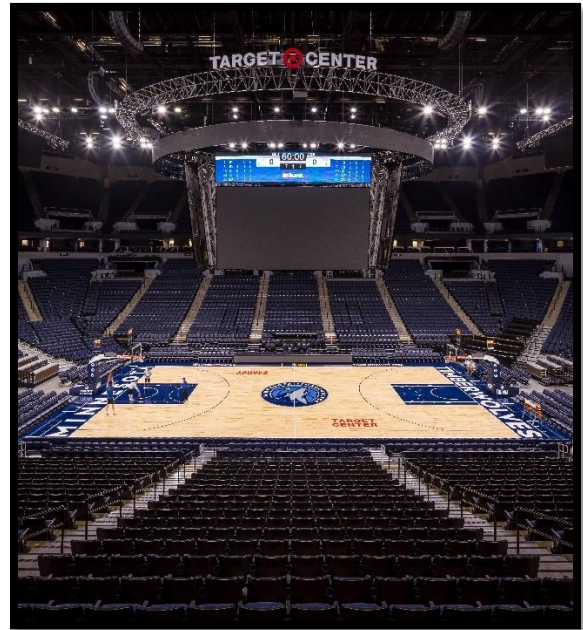
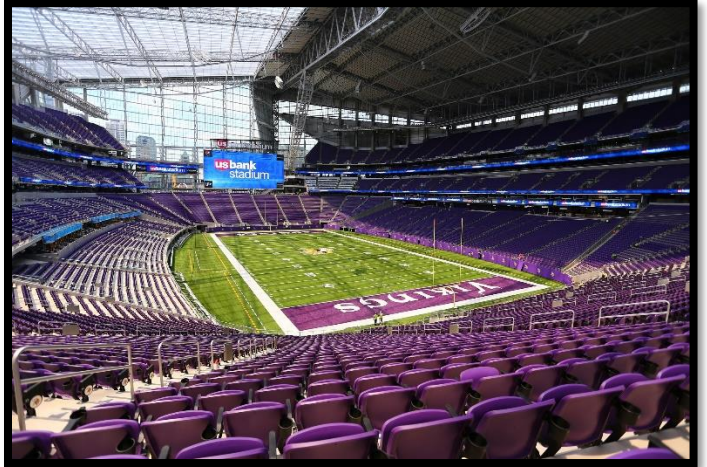
## Interactive Minneapolis VA Map

<https://v2.interactive.medmaps.com/site/minneapolisvamac>

# Minneapolis Veterans Affairs Health Care System

## Minneapolis, MN

### Pharmacy PGY1/PGY2



Minnesota is home to seven professional sports teams, including the Vikings (football), Wild (hockey), Timberwolves (basketball), Lynx (basketball), Twins (baseball), St. Paul Saints (baseball), and Minnesota United FC (Soccer). We also are home to the University of Minnesota which has multiple collegiate sports.



## Pharmacy Scope of Services

Pharmacy Service is a profession dedicated to the provision of appropriate drug therapy involving clinical review, evaluation, monitoring and consultation of drug therapy; the provision of drug information; the provision of education to the patient/family/caregivers and staff about drug therapy; the procurement, preparation, compounding, labeling, dispensing, and control of drugs and related supplies; the provision of clinical reviews, monitoring and appropriate controls over investigational use drugs; and the provision of preventive health services.

- a) **Types and ages of patients served:** The types of patients served include Veterans in their late teens to geriatric age and others eligible for VA care who are acute, chronically or terminally ill.
- b) **Methods used to assess and meet patient's needs:** Pharmacists participate in multidisciplinary rounds on patients admitted to the MVAHCS. Pharmacists are active members of local, system-wide, VISN, and National committees. Pharmacists participate in monitoring based on hospital protocols, established criteria for use, and evidence-based medicine. Pharmacy staff are involved in the development, implementation, monitoring, and continued evaluation of pharmacy service policies, procedures and protocols. Pharmacists use laboratory data and clinically verified data for initiating, evaluating, and monitoring drug therapy. Pharmacists use the electronic medical record for clinical care of the patient including but not limited to reviewing documented allergies, reviewing and documenting patient care activities, reviewing and ordering laboratory data, and the reviewing and prescribing of medications. Pharmacy staff members are members and contributors to many collaborative efforts to improve patient outcomes.
- c) **Scope and complexity of patient care needs:** The complexities of our patients range from non-complex to very complex in all specialties provided by this health care system. Our primary care services are robust. All of our primary care patients are assigned to a Patient Aligned Care Team (PACT). This team includes the patient (at the center), physician/provider, nurse, pharmacist, dietitian, social worker, psychologist, medical support assistant, and others who are involved in the direct care of the patient. Specialty care includes but are not limited to Cardiology, Immunology, Dermatology, Neurology, Endocrinology, Gastroenterology/Hepatology, Hematology/Oncology, Nephrology, Infectious Disease/HIV, Rheumatology, Podiatry, Pain Management and Palliative Care, Ears Nose and Throat (ENT), Geriatrics, and Pulmonology. Psychiatric services are available on both an inpatient and outpatient basis. Outpatient includes the serious mental illness team, PTSD team, addictive recovery services, geriatric mental health team, and many others. Our facility has several inpatient areas as well including general internal medicine, cardiology, traumatic brain injury, spinal cord injury, community living center, palliative care, surgical intensive care unit, and medicine intensive care unit. Surgical services include but are not limited to general, cardio-thoracic, orthopedic, urology, and vascular. Our facility also has a very strong research center. Other services not mentioned above include smoking cessation, anesthesiology, radiology, nuclear medicine, dental, optometry/ophthalmology, physical therapy, occupational therapy, dietary, drug information, and more.

## **Pharmacy Scope of Services Continued:**

- d) **Appropriateness, clinical necessity, and timeliness or support services provided by the hospital or through referral contracts:** Prescriptions are reviewed by a pharmacist during the verification and dispensing process with consideration given to therapeutic and formulary impact. Pharmacists provide pharmacotherapy services in specialized areas with prescriptive privileges delineated in their scopes of practice.
- e) **Extent to which the level of care/services provided meets the patients' needs:** Due to the 24/7 nature of the inpatient pharmacy service, a pharmacist will be available at all times for patient education, drug information, drug therapy monitoring, adverse drug reaction evaluation, and other clinical pharmacist services that may be required. Additionally, the VA's Call Center provides customer service and support to Veterans, their beneficiaries and caregivers regarding pharmacy-related inquiries Monday through Friday from 8:00 A.M. until 4:30 P.M. The pharmacy staff providing services and care throughout the MVAHCS include: clinical pharmacists, clinical pharmacy specialists, program managers, pharmacy residents (6 PGY1 residents and 4 PGY2 residents in 2024-2025), pharmacy interns, pharmacy clerkship students, and pharmacy technicians. Pharmacy services are available in a variety of clinical settings including: in face-to-face clinic visits, phone clinics, telehealth (telephone and video), secure messaging, and via electronic consult. Clinician pharmacists provide their services by being present on rounds, providing consult services, attending disposition meetings, providing ongoing patient care records review, developing criteria of use, performing as providers under scopes of practice, teaching, and serving as preceptors to students and pharmacy residents, and many manage pharmacotherapy clinics.
- f) **Recognized standards or practice guidelines:** Pharmacy Service practice is directed by the Veterans Health Administration Handbooks and Directives, Code of Federal Regulations, professional organizations, and regulatory agencies.



## Clinical Pharmacy Services

Provision of clinical pharmacy services is a dynamic process with services continually changing and being created based on the needs of the health care system. Pharmacy is a clinical profession and all of our pharmacists provide clinical services at one level or another. The intent of the next section is to provide the resident with a brief description of some of the clinical pharmacy services and pharmacists providing them that are likely to be encountered as part of residency training.

## Ambulatory Care Section

### Primary Care Clinics/PACT

The Patient Aligned Care Teams (PACT) are interdisciplinary primary care teams designed to improve continuity of care and access to care for ambulatory Veterans. The clinical pharmacy specialists are members of a multi-disciplinary team that coordinates the total medical care for Veterans. Responsibilities of the clinical pharmacy specialist in the PACT clinics include medication reviews, drug monitoring, drug information, and direct patient care through an independent scope of practice, serving as the prescriber, based on the needs of the patient and PACT team. The pharmacist is actively involved in team meetings, patient case management, and team in-services as well as providing direct disease state management on conditions such as diabetes, hypertension, hyperlipidemia, heart failure, pain management, and smoking cessation, but also including many other disease states.

### APACT

The Academic PACT (APACT) is unique in that it serves as the continuity clinic for University of Minnesota Internal Medicine residents, thus providing an opportunity to provide patient care alongside learners from other disciplines. Responsibilities of the APACT clinical pharmacy specialist (CPS) include patient panel management, provision of drug information, medication reviews, and direct patient care through an independent scope of practice, serving as the prescriber, based on the needs of the patient and team. Conditions encountered include but are not limited to diabetes, hypertension, hyperlipidemia, heart failure, pain, gout and tobacco cessation. The CPS is also actively involved in pre-clinic huddles, monthly team meetings, and weekly didactic curriculum sessions, developing and presenting pharmacy-related in-services as needed.

### Anticoagulation Clinic

Pharmacy service is equipped to provide clinical services directly to outpatients. The clinical pharmacy specialists in the Anticoagulation Clinic have varied responsibilities directly related to patient care. Among these responsibilities are managing drug therapy and providing drug information and patient consultation in the management of outpatient anticoagulation patients. This includes warfarin, injectable therapy options as well as the Direct Oral Anticoagulants (DOACs).

### Specialty Care Clinics

The Specialty Care Clinics are designed to provide access to care for patients with specialty needs. The clinical pharmacy specialists (CPS) work with the specialty care providers to coordinate pharmaceutical care for the Veterans followed in these clinics. Responsibilities of the clinical pharmacy specialists in the Specialty Care Clinics are to provide evidence based care, as well as comprehensive pharmacology services to include medication reviews, drug monitoring, drug information, and serve as a provider through an independent scope of practice for patients in areas such as infectious disease/HIV, hepatology, gastroenterology, nephrology, neurology, cardiology, pulmonology, rheumatology, endocrinology, pain management and palliative care, spinal cord injury and disorders, neurology, hematology/oncology and others. For example, the CPS serves as an independent practitioner providing management of diabetes for patients on complex insulin regimens and devices (continuous glucose monitors and insulin pumps); chronic kidney disease (CKD) management in settings of end stage renal disease (ESRD) non-dialysis, dialysis and renal transplant; gout management; chronic obstructive pulmonary disease (COPD) and severe persistent asthma management. Patients are referred from specialty or primary care services. The pharmacist is also involved in team meetings, patient case management, and team in-services as needed.

### Women's Health

Comprehensive Women's Health Clinic is a primary care clinic designated to meet the needs of our female Veterans. The women's health clinical pharmacy specialist provides similar services as other PACT pharmacists such as chronic disease management (diabetes, hypertension, substance use, etc.), conducts medication reviews, provision of drug information, and direct patient care through an independent scope of practice based on the needs of the Veteran and the team. Specific to women's health, the pharmacist also provides case management for topics including sexual health, hormone replacement therapy, contraception, maternity care, infertility, LGBT+ care, etc. Outside of the Women's Health Clinic, the pharmacist serves as a consult for other teams providing care for female Veterans and facilitates quarterly women's health curriculum discussions for medical residents.

### Community Based Outpatient Clinics (CBOCs)

The CBOCs are clinics located off the main VA campus. They provide primary care, mental health and other services. They provide on-site PACT clinical pharmacy services (although not an on-site pharmacy) at each of these locations as members of the PACT team. See primary care (PACT) above.

### Other Pharmacist Managed Clinics in Ambulatory Care

The Minneapolis Veterans Health System Pharmacy Service has established and continues to develop a number of pharmacist-managed clinical services throughout our health care system in person and through tele-health or electronic consults. Some of the other ambulatory care clinics not mentioned above include dermatology, emergency medicine and others.

## **Geriatrics Section**

### Community Living Center, Palliative Care

The clinical pharmacists for institutionalized geriatric patients actively monitor and are involved in the medication management of patients in the CLC and Palliative Care Units. These pharmacists are responsible for assuring that medication reviews are documented in the progress notes, provides other clinical services when needed, and works closely with all members of the team in these areas. The Clinical Pharmacy Specialists in these settings have a scope of practice and actively participate in the care of patients through management of anticoagulation, antibiotic therapy, and other conditions based on the needs of the patient and team.

### Home Based Primary Care

Home Based Primary Care (HBPC) is health care services provided to Veterans in their home. The program is for Veterans who need team based in-home support for ongoing diseases and illnesses that affect their health and daily activities. Veterans usually have difficulty making and keeping clinic visits because of the severity of their illness and are often homebound, but that is not required. The HBPC clinical pharmacy specialist (CPS) works closely with the interdisciplinary health care team including medical doctors, nurse practitioners, registered nurses, license practical nurses (LPNs), social workers, occupational therapist, recreation therapist, and dietitians. In this setting, the HBPC CPS functions as a pharmacist provider through a scope of practice. This involves full-model patient panel management including intake and follow-up visits as indicated. The CPS also sees patients for brief, defined periods of time to help with specific medication-related issues, such as disease state management, tapering, titrations, complex regimens, and falls reduction and prevention. HBPC pharmacists are required to review a patients medications within 30 days of admission to HBPC and quarterly on all enrolled patients. The CPS serves as a drug information resource for all members of the clinic both informally (e.g. in person, phone, IM) and formally through e-consults.

### GRECC Care

The Geriatric Research Education and Clinical Center (GRECC) clinic is an interprofessional clinic which evaluates patients with memory concerns, provides consensus diagnosis for dementia, and helps families identify resources for dementia. The pharmacist in the GRECC clinic provides a medication review that focuses on medication reconciliation, identifying medication adherence concerns, safety concerns with how the patient is using medications, identify medications that may cause or worsen cognitive impairment, and to assist the medical team to make medication decisions. Often additional medication therapy recommendations are made to primary care teams for other medication related problems identified during the appointment. GRECC clinic is composed of team members from multiple disciplines including primary care, neurology, geropsychiatry, occupational therapy, and social work. Learners from various professional programs also rotate through GRECC, pharmacy learners include PGY-2 Geriatric residents, PGY-1 general resident, and pharmacy students.

## **Acute Care and Inpatient Medicine Section**

### General Internal Medicine and Cardiology Acute Care

The Internal Medicine and Cardiology Clinical Pharmacy Specialists coordinate clinical services provided to patients admitted to the acute care wards of the MVAHCS. These clinical pharmacy specialists participate in interdisciplinary disposition rounds, complete admission medication interviews and medication reconciliation, assess and process medication orders, and perform discharge medication reconciliation and patient education. Pharmacists have a scope of practice to provide pharmacokinetic, anticoagulation, and tobacco cessation dosing and monitoring and may renally dose medications per policy. Pharmacists also consistently offer essential drug information and therapy recommendations to the healthcare team to optimize patient care.

### Critical Care

Pharmacists working in the Intensive Care Unit provide therapeutic drug monitoring for a diverse veteran critical care population, including both medical and surgical patients. The clinical pharmacists participate in daily multidisciplinary rounds, perform admission medication histories, medication reconciliation, anticoagulation and pharmacokinetic monitoring. Pharmacists are also involved in hospital committees for quality improvement initiatives related to critical care.

### Infectious Disease

The clinical pharmacy specialist (CPS) is responsible for antimicrobial stewardship on individual patients and for the health care system as a whole, and also provides infectious disease patient care. They work collaboratively with the Infectious Disease consult team as well as with the Physician Antimicrobial Stewardship champion to provide intervention and feedback antimicrobial consultative services for inpatients and outpatients, co-lead Antimicrobial Subcommittee of the Pharmacy and Therapeutics committee, and are involved with various initiatives to improve outcomes associated with infectious diseases and the optimal use of pharmaceuticals to prevent and treat infections. This position is held by a different CPS from the ambulatory care position discussed above.



## **Pain Management and Palliative Care Section**

The MVAHCS incorporates pain management clinical pharmacy services into every level of the Pain Management Model of Care. PACT clinical pharmacy specialist (CPS) and the Community Based Outpatient Clinic (CBOC) Pain Management CPS provides clinical services in specialized areas including pain management, opioid stewardship, and substance use disorder. The CBOC Pain Management CPS emphasizes provision of pain management services to our rural veteran population. Both the PACT CPS and the CBOC Pain Management CPS may participate as members of the Primary Care Pain Management Team (PCPM), an interprofessional team within primary care that provides coordinated interdisciplinary pain management services. As the MVAHCS serves as the hub for VISN 23 Pain Management, the Comprehensive Pain Center (CPC) provides tertiary level pain management services and is staffed by a 30+ interprofessional team with specialized training in pain management. The comprehensive pain center provides interdisciplinary multi-modal treatment strategies that includes ambulatory clinics, interventional pain, Chronic Pain Rehab Program, inpatient pain consult team, and more. The Pain Management Specialty CPS is integrated with the Comprehensive Pain Center and provides services throughout the CPC teamlets. Patient referral to the CPC and associated services is by physician initiated consult to the Pain Center. Clinical Pharmacy Specialists that provide pain management at the MVAHCS have a scope of practice and participate on committees and workgroups impacting processes and policies that span the spectrum of pain management settings. The hospice and palliative care clinical pharmacist serves a primary role with the inpatient hospice unit within the Community Living Center (CLC) and will provide clinical services with the hospice and palliative care team for outpatient programs as needed.

## **Psychiatry Section**

MVACHS has a team of seven mental health (MH) clinical pharmacy specialists (CPS) who serve a variety of outpatient and inpatient interprofessional teams. The outpatient MH CPS operates under a scope of practice with collaborating psychiatrists to provide full-model patient panel management. Additionally, the outpatient MH CPS works with patients for brief, defined periods of time to assist with specific medication-related issues, such as drug-interactions, tapering, titrations, complex regimens, etc. The inpatient MH CPS is responsible for comprehensive pharmacy care including admission medication history and reconciliation; discharge medication reconciliation and counseling; tobacco cessation management and psychotropic drug monitoring through a scope of practice; individual and group patient education; inpatient order verification; interdisciplinary team meeting and rounds. All MH CPS provide pharmacy-related assistance to other team members, MH staff as a whole, and pharmacy staff as needed, via a formal MH pharmacy consult service and informal “curbside” consults, education for clients, assistance with finishing or expediting medication orders in special circumstances, serving as specialty resource for pharmacists working in other areas, and acting as general liaison between MH Service Line and Pharmacy Service.

## **Other Services Section**

### Oncology/Hematology Section

In the field of medicine, chemotherapy still represents the most toxic application of drug therapy. The primary goals of the Oncology Clinical Pharmacy Specialists are to minimize toxicity while providing adequate cytotoxic tumor effect with the use of chemotherapeutic agents. The pharmacist serves as an information source to the Oncology/Hematology staff for the current chemotherapy protocols, as well as alternative plans. The pharmacist also determines dosage adjustments reflecting the patient's renal, hepatic, and hematologic status as well as assists with providing symptom management for the regimen and disease progression.

### Formulary Management Section

Drugs not on the formulary may be obtained for use in situations where all formulary agents have been given an adequate trial or where the specific clinical situation warrants it (the PBM and/or P&T approved criteria for use have been met). Restricted and non-formulary drugs require meeting the established criteria for use and/or the concurrence of the clinical pharmacist or as designated in the VA national formulary. The formulary and criteria are available for reference electronically. Providers can place consults for non-formulary or medications that are on formulary with prior authorization required and those consults are reviewed by clinical pharmacists to assure that criteria for non-formulary use are met.

### Informatics

Pharmacy informatics is defined as the scientific field that focuses on medication-related data and knowledge within the continuum of health care systems. Pharmacists in this area acquire, store, analyze, use, and disseminate information in order to optimize patient care and health outcomes.

### Precision Medicine/Pharmacogenomics (PGx)

Pharmacists design, recommend, monitor, and evaluate patient-specific therapeutic regimens that incorporate the principles of evidence-based medicine with individualized tailoring coupling the breadth of multiple comorbidities with the depth of PGx gene-drug interactions.

# Minneapolis Veterans Affairs Health Care System

## Minneapolis, MN

### Pharmacy PGY1/PGY2



The Twin Cities are known for their love of music: above is the famous First Avenue club, below is a concert at the Armory in downtown Minneapolis and a mural of Bob Dylan on Hennepin Avenue.



Since 1970, First Avenue & 7th St. Entry has been a spot for music and fun. First Avenue has survived numerous owners, name changes, and even bankruptcy, but has stood the test of time. Some of the biggest artists in the world played in First Ave's Main room, such as U2, The Replacements, and Prince. First Ave club has a lot of history and is even thought to be haunted.

## PGY-1 Residency

### Purpose Statement

The purpose of the Pharmacy PGY1 Residency is to build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. Residency graduates will be prepared for a PGY2 residency or to provide pharmaceutical care, primarily to ambulatory, geriatric and long-term care patients, participate as a member of the health care team, and provide education to patients and health professionals.

This residency program aims to train pharmacists to provide pharmaceutical care, participate as a member of the health care team, and provide education to patients, health professionals and themselves. In addition, residents will learn to perform self-monitoring and demonstrate leadership through contributions to performance improvement. Residents will be encouraged to develop an approach to the profession that can lead to life-long learning and career satisfaction.

### *Patient Care*

Independent provision of pharmaceutical care through participation on a health care team.

### *Advancing Practice and Improving Patient Care*

Identify, and implement changes needed to improve patient care and medication use systems and assess the impact of these changes. Make contributions to the current and future knowledge bank through evaluation and investigation.

### *Leadership*

Demonstrate leadership through a positive professional attitude and contributions to improvements in patient care systems. Perform self-monitoring and self-directed learning in preparation for life-long learning. Develop attitudes and skills for a satisfying career. Promote the profession of pharmacy and demonstrate professional commitment.

### *Teach, Educate and Disseminate Knowledge*

Educate patients and health professionals about medication/health related issues. Communicate effectively, both verbally and in writing, with patients/public and members of the health care team and other health professionals to build relationships and accomplish goals.

### *ASHP (American Society of Health-System Pharmacists) PGY1 Residency Competencies*

[ASHP Accreditation Standard for Postgraduate Residency Programs \(The Standard\) July 2023](#)

### Program Overview

The Pharmacy PGY1 Residency is designed to provide residents with experiences that will enhance their knowledge and skills so they can provide excellent 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 ambulatory, acute care, and long-term care settings. Opportunities for patient contact are available throughout the rotations. The PGY1 Residency is a 12-month full time commitment.

This PGY-1 Pharmacy Residency program is one of the first accredited residency programs with 60 years of continuous accreditation by the ASHP. Residents will have experience in ambulatory care, acute care, and other elective areas of 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.



## Rotations and Requirements

### Basic Outline:

Area	Duration
Introduction/hospital administrative orientation	4 weeks (2 block rotations)
Inpatient Care*	12 weeks (2 block rotations)
Ambulatory Care*	12 weeks (2 block rotations)
Leadership, Quality, and Management (block)	3 weeks (3 block rotations)
Interprofessional Experience Block (IPE)*	4 weeks (1 block rotation)
Interprofessional Experience (IPE)*	Longitudinal: 11 months (1 day per week)
Project/Research/Teaching	Longitudinal: 12 months, administrative
Electives*	16 weeks (3-4 block rotations pending holidays, vacations, etc.)
Vacation	Accumulate 4 hours every 2 weeks
Holidays	11 holidays off
Staffing/service	Average of 22 hours per month, averaging 1 weekend & 1 evening per month

\*There are choices for each of these areas which are explained/listed in the following pages of this manual.

### **Project/Research/Teaching Longitudinal**

The MVAHCS pharmacy residency programs use the inverted research model (IRM). During the first half of the year, residents are involved in data collection, data analysis, presentation, and manuscript submission as they finish this project. During the second half of the year, residents start a project to be finished the next residency year, performing the background research, developing the protocol, and obtaining IRB approval (if applicable). This allows residents to gain project management experience in two longitudinal projects during one residency year. Residents work with preceptors, subject matter experts and the research team on these projects. The resident is expected to present a poster at a national scale conference like ASHP midyear clinical conference in December and orally present at regional conference like North Star Pharmacy Residency Conference in May. A final manuscript is a requirement for completion of the residency. A medication use evaluation (MUE) is also required during the year. Lastly, for the teaching requirement all PGY-1s are required to participate in the national VA teaching certificate program which entails participating in preceptor development activities/seminars, two presentations and developing a teaching portfolio. MVAHCS is affiliated with the University of Minnesota (UMN) College of Pharmacy and School of Medicine and residents serve as preceptors to their IPPE and APPE students throughout the year. Didactic teaching experiences through the University may be available in PGY-2 programs based on interest. Other opportunities to provide education to pharmacy, nursing, medicine, and/or other disciplines during the year may include but are not limited to providing a drug information service, writing pharmacy newsletters, in-service education, grand rounds, morbidity and mortality lectures, journal club, and more.

## Available Rotational Choices

### Interprofessional Experience (IPE) – Longitudinal & 4 week block:

Each resident will have an IPE for the year. This includes a longitudinal and a 4 week block rotation. The longitudinal experience occurs one day per week in one of the following areas. See below for the block rotation.

- Academic Patient Aligned Care Team (APACT), i.e. Medicine Resident Clinic
- Geriatric Research, Education and Clinical Center (GRECC)/Geriatric Team
- Infectious Disease (ID) Team
- Women's Health Team
- Serious Mental Illness (SMI) Team (application process)

### Inpatient Care:

Each resident will have two inpatient care experiences from the following. Each experience will be 5-6 weeks in duration, 11 weeks total.

- Cardiology
- General Internal Medicine
- General Surgery Medicine

### Ambulatory Care:

Residents will have 2 required ambulatory care block rotation with at least one block being in a general ambulatory care experience while the second block can also include more specialty areas. Each of the experiences (rotations) will be 5-6 weeks in duration, 11 weeks total.

- General Amb Care Options:
  - Primary Care (PACT)
  - Women's Health
  - Community Based Outpatient Clinic (CBOC)
- Second Block Options may include:
  - Specialty Care (Metabolic/Endocrinology, Nephrology, Gastroenterology, Hepatology, Infectious Disease, Cardiology, Neurology, Spinal Cord Injury, etc.)
  - Home-Based Primary Care (HBPC)
  - Anticoagulation

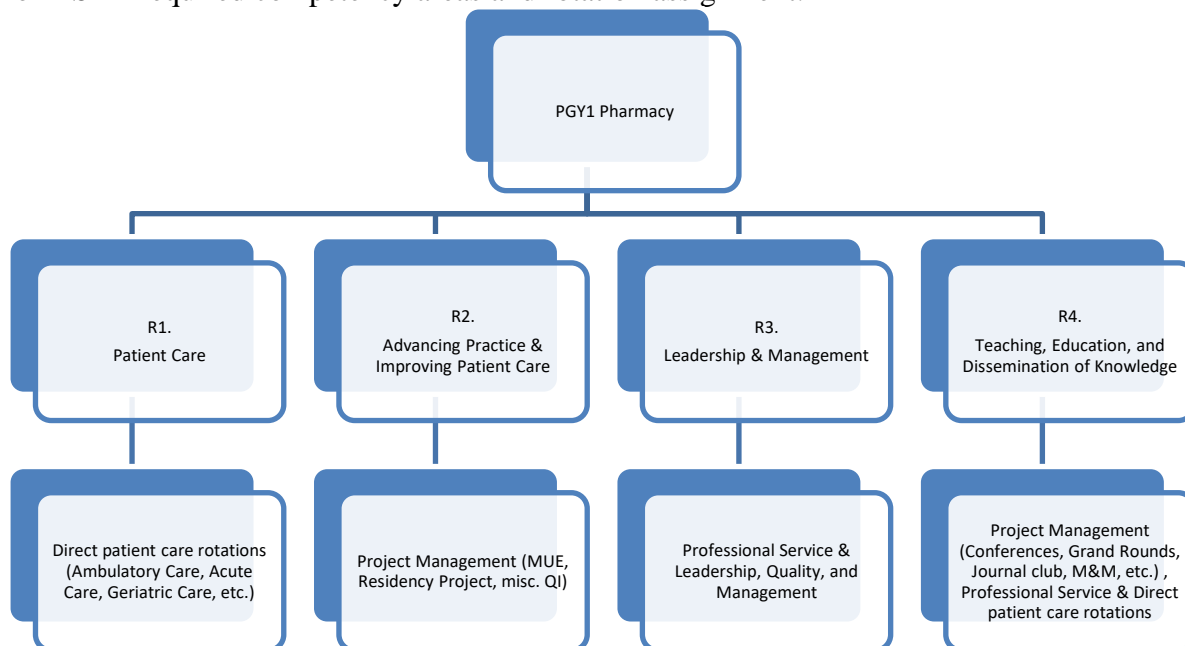
### Electives:

Residents will have 3-4 block rotations based on interest. Electives are 4-5 weeks in duration. To maintain a balanced first-year residency one elective block rotation should be in ambulatory care and one elective block rotation in inpatient care.

- Ambulatory care electives include: Pain Management, Anticoagulation, Specialty Care, Spinal Cord Injury, Home Based Primary Care, Serious Mental Illness Team and Women's Health.
- Inpatient care electives include Critical Care, General Internal Medicine, Cardiology, Surgery Medicine, and Extended Care & Rehab that includes the Community Living Center (CLC), Inpatient Psychiatry, TBI/Polytrauma, Spinal Cord Injury and Hospice/Palliative Care wards.
- Other electives include: Academic Detailing, Addiction Recovery Services, Advanced Rotation in any area, Antimicrobial Stewardship, Informatics, Oncology, Research and other elective learning experiences may be developed based on the residents interest and preceptor availability.

## Program Structure

Overview of ASHP required competency areas and rotation assignment:



*MUE: Medication Use Evaluation; M&M: Morbidity & Mortality; QI: Quality Improvement*

## Benefits/Stipend

Residents are eligible for health insurance, vacation, and sick leave. There is free on-site parking; the medical center is located on the Hiawatha light rail line. The annual stipend for all PGY-1 programs is \$52,069. Residents may be approved to apply for dual appointment which will allow them to pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend.

**ASHP Code: 63101**

**NMS Code: 190813 (general PGY1)**

**190821 (general PGY1 with mental health interprofessional experience)**

## **PGY-2 - Psychiatric Pharmacy**

### **Purpose Statement**

PGY-2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY-1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY-2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY-2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification.

This residency program aims to train pharmacists to provide pharmaceutical care, participate as a member of the health care team, and provide education to patients and other health professionals. In addition, residents will learn to perform self-assessment and demonstrate leadership through contributions to performance improvement. Residents will be encouraged to develop an approach to the profession that can lead to life-long learning and career satisfaction. The program will provide the learning environment, instruction, mentoring, and evaluation necessary to prepare pharmacists to work independently in a psychiatric patient care setting and to sit for BCPP certification upon graduation. We are also committed to giving our residents the skills to effectively precept and mentor pharmacy students, residents, and learners from other disciplines.

### **Program Overview**

The MVAHCS is dedicated to providing comprehensive psychiatric care. Services span a variety of settings, including a locked inpatient psychiatric unit, partial hospitalization, intensive outpatient programming, intensive case management services, programming for people experiencing homelessness, and general outpatient services (locally and across all of the community-based outpatient clinics). Additionally, outpatient specialty teams exist for Serious Mental Illness, Substance Use Disorders, Geriatric Psychiatry, Post-Traumatic Stress Disorder (PTSD), Mood Disorders, and Gender Dysphoria. All teams are interprofessional and include disciplines of nursing, pharmacy, psychiatry, psychology, occupational therapy, recreational therapy, and peer support.

All mental health clinical pharmacy specialists at MVAHCS are well integrated into their teams as well as the pharmacy and mental health departments. Thus, throughout the entire residency program pharmacy residents are given opportunities to develop skills in interprofessional development, practice leadership, medication therapy optimization, and education.



ASHP Code: 63025

NMS Code: 690666

### Rotation Experiences

Required Rotations	Rotation Duration
Orientation	6 weeks
Research	2 weeks
Project Management	Longitudinal: 12 months; Project weeks throughout the year
Professional Services	Longitudinal: 12 months
Serious Mental Illness – 1, 2, 3, 4	Blocks 1 – 5 weeks rotation + 7 weeks longitudinal (Thursdays) Blocks 2 & 3 – 2 week block & 12 weeks longitudinal (Thursdays) Blocks 4 – 2 weeks rotation + 10 weeks longitudinal (Thursdays)
Inpatient Psychiatry	Block 1 – 4 weeks Block 2 – 4 weeks
Leadership, Quality, and Management - Psychiatric Pharmacy	3 – 1-week blocks throughout the residency year
Addiction Recovery Services	5 weeks
Consult and Liaison Psychiatry	4 weeks
Geriatric Psychiatry	4 weeks
Telehealth Psychiatry	6 weeks

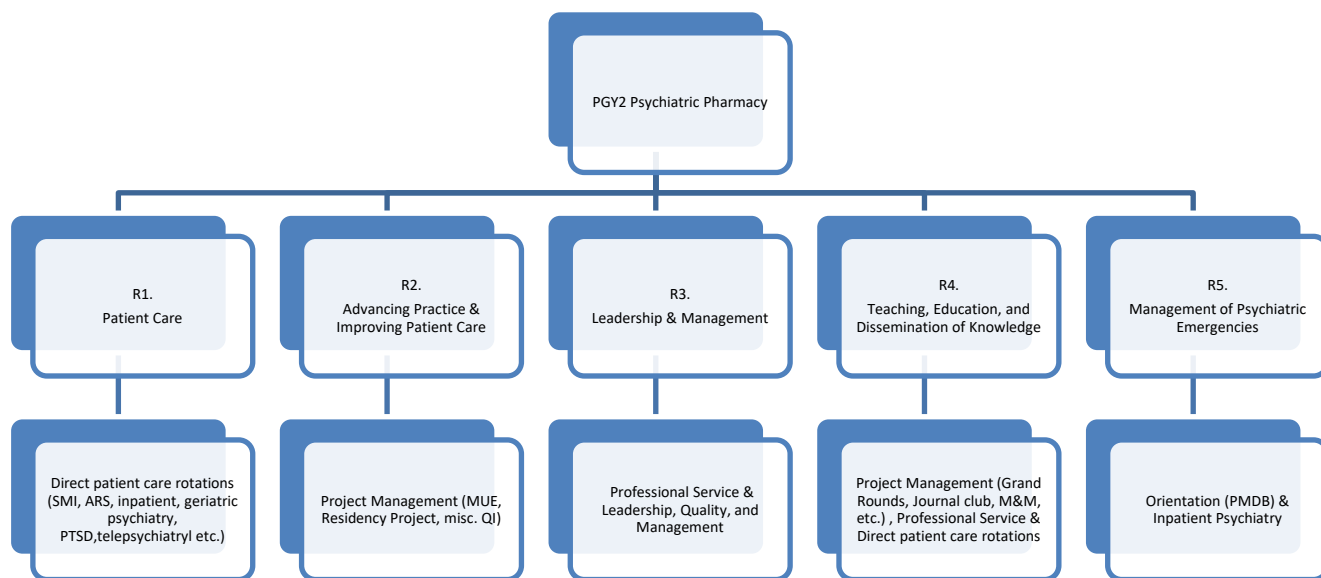
Elective Rotations*	Rotation Duration
Academia	Longitudinal: 5 months, once weekly
Academic Detailing	4 weeks
Pain Management	4 weeks

The typical sequence of *required* rotations is from top to bottom in the above table. *Elective* rotations begin after the Consult and Liaison rotation. There is no prescribed order that electives must be completed in.

\*Additional elective opportunities can be created depending on the resident's areas of interest. We are currently exploring opportunities with the pharmacogenomics program, Intensive Community Mental Health Recovery program, and Partial Hospitalization Program, among others.

## Program Structure

Overview of ASHP required competency areas and rotation assignment:



MUE: Medication Use Evaluation; M&M: Morbidity & Mortality; PMDB: Prevention & Management of Disruptive Behaviors; QI: Quality Improvement

## Benefits/Stipend

The PGY-2 annual stipend is \$55,675. The resident may elect to work additional (non-residency) hours at a staff pharmacist wage to supplement the stipend. Residents are eligible for health insurance, vacation, and sick leave. There is free onsite parking; the medical center is located on the Hiawatha light rail line.

## PGY-2 – Geriatric Pharmacy

### Purpose Statement

The purpose of the PGY2 Geriatric Pharmacy Residency program at the Minneapolis VA residency program is to build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency program to contribute to the development of clinical pharmacists in geriatric clinical pharmacy practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification.

### Program Overview

Our program offers experiences across a variety of care settings so graduates of the MVAHCS geriatric residency program will be highly qualified independent practitioners able to excel at providing geriatric services in diverse settings.

ASHP Code: 63043

NMS Code: 786254

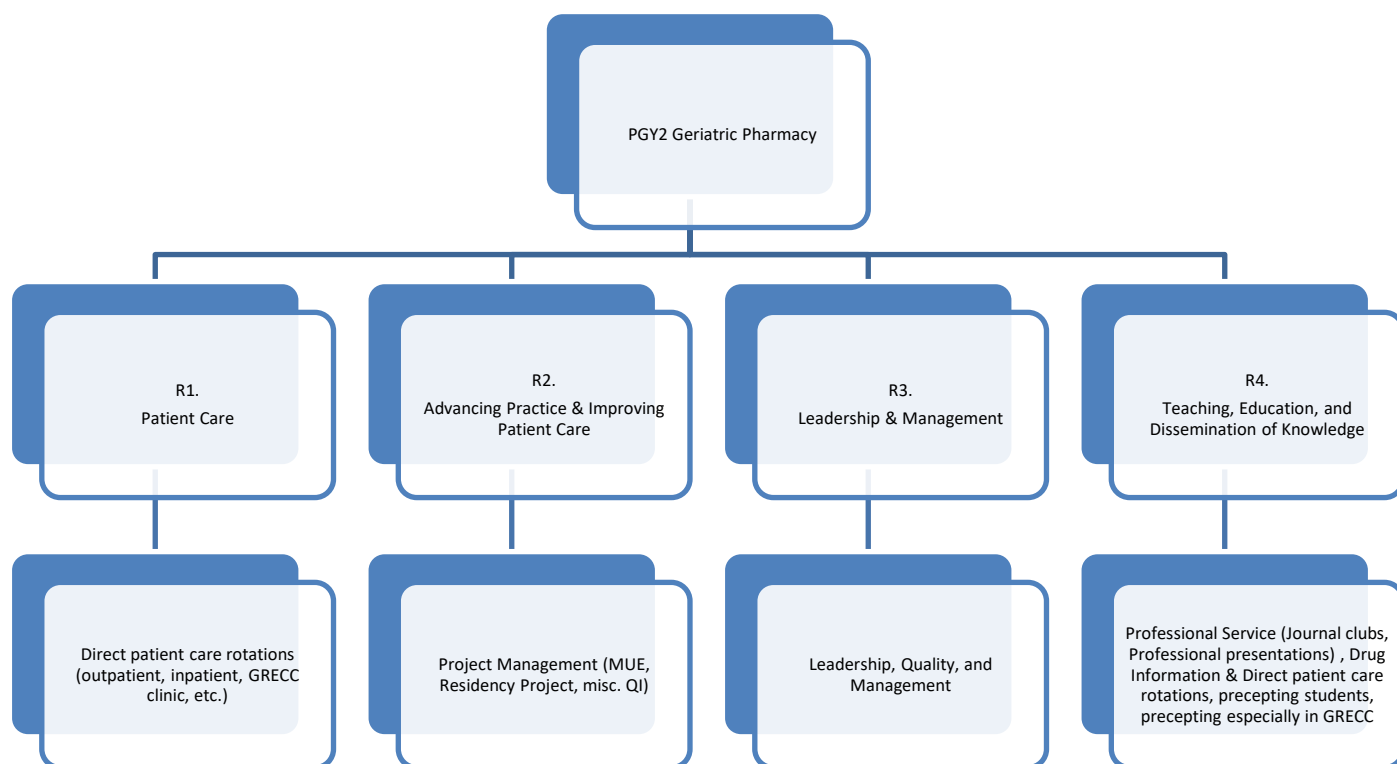
### Rotation Experiences

Required Rotations	Rotation Duration
Research & Project Management	Longitudinal: 12 months
Leadership, Quality, and Management	Longitudinal: 3 – 1-week blocks throughout the residency year
Professional Services	Longitudinal: 12 months
Longitudinal Patient Care and Staffing	Longitudinal: Once per week throughout the residency year (Thursdays)
Geriatric Research Education and Clinical Center (GRECC)	Longitudinal: 12 months
Orientation	2 weeks
Community Living Center (CLC)	6 weeks (2 block rotations)
Home-Based Primary Care	6 weeks (2 block rotations)
Geriatric Psychiatry	4 weeks

Elective Rotations*	Rotation Duration
Neurology	4 weeks
Outpatient Ambulatory Primary and Specialty Care	4 weeks
Pain Management	4 weeks
Deprescribing	4 weeks
Palliative Care	4 weeks
Spinal Cord Injury/Disorders	4 weeks

## Program Structure

Overview of ASHP required competency areas and rotation assignment:



*MUE: Medication Use Evaluation; M&M: Morbidity & Mortality; GRECC: Geriatrics Research & Education Clinical Center*

## Benefits/Stipend

The PGY-2 annual stipend is \$55,675. The resident may be able to pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend. Residents are eligible for health insurance, vacation, and sick leave. There is free onsite parking; the medical center is located on the Hiawatha light rail line.



### **Geriatric Research Education and Clinical Center GRECC**

The GRECC center is a multidisciplinary team that provides dementia care to older veterans. The Minneapolis GRECC center also focuses on geriatric research. The mission of the GRECC program is to improve the delivery of health care to elderly veterans through a multidisciplinary program emphasizing disorders of the aging nervous system.

The PGY-2 Geriatric pharmacy resident is actively involved in the GRECC team in a dementia clinic. This is a half day clinic every Thursday for patients that have been referred by primary care. GRECC uses a multidisciplinary team method. New patients are seen by a pharmacist and physician. Veterans can also be referred to occupational therapy and/or social work for additional evaluation in regards to the veterans cognitive impairment. Pharmacy residents work with Veterans to determine safety, efficacy, appropriateness, and complexity of medication regimens. They work with providers and family to identify and resolve problems that arise during the visit. The pharmacy resident often interacts with other trainees including neurology and geropsychiatry fellows, medical residents and occupational therapy students while precepting first year pharmacy residents and pharmacy students. The GRECC and geropsychiatry participate in a weekly geriatrics journal club, where the residents have the opportunity to learn and interact with psychiatrists, neurologists, and other medical residents. The PGY-2 Pharmacy resident is asked to evaluate and present two articles at the geriatric journal club during the year.

## PGY-2 – Pain Management & Palliative Care Pharmacy

### Purpose Statement

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and postgraduate year one (PGY1) pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

### Program Overview

The PGY-2 pain management and palliative care pharmacy residency program produces a pharmacy specialist who functions as a practice leader and focuses on patient centered care through interprofessional team development, education, and medication therapy optimization. Although experiences are offered across a variety of care settings, graduates of the program will be primed for practice leadership to serve as experts in medication prescribing in the areas of pain management, palliative care, and opioid addiction recovery.

**ASHP Code: 63055**

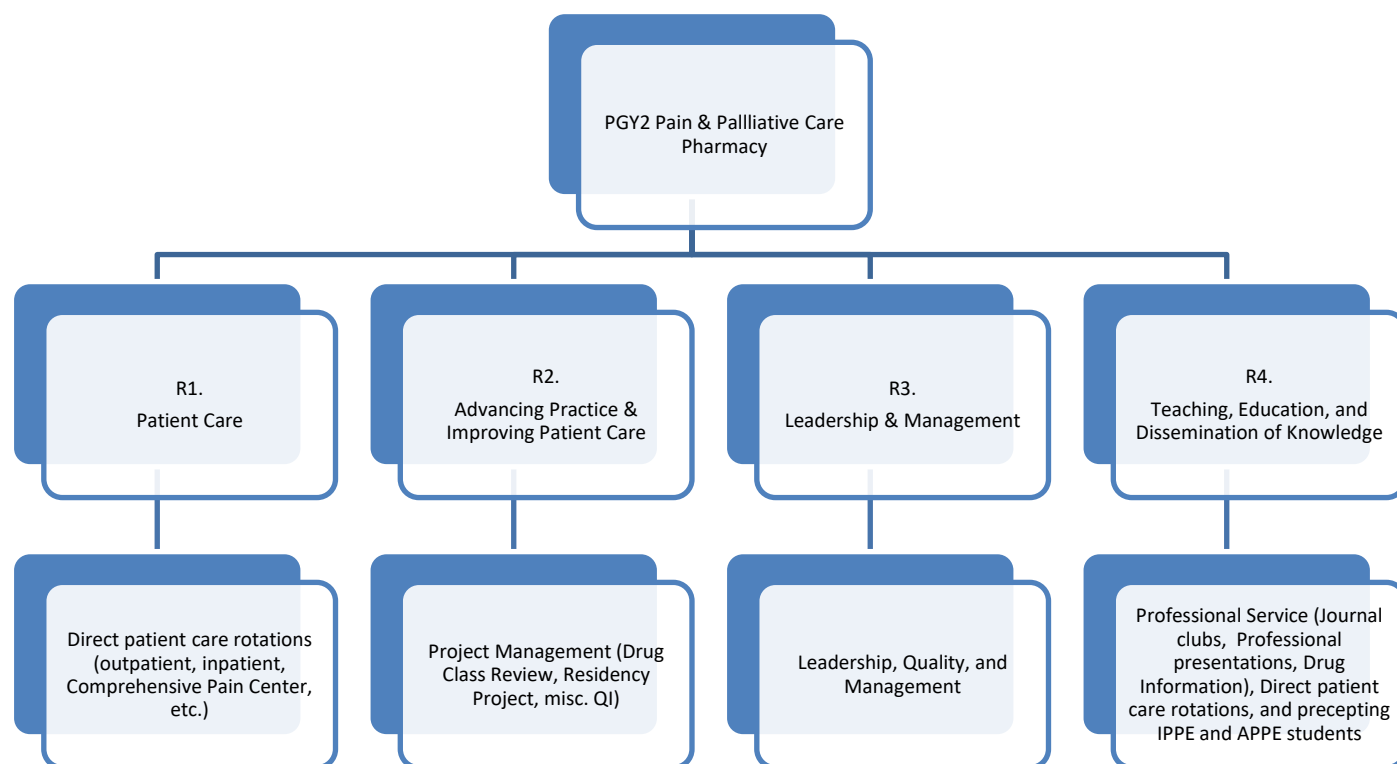
**NMS Code: 795473**

### Rotation Experiences

Required Rotations	Rotation Duration
Research and Project Management	Longitudinal: 12 months
Leadership, Quality, and Management	Longitudinal: 3 – 1-week blocks throughout the residency year
Professional Services	Longitudinal: 12 months
Pain Management, Opioid Safety & PDMP (PMOP) includes Pain Academic Detailing	Longitudinal: 12 months
Rural Health Pain Management	Longitudinal: 12 months
Palliative Care PLUS/HBPC	Longitudinal: 12 months
Orientation	2-4 weeks
Comprehensive Pain Center	10-15 weeks
Palliative Care/Hospice	8 weeks
Inpatient Pain Management	4 weeks
Substance Use Disorder	4 weeks
Elective Rotations*	Rotation Duration
Outpatient Mental Health	3-4 weeks
Inpatient Psychiatry	3-4 weeks
Pain Management Long-Term Care CLC	3-4 weeks
Spinal Cord Injury	3-4 weeks
Inpatient Traumatic Brain Injury/Stroke	3-4 weeks

## Program Structure

Overview of ASHP required competency areas and rotation assignment:



## Benefits/Stipend

The PGY-2 annual stipend is \$55,675. The resident may pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend. Residents are eligible for health insurance, vacation, and sick leave. There is free onsite parking; the medical center is located on the Hiawatha light rail line.

## Pain Management and Palliative Care

The MVAHCS is dedicated to providing comprehensive pain management in both outpatient and inpatient care settings. In addition, the MVAHCS has prioritized the provision of high-quality care in the areas of palliative care, opioid safety, and addiction recovery. The resident will gain expertise in these areas which are often closely aligned with primary care and mental health services. The MVAHCS is also highly recognized as a leader in pain research and trainees will have the opportunity to participate in ongoing research projects. Upon completion of the program, the trainee will be a practice leader capable of implementing clinical pain management concepts, identifying factors that contribute to pain outcomes, and manage clinical comorbidities associated with pain.

**The Comprehensive Pain Center (CPC)**

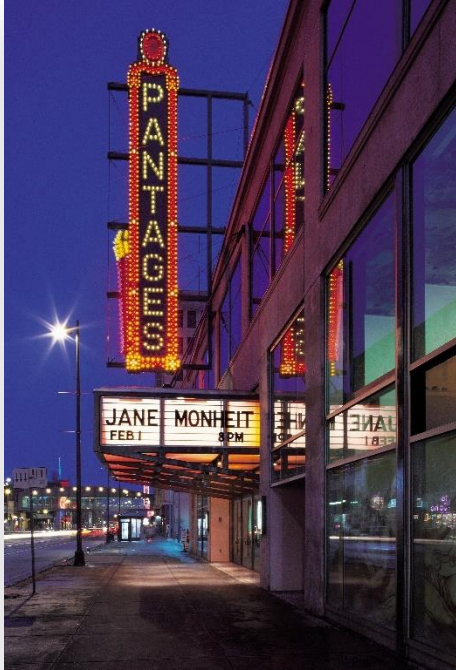
The Comprehensive Pain Center located within the Minneapolis VA Medical Center consists of interdisciplinary staff with specialized training in pain management who are committed to a multimodal treatment approach of acute, chronic, and malignant pain. The Comprehensive Pain Center also supports interventional pain procedures and a four-week CARF accredited residential Chronic Pain Rehab Program. Projects will require trainees to manage project scope, optimize interprofessional collaboration, and facilitate organizational change. Pain Center team members are located in the same clinic area and readily have access to one another. As a member of this team, the pharmacy resident will manage a patient panel, staff the inpatient pain consult team, and join the CARA high-risk opioid review team.



# Minneapolis Veterans Affairs Health Care System

## Pharmacy PGY1/PGY2

### Resident Requirements and Guidance/Policies



The Twin Cities are rich in theater with over 50 theaters (I lost count!). This includes Guthrie, Orpheum, Pantages, Chanhassen Dinner Theater, Old Log Theater, The Moving Company, Brave New Workshop, and many more.

## **Minneapolis VA Health Care System PGY-1 Functional Statement**

### **Introduction:**

The mission of the Postgraduate Year One (PGY1) Pharmacy Residency is to enable the doctor of pharmacy graduate to develop into to a fully competent clinical pharmacist, who is patient- centered, strategic and forward thinking. The program advocates excellence in pharmaceutical care delivery based on evidence-based medicine, efficiency, research, compassion, and communication. Th program focus is on clinical pharmacy practice and comprehensive medication management. We provide limited distributive experience due to use of automation.

The mission of the Pharmacy Service is provide optimal veteran-centered medication therapy management as part of the health care team. Towards this, the pharmacist's attitudes, behaviors, commitments, concern, ethics, functions, knowledge, responsibilities, and skills must be focused on influencing the drug use process and managing the rational and appropriate use of drugs to achieve optimal therapeutic outcomes.

### **General description of the pharmacy resident:**

The incumbent is responsible for learning pharmaceutical care under the supervision of an assigned preceptor. The resident may also provide direct/indirect pharmaceutical care to patients in their training. The resident interacts with physicians, nurses, and other health care professionals to aid in the design, implementation, and appropriate follow up of veterans' medication regimen. Incumbent assists in developing staff and patient programs to promote optimal drug therapy. Incumbent is required to participate in weekend rotations as a part of training which will consist of comprehensive care services (i.e. distribution, drug interviews on admit, medication reconciliation, kinetics, anticoagulation, and discharge counseling).

The goals of the residency are to cultivate pharmaceutical care as the axiom of pharmacy practice, and to foster the resident's mastery of pharmacy practice. The residency is planned so that throughout the training period and upon completion of the residency requirements the pharmacy resident will be able to:

- Develop strategic relationships with patients, providers, pharmacist colleagues, management, and other stakeholders in order to assure the delivery of high quality pharmaceutical and be able to monitor outcomes.
- Employ evidence-based medicine in clinical decision making and formulary selection.
- Analyze and disseminate drug information to patients and health care professionals.
- Provide clinical therapeutics training for the pharmacy, medical, nursing, and other health care providers and their respective students, interns, and residents.
- Serve as a clinician role model and instructor for pharmacy students and other pharmacists.
- Assess the need for, plan, implement, and document pharmaceutical care activities in a variety of health care settings.
- Integrate theoretical, clinical, administrative and management aspects of pharmacy practice.
- Investigate therapeutic and administrative problems in a systematic way and apply and disseminate the knowledge gained from the project(s) to support and advance practice.
- Able to design, conduct research/quality improvement project, and prepare publish findings for peer reviewed journals; additionally, resident will be able to deliver high-quality presentations before audience with varying educational backgrounds and professions.

In order to attain these goals a wide variety of experiences and tasks will be completed. Pharmacy Resident's specific performance, conduct and appraisals will be in accordance with the Resident's Manual for the Pharmacy Residency at the MVACHS.



The following functions, however, give an overview of the tasks to be performed and evaluated.

**Qualifications:**

Doctor of Pharmacy degree from an unrestricted a license to practice pharmacy a State of the United States of America is required within 120 days of appointment.

**Reporting:**

The incumbent reports directly to the Residency Program Director (RPD). Resident will support the mission of the RPD, the Pharmacy Services and the MVAHCS.

**Specific Functions:**Patient care functions

Under supervision of pharmacist preceptors the Pharmacy Resident will:

1. Participate in pharmacy care of patients, including but not limited to:
  - a. Therapeutic drug monitoring and appropriate patient-specific dosing, including renal and hepatic dose adjustments and pharmacokinetic dosing.
  - b. Promoting, ensuring and documenting outcomes
  - c. Patient history and physical exam, with a focus on medication history taking and identification of actual and potential problems.
  - d. Patient and caregiver education and regimen adherence
  - e. Adverse drug reactions
  - f. Drug interactions
2. Ascertain and assess the medication and drug use history of patients and document pertinent findings in the patient's medical record. This history shall include all elements pertinent to medication use, including but not limited to:
  - a. Current prescription medications
  - b. Pertinent past medications
  - c. Over-the-counter medication use, including dietary supplements
  - d. Allergies and adverse drug reactions
  - e. Vaccinations
  - f. Recreational substances
  - g. Patient knowledge base, compliance, therapeutic concerns.\
3. Provide written and/or oral consultation with prescribers and other health-care professionals regarding pharmacotherapeutics.
4. Participate in formulating and documenting therapeutic plans for patients which include patient specific goals and endpoints.
5. Participate in the discharge planning process to ensure that the patient's pharmaceutical needs are met.
6. Provide and document patient education and counseling regarding drug therapy and drug related disease prevention.

7. Provide accurate and comprehensive drug information including patient-specific pharmacotherapy information to other patient care providers and document pertinent findings in the medical record or other permanent record as appropriate.
8. Monitor, detect, and manage, document and report adverse drug experiences.
9. Control medication administration in assigned patient care areas by preventing, detecting, documenting and reporting medication dispensing and administration problems or concerns.

#### Medication dispensing and distribution

The Pharmacy Resident will:

1. Assure that medication orders or other data entered into the patient record or profile are accurate and complete.
2. Assure that prescriptions and medication orders are filled and dispensed properly and accurately.
3. Supervise and direct the work completed by pharmacy technicians and other supportive personnel.
4. Ensure that medication orders represent a reasonable standard of therapy.
5. Verify that the patient has knowledge and understanding of their drug therapy regimen upon discharge from the hospital or clinic.
6. Provide designated hours of staffing per month in the Outpatient or Inpatient Pharmacy Departments.

#### Educational functions

Pharmacy Resident will:

1. Contribute to conferences, team rounds, and other educational conferences/ functions for house staff, physician, and nursing staff in their assigned patient care area.
2. Contribute regularly to Pharmacy Service continuing professional educational programs. This may include lectures, case conferences, therapeutic discussions, Journal Club, etc.
3. Assist preceptors to train pharmacy students on clinical practice rotations in their patient care areas as well as assigned MTM discussions.
4. Prepare at least two newsletters during the year for distribution to the MVAHCS staff.
5. Participate in the VA National Teaching Certificate program and complete all required assignments in a timely manner to be awarded a teaching certificate by the end of the year.

#### Program management functions (Administrative)

Pharmacy resident activities to include:

1. Provide service to the institution's committees where input concerning drug use and drug policy development is needed. The committee included:
2. Pharmacy & Therapeutic Committee
3. Participate in quality assurance monitoring of Clinical Pharmacy Section activities.
4. Synthesize local criteria for use for a specific agent or prepare a pharmacoeconomic proposal for P&T presentation and approval.

#### Research/Systematic Investigation

Investigate therapeutic and administrative problems in a systematic way and apply and disseminate the knowledge gained from the project(s) undertaken in this manner.



## **Minneapolis VA Health Care System PGY-2 Functional Statement**

### **Introduction:**

The mission of the Postgraduate Year Two (PGY2) Pharmacy Residency is to enable the Postgraduate Year One pharmacy graduate to develop into to a fully competent clinical pharmacist, who is patient-centered, strategic and forward thinking in an advanced pharmacy practice area. The residency program advocates excellence in pharmaceutical care delivery based on evidence-based medicine, efficiency, research, compassion and communication. The residency program focus is on the practice of clinical pharmacy, comprehensive medication management, medication information, leadership and management.

The mission of the Pharmacy Service is to provide optimal veteran-centered medication therapy management as part of the health care team. Towards this, the pharmacist's attitudes, behaviors, commitments, concern, ethics, functions, knowledge, responsibilities and skills must be focused on influencing the drug use process and managing the rational and appropriate use of drugs to achieve optimal therapeutic outcomes.

### **General description of the pharmacy resident:**

Postgraduate year two (PGY2) of pharmacy residency training is an organized, directed program that builds upon knowledge, skills, attitudes and abilities gained from PGY1 pharmacy practice program. Specifically, the pharmacy resident will be responsible and accountable for acquiring these outcome competencies in an advanced pharmacy practice area: managing and improving the medication-use process; providing evidence-based, patient-centered medication therapy management with interdisciplinary teams; exercising leadership and practice management; demonstrating project management skills; providing medication and practice-related education and training; and utilizing medical informatics. The PGY2 resident's specific performance, conduct and appraisals will be in accordance with the Minneapolis VA Healthcare System (MVAHCS) Residency Manual. The resident is an employee of the Pharmacy Service, to ensure he/she receives all professional guidance, policy and communications, along with department missions and goals, especially regarding the VA National Formulary, VISN and local medical center Pharmacy and Therapeutic (P&T) Committee objectives for formulary management activities and patient safety. The pharmacy resident participates in a one-year post-graduate residency training program that offers learning experiences in an advanced practice specialized area of pharmacy (e.g. geriatrics, mental health). The incumbent will demonstrate mastery of practice skills required for successful completion of a PGY2 Pharmacy Residency Program in accordance with the standards set forth and described in the Program's Residency Manual. The pharmacy resident will be afforded all employee benefits consistent with his or her position description as a temporary employee of the MVAHCS.

The residency is planned so that throughout the training period and upon completion of the residency requirements the pharmacy resident will be able to:

1. In collaboration with the health care team, provide comprehensive medication management to patients following a consistent patient care process in the advanced practice area.
2. Ensure continuity of care during patient transitions between care settings.
3. Manage and facilitate delivery of medications to support safe and effective drug therapy for patients in the advanced practice area.
4. Demonstrate ability to manage formulary and medication-use processes for patients, as applicable to the organization in the advanced practice area.
5. Demonstrate ability to conduct a quality improvement or research project in the advanced practice area.
6. Demonstrate leadership skills for successful self-development in the provision of care for patients in the advanced practice area.
7. Demonstrate management skills in the provision of care patients in the advanced practice area.
8. Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups) in the advanced practice area.
9. Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in the advanced practice area.

### **Qualifications:**

1. The resident is required to have a Doctor of Pharmacy degree with an unrestricted license to practice pharmacy from a state within the United States of America. Licensure is required within 120 days of appointment.
2. Completion of an ASHP accredited PGY1 Pharmacy Residency Program.

### **Reporting:**

The incumbent reports directly to the MVAHCS designated trainee supervisor and/or the Residency Program Director (RPD). Resident will support the VA's Education, Clinical and Research missions of the Pharmacy Service and the MVAH

### **Specific Functions:**

#### Patient care functions

Under supervision of pharmacist preceptors the pharmacy resident will:

1. Collaborates with participants of a multidisciplinary team and provides drug information, observations on patient response to therapy, and appropriate recommendations regarding treatment alternatives or additional interventions to maximize patient care outcomes taking into consideration choice of therapy, safety, efficacy and pharmacoeconomics.
2. Interviews, obtains medication histories from patients, evaluates for appropriateness of pharmacologic therapy, develops a pharmaceutical care plan when indicated and summarizes significant findings in the medical record and/or to the provider as appropriate.
3. Reviews patient medication regimens for clinical effectiveness, drug selection, dosing, contraindications, side effects, potential drug interactions, and therapeutic outcomes as required. Communicates findings with prescribers and provides appropriate alternatives to current treatment plans as needed.

4. Monitors for and reports drug errors, adverse drug reactions, allergies, and patient compliance issues. Documents findings per facility procedures.
5. Applies knowledge of normal laboratory values in the evaluation of patient care and recognizes significant abnormalities.
6. Has experience in the principles of clinical pharmacokinetics and pharmacodynamics and is knowledgeable and able to make dose adjustment recommendations based on objective laboratory findings.
7. Reviews and evaluates requests for non-formulary and restricted drugs for appropriateness and compliance with established criteria where applicable.
8. Completes medication use evaluations and other Pharmacy and Therapeutics activities accurately and efficiently.
9. Documents clinical interventions in the electronic health record in a timely and professional manner as appropriate.
10. Promotes and monitors compliance for established drug therapy policies.
11. Works with providers to ensure compliance with national, VISN, and local initiatives.
12. Participates on medical center and/or VISN committees as requested.
13. Reviews and verifies medication orders to be administered to patients in primary care, prior to administration, for appropriateness and to reduce potential risk of adverse drug event.
14. Follows national guidelines for chronic disease state management and is familiar and up to date with current clinical practice guidelines.
15. Assures drug use is consistent with national, VISN, and local policy (e.g. formulary vs. nonformulary, criteria-for-use).
16. Completes a residency research project and write a manuscript that is suitable for publication within the guidelines outlined in the Residency Manual.

#### Medication dispensing and distribution

1. Assure that medication orders or other data entered into the patient record or profile are accurate and complete.
2. Assure that prescriptions and medication orders are filled and dispensed properly and accurately according to current federal law and MVAHCS Pharmacy Service policies and procedures in an inpatient and outpatient setting.
3. Identifies, interprets, and documents resolution of prescribing and dispensing issues.
4. Supervise and direct the work completed by pharmacy technicians and other supportive personnel.
5. Ensure that medication orders represent a reasonable standard of therapy.
6. Provides patient education and verifies the patient has knowledge and understanding of their drug therapy regimen.
7. Provides designated staffing within the Pharmacy Department as scheduled.



### Educational Function

1. Contribute to meetings, team rounds, and other educational conferences/ functions for house staff, physician pharmacy and nursing staff in their assigned patient care area.
2. Contribute regularly to Pharmacy Service continuing professional educational programs. This may include lectures, case conferences, therapeutic discussions, journal club, Ed on the Go etc.
3. Assist preceptors to train pharmacy students on clinical practice rotations in their patient care areas.
4. Prepare a quarterly newsletter for distribution to the MVAHCS staff and other written educational written educational materials as assigned
5. Provide drug information services to the MVAHCS staff through a formal write up to requester and pharmacy staff. Documentation of drug information questions and responses will be maintained in MVAHCS Pharmacy's Drug Information Database.
6. Participates in P&T Committee functions and assignments as assigned, e.g., ADR monitoring, medication error reporting, Medication Utilization Evaluation activities, drug monographs/reviews, etc.
7. Works with clinicians to identify, develop and implement target programs. Develops and performs formal and informal education to promote these programs and gain acceptance.
8. Completes required self-evaluations, preceptor evaluations, and learning experience evaluations by due date. Evaluations should have narratives and constructive feedback. Feedback should be provided in accordance with the Residency Program Design and Conduct (RPDC).
9. Serves as an authority on drug usage, interactions, dosages, and compliance to medical staff, nursing staff, technicians and students.
10. Uses appropriate references to research drug information. Has a good working knowledge of information resources, both written and electronic.
11. Possesses a working knowledge of information resources.
12. Maintains a current knowledge of therapeutics and disease management.
13. Provides timely and accurate responses to drug information inquiries from all customers.

### Program management functions (Administrative)

1. Understands and adheres to policies and procedures of Pharmacy Service and VISN 23; includes Joint Commission, Drug Enforcement Agency, and American Society of Health-system Pharmacists as well as other VA Pharmacy regulatory requirements.
2. Effectively communicates, both orally and in writing to persuade and influence clinical and management decisions. Performs required documentation (i.e. patient encounters, progress notes) in a timely manner and in accordance with medical center policies.
3. Maintains and submits statistics and other required reports in a timely manner as assigned.
4. Assists with medication use evaluations, adverse drug event reporting, drug regiment reviews and other Pharmacy and Therapeutics and quality improvement activities as assigned.



5. Actively serves and participates on local, VISN and National committees as approved by Pharmacy Leadership and fulfills assignments timely and with quality products.
6. Complies with policies and procedures defining operational requirements for quality improvement, safety, regulatory compliance, or as assigned by pharmacy leadership.
7. Ensures assigned projects and reports are submitted by assigned deadlines.
8. Effectively utilizes VA computer systems and has expert knowledge of automated pharmacy equipment.
9. Serves as the Pharmacy representative on committees and task forces that concern patient safety, performance improvement, or as assigned by pharmacy leadership.
10. Ensures timely and accurate completion of all encounters and consults according VA guidelines.

#### Research/Systematic Investigation

1. Actively collaborates with MVAHCS staff in the design and implementation of research protocols, and collection of data and participates in the analysis and interpretation of the results.
2. Prepares presentations for local or national conferences as outlined in the Residency Manual.
3. Writes a manuscript that is suitable for publication within the guidelines outlined in the Residency Manual.

## **Program Improvement**

Evaluation of the program is necessary to maintain and enhance the quality of the residents' experience. Ongoing program improvement will support preceptors and help them enhance the experience of the resident.

The program will be reviewed with input from residents and preceptors:

At least annually

- A forum for discussion of the residency program which involves preceptors will be conducted annually. This may be done through participation in a residency committee meeting or other forum as the RPD, preceptors and residents feel meet the need. Input from the residents will be solicited prior to this meeting and considered during the meeting.
- Exit interviews and surveys with residents will be performed annually and used in program and preceptor review.
- Data from the national VA Learner's Perception Survey will be reviewed and discussed to educate preceptors about trends in these results.

On an ongoing basis

- The RPD will have an open door policy to receive input on the residency program.
- Program review is conducted on an ongoing basis as part of the residency committee meeting.
- Review will also occur through routine meetings of the RPD with residents.

The RPD will participate in local, state, national, and/or VA meetings/conference calls, etc. to learn about new opportunities for improvements.

The RPD will make and entertain suggestions and discuss them with the Residency Advisory Committee to get consensus.

Annual program review will also be performed using input described above. Program changes will be made as appropriate.

- Current residents will not be adversely effected by any changes made after they have entered the program.
- The RPD will update all concerned regarding any changes to the program.
- The RPD or sub-committee will update the Residency Manual, Policies and Procedures as needed.

**PGY1/PGY2 Residency Licensure Guidance**

- 1) The PGY1 pharmacy resident should submit appropriate documentation to the State Board of Pharmacy where they will pursue pharmacist licensure as soon as possible after learning they have matched with the MVAHCS program. The pharmacy resident will be licensed upon entry into the residency program if at all possible. If the resident is not licensed upon entry into the program, the resident is required to become licensed at the earliest possible date.
- 2) The resident must be fully licensed as a pharmacist within 120 days from the beginning of the residency. Residents must complete at least two-thirds of residency program as licensed pharmacist.
- 3) Failure to obtain a license to practice pharmacy within 120 days from the beginning of the residency program may result in the following actions:
  - a. Resident's immediate dismissal from the program, OR
  - b. Consideration of extension of resident's term of appointment by the number of days the resident is without licensure past the 120 day deadline.
    - i. Extension may be considered following discussion with national residency advisory board (RAB), office academic affiliation (OAA), RPD(s), and MPLS VAHCS pharmacy leadership regarding criteria for extension on an individual basis.
      1. Programs that offer extensions or suspensions specify the status of salary and benefits during that period. If the program is extended, RPD and leadership will work with national PRPO and OAA to determine the maximum extension allowed and whether the resident will be paid during the extension. Maximum extension would not exceed 120 days.
- 4) PGY2 residents, in accordance with VA policy, must have a license in good standing from any state or territory in the United States at the start of the residency.
  - a. To be eligible for PGY2 residency, candidates must have completed or be in the process of completing an ASHP-accredited or candidate-status PGY1 residency.

**Once Licensed:**

- 1) The Minneapolis VA HR department will confirm licensure.
- 2) The resident will place a copy of license in his/her portfolio.
- 3) RPD will confirm copy of license was placed in portfolio.

**Reference:**

1. ASHP Commission on Credentialing. Guidance Document for the ASHP Accreditation Standard for Postgraduate Residency Programs. ASHP. Online: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf>. Accessed April 25, 2024.
2. Minneapolis VA Pharmacy Service Policy and Procedure Manual Policy M-21



## **Assessment and Evaluation Guidance**

### **Purpose**

Ongoing assessment of residents is critical to resident growth and success. This assessment strategy defines, in writing, the roles and responsibilities of the Residency Program Director (RPD), preceptors, and residents. All residency programs at the Minneapolis VA Health Care System (MVAHCS) will utilize PharmAcademic to follow the Residency Program Design and Conduct model of evaluating resident progress during each learning experience and throughout the residency year.

### **Evaluation of Learning Experiences**

Utilizing the outcomes, goals, and objectives outlined for the learning experience, both the resident and preceptor will evaluate the resident's performance. The PharmAcademic system is the ASHP approved database used to manage evaluations. Evaluations will be completed in a timely manner, within 7 days of the due date. A four-point rating scale will be used to evaluate each learning experience.

#### Types of Evaluations:

- **Summative Evaluation:** Performed by the preceptor and resident at the end of the rotation. Preceptors should review the prior evaluations of residents who are starting their rotation to determine areas of strength and improvement.
- **Preceptor Evaluation:** Performed by the resident at the end of the rotation/experience.
- **Quarterly Evaluation:** For rotation experiences lasting longer than 3 months (longitudinal), summative and preceptor evaluations will be completed by the resident and preceptor on a quarterly basis.
- **Self-Evaluation:** To meet the required objective of applying a process of on-going self-evaluation and personal performance improvement, the resident will complete a self-evaluation at a minimum of 3x/year. The resident will discuss the self-evaluation with preceptor. This objective will be incorporated into learning experiences to ensure residents have mastered this skill.
- **Feedback Evaluations:** Performed by the preceptor and resident 'on demand' to evaluate a specific encounter or skill. Preceptors and residents are encouraged to use feedback evaluations for specific goals and objectives at any time during the rotation.
- **Reflection:** Performed by the resident 'on demand,' the MVAHCS utilizes this function to support self-reflection.
- **Development Plan:** The RPD will meet with each resident at least quarterly to review the resident's progress in meeting the outcomes, goals and objectives of the residency program. The RPD will develop and share the developmental plans for each resident with preceptors quarterly. Resident self-evaluation is also a crucial component of this process.

### **Achievement of Goals and Objectives**

#### **For the Learning Experience**

In order to receive an '**achieved**' for a specific goal within a learning experience, the majority of objectives under that goal must be evaluated with a rating of 4.

#### **For the Residency Program**

In order to receive an '**achieved for residency**' for a specific objective, the resident must receive a rating of 4 for the objective in the previous quarter. Assessment of 'achieved for residency' is conducted on a quarterly basis, at minimum, by the RPD with the resident and taken to the RAC for discussion and vote.

#### **For Completion of the Residency Program**

The resident must successfully complete all of the required and program selected objectives with at least 80% evaluated at the 'achieved for residency' level at the end of the residency (e.g. at least 25 of 31 objectives for the PGY1 program).



## **Goals and Objectives Rated as Needing Improvement and Remediation**

### Needs Improvement (Evaluation Rating of 1) on Formative Evaluation

Preceptors are encouraged to provide verbal feedback during the rotation in addition to written feedback in PharmAcademic. If the preceptor has provided initial verbal feedback and the resident is not meeting satisfactory progress for a specific goal or objective (defined as a rating of 1 on the evaluation scoring scale, see below), the preceptor should document written feedback, including an action plan, as soon as possible and discuss with the resident. Documentation of feedback and action plan should occur in PharmAcademic using the 'Provide Feedback to Resident' feature. Especially for longitudinal rotations in which evaluations are scheduled quarterly, waiting until the scheduled formative evaluation will result in a delay and frustration for both the resident and preceptor. Formative (mid-point) evaluations that include a rating of 1 must include a documented action plan in PharmAcademic that will target 'satisfactory progress' (rating of 3 or higher) by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor, RPD, and Associate Chief of Quality and Education will meet to discuss further actions.

### Needs Improvement (Evaluation Rating of 1) for Any Objective on Less than Two Summative Evaluations

If a preceptor determines that a resident still needs improvement for selected goals and objectives by the end of the rotation, the preceptor will meet with the RPD prior to the end of the rotation and prior to meeting with the resident. The preceptor and RPD will determine how the objective will be addressed on future rotations. This will be a focus of the warm hand-off between the current and upcoming preceptor. Documentation of feedback and action plan will occur in PharmAcademic using the 'Provide Feedback to Resident' feature. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. The current preceptor will meet with the resident to provide the summative evaluation.

### Needs Improvement (Evaluation Rating of 1) for Same Objective on Two or more Summative Evaluations

If a resident receives rating of 1 for the same objective on two or more summative evaluations, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal-setting, additional assignments, timelines, and frequent follow up meetings. The PRPO office, OAA, and the Associate Chief of Quality and Education may also be utilized as resources. Documentation of feedback and action plan will occur in PharmAcademic using the 'Provide Feedback to Resident' feature. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation.

### Needs Improvement (Rating of 1) on More than 2 of Required Objectives

If at each quarterly meeting, a resident has received a rating of 1 for more than 3% of required program objectives on summative evaluations, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan may include goal-setting, additional assignments, revised timelines, and frequent follow up meetings. The PRPO office, OAA, and the Associate Chief of Quality and Education may also be utilized as resources. Documentation of feedback and action plan will occur in PharmAcademic using the "Provide Feedback to Resident" feature.





The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation. If the resident still receives a rating of 1 for more than 3% of required program objectives on summative evaluations after completion of a formal remediation process, or if the resident is unable to complete the remediation process, the RPD may recommend termination from the program.

### **Assessment Scale and Level of Supervision**

A chart of the assessment scale is provided at the bottom of this document.

#### **1= Functioning at the level of a **pharmacy student** (Fundamental Awareness, ‘Needs Improvement’).**

Resident may be at this level for orientation rotation and the first residency rotation, if limited previous exposure to this clinical area. *This objective is a significant challenge for the resident and may interfere with progression if significant improvements are not made.*

Preceptor Roles: Primarily direct instruction, teaching, and role modeling.

Graduated Level of Responsibility: During direct instruction, the preceptor is physically present in the same room while the resident is engaged with health care services.

Action: The preceptor may mark ‘needs improvement’ if the resident is functioning at a student level instead of a resident level. The preceptor should make comments on skills the resident needs to improve and look for patterns, not just one mistake. For example, consistent errors in order verification, orders consistently not finished in timely manner, regularly arriving to meetings late, problematic distractive behavior (e.g., use phone), documentation repeatedly missing key information to formulate appropriate assessment and plan. The preceptor should document feedback in PharmAcademic as soon as possible and discuss with the resident to facilitate immediate implementation of corrective behaviors and actions. Formative (mid-point) evaluations that include a rating of 1 must include a documented action plan in PharmAcademic that will target ‘satisfactory progress’ (rating of 3 or higher) by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor, RPD, and Associate Chief of Quality and Education will meet to discuss further actions. It should be clear by the midpoint of a rotation that a resident is performing at the level of “needs improvement”.

#### **2= Functioning at the level of **an advanced pharmacy student** (Novice, ‘Satisfactory Progress with Minor Concerns’).**

The resident needs significant guidance from preceptor. Clinical work requires regular preceptor review/intervention. The resident should improve skills in order to appropriately handle the situation. This objective constitutes a weakness that should be improved within a few weeks or months.

Preceptor Roles: direct instruction/teaching/role modeling with some coaching.

Graduated Level of Responsibility: During direct instruction and modeling, the preceptor is physically present in the same room while the resident is engaged with health care services



**Action:** The preceptor may mark satisfactory progress with minor concerns if the resident requires additional repetition of most activities however has 1-2 activities where additional learning (re-education) is required. Preceptors should make comments on skills the resident needs to improve and look for patterns, not just one mistake. The preceptor should document feedback in PharmAcademic as soon as possible and discuss with the resident. Formative (mid-point) evaluations that include a rating of 1 must include a documented action plan in PharmAcademic that will target ‘satisfactory progress’ (rating of 3 or higher) by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.

### **3= Functioning as an entry level resident (Intermediate, ‘Satisfactory Progress’)**

**Further Description:** The resident needs some guidance from preceptor (coaching). Clinical work requires some preceptor review/intervention. The resident demonstrates a sufficient range of skills for handling the situation and providing the desired outcome. This rating may be considered a satisfactory outcome for a rotation, but will not count towards ‘achieved’ for the residency goals and objectives.

**Preceptor Roles:** primarily coaching; may have initial modeling when introduced to a new clinical area or workflow

**Graduated level of responsibility:** During modeling, the preceptor is physically present in the same room while the resident is engaged with health care services. During coaching, the preceptor is in the same physical area and is immediately accessible to the resident. The resident and preceptor discuss, plan and review evaluation and/or treatment plans.

**Action:** The preceptor may mark satisfactory progress if additional repetition of the activities or more experience is required to move towards ‘achieved’ status. Recommend actionable statements here – what steps does the resident need to take or what more do they need to experience to move towards achieved. Preceptors may quantify activities and what level is expected to meet the criteria for the objective(s) – how many patients are they managing, how many care plans developed for what conditions, how many teams are they following, etc. The preceptor should document feedback in PharmAcademic at regular points and discuss with the resident. Feedback and summative evaluations in PharmAcademic should include narrative comments that will target ‘achieved’ (rating of 4) by the end of the learning experience.

### **4= Functioning as an advanced resident or as a 1<sup>st</sup> year clinical pharmacist (Advanced, ‘Achieved’)**

**Further Description:** The resident functions with autonomy and needs minimal guidance from preceptor. Clinical work requires minimal preceptor review. The resident has skills that lead to self-directed learning. The resident demonstrates the full range of skills appropriate for handling a situation and providing an ideal outcome. The preceptor needs to give very little corrective actions, although the resident may still ask for input from preceptors.

**Preceptor Roles:** primarily facilitation; may require some coaching in unfamiliar situations.



**Graduated level of responsibility:** During coaching, the preceptor is in the same physical area and is immediately accessible to the resident. The resident and preceptor discuss, plan and review evaluation and/or treatment plans. During facilitation, the preceptor's presence is not required during provision of health care services. The preceptor is immediately available by phone or pager and able to be physically present as needed for the services provided.

**Action:** The preceptor may mark achieved if the resident's work is independent, requires minimal direction, and proficient in activities assigned to the objective(s) (meets the criteria which are listed under the objective). The resident can teach the objective area. The resident does not require further repetition of assigned residency learning activities to adequately gain proficiency and/or preceptors are comfortable with them doing these activities independently. Resident seeks out assistance appropriately. The preceptor should comment on strengths as they relate to the criteria for achieving the objective, which assists the resident in confirming good practices. This rating is considered "achieved" for the residency goals and objectives. The preceptor should document feedback in PharmAcademic at regular points and discuss with the resident. Feedback and summative evaluations in PharmAcademic should include narrative comments that will target further improvement by the end of the learning experience.

#### Not Applicable

The preceptor may mark as not applicable if the activity was not available/performed during the learning experience, e.g. no assigned students so unable to gain precepting experience. Ideally there should be not be any 'not applicable' ratings. If there are repeated 'not applicable' ratings for a rotation, the preceptor may be asked to update the learning experience.

See chart on the following page.



Rating		Comparison & Application of Minneapolis VA Pharmacy Residency Summative Evaluation Tool to Other Measures	
Number	Label	Relationship to Program's Purpose	4 Preceptor Roles Preceptor Assessment of Resident Performance
	Achieved for Residency (ACHR)	Similar to ACH but designated by RPD with input from RAC.	Same as ACH
4	Achieved (ACH)	Independent and functioning at a level that would be commensurate with the resident being identified as suitable for hiring for the type of position described in the purpose statement for which the resident is associated with.	Resident has a consistent history of competent performance of the tasks associated with this goal/objective.  <u>Function independently with facilitation:</u> Resident has sufficient experience to successfully complete the task without coaching and now only requires facilitation.
3	Satisfactory Progress (SP)	Intermediate between SPC and ACHR. Resident demonstrating appropriate progression in knowledge, technical and behavioral aspects that would be expected to improve with additional experience within a 12 month residency training program.	<u>Experience with coaching:</u> Resident has sufficient experience to successfully complete the task with coaching.
2	Satisfactory Progress with Minor Concerns (SPC)	Minor deficiencies identified in knowledge or behavior that would cause the program director or a preceptor to have some reservation as to whether the resident would be a suitable candidate for employment for the type of position described in the purpose statement for which the resident is associated with.	<u>Coaching:</u> Resident has limited experience with task completion and requires frequent preceptor instruction, role modeling, and coaching in the application.
1	Needs Improvement (NI)	Deficient in knowledge and/or behavioral traits raises concern that resident may not be able to function at the expected level or be competitive for employment for the type of position described in the purpose statement for which the resident is associated with.	<u>Teaching/Role Modeling:</u> Resident has a general understanding/knowledge of rudimentary techniques and concepts required for the task.

## **Requirements to Successfully Complete the PGY1 Residency Program & Earn a PGY1 Certificate**

### **Background:**

Residents who achieve and complete the residency requirements will receive their Residency Certificate signed by the Residency Program Director (RPD), Chief of Pharmacy and system Director as evidence of program completion.

### **Requirements:**

Residents are expected to satisfactorily complete all requirements of the MVAHCS PGY-1 Pharmacy Residency Program as listed in the Residency Core Requirements document (Appendix 1) and adhere to the ASHP Accreditation Standards. The resident must successfully complete all of the required and program selected objectives with at least 80% evaluated at the ‘achieved’ level (rating of 4) (at least 25 of 31 objectives), refer to the Assessment and Evaluation document located in the Resident Manual for detailed information on evaluations and the rating scale. Objectives not ‘achieved’ must show progress through the year. The Residency Program Director (RPD) is responsible for ascertaining that all MVAHCS PGY-1 Residency graduates meet these requirements.

In the event that performance does not meet these expectations, the resident will be given ample opportunity to improve. Many objectives are measured multiple times throughout the year. The expectation is that residents will master some objectives early in the year and make satisfactory progress in the more difficult objectives throughout the year. A key to success is the gradual achievement in reaching these objectives and continued progress in others. If objectives are difficult for a resident to achieve, required learning experience(s) may be extended or additional time or learning experiences may be set up to concentrate on achieving these objectives. The goal of the residency is to teach, not to discipline. However, if the resident does not 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 there are severe deficiencies or if no improvement occurs with feedback, the resident may be terminated prior to the end of the one-year period in accordance with MVAHCS Pharmacy Policy M-18c and M-21b.

### **Successful Completion of Rotation:**

If resident is not meeting objectives for successful completion, i.e. scoring ‘Needs Improvement’ (rating of 1) in assigned objectives following the scheduled completion of the rotation, the duration of the rotation may be extended. Alternatively, if the resident scores a rating of 1 in an objective that will be evaluated again in a later rotation, it may be decided by the RPD to develop an action plan with the resident in conjunction with the original preceptor and the future preceptor to allow for the resident to complete the objective without extending the duration of a completed rotation. Other options may include goal setting, additional assignments, timelines, and frequent follow up meetings. Refer to the Assessment and Evaluation document located in the Resident Manual for more detailed information.





Vacation, holidays, sick leave, and other unforeseen circumstances may cause required rotation to be extended to meet the minimum attendance requirements. If the resident is in good standing, i.e. meets 'Satisfactory Progress with Minor Concerns' or higher on all rotational objectives and has missed less than 4 days of a 5-6 week rotation (1.5 days of a 2 week rotation), no extension will be needed. If an extension is required, it will be no longer than the number of missed days if the residents progress is 'Satisfactory Progress with Minor Concerns' or higher. Elective rotations will be evaluated on an individual basis but will generally follow the same guidance. Since the duration of electives is variable, use the following guidance for missed days: 4 days of a 5-6 week rotation, 3 days of a 4 week rotation, 2.5 days of a 3 week rotation, and 1.5 days of a 1-2 week rotation. For additional leave information, refer to the Resident Leave Policy located in the Resident Manual.

**Overall requirements to successfully complete residency and receive a residency certificate:**

- The resident must successfully complete all the required and program selected objectives with at least 80% evaluated at the 'achieved' level (at least 25 of 31 objectives).
- Satisfactory completion of all learning experiences.
- Completion of assignments and projects as defined by the preceptors and RPD during learning experiences.
- Completion of all assigned evaluations in PharmAcademic. Evaluations must be completed no later than 7 days after the completion of the learning experience.
- Completion of an electronic and hardcopy Residency Portfolio.
- Compliance with all institutional and departmental policies.
- See Appendix 1 for a sample of the core requirements to complete residency.

**References:**

1. Residency Core Requirements document
2. MVAHCS Pharmacy Policy M-18c: Postgraduate Pharmacy Residency professional, family, sick, and extended absence and leave
3. MVAHCS Pharmacy Policy M-21b: Discipline and/or Dismissal of a Pharmacy Resident from the Pharmacy Residency Program at the Minneapolis VA Health Care System



## Appendix 1 (Example of Residency Requirements for 2024-25):

Quarterly Residency Plan: \_\_\_\_\_ Last Updated & Reviewed: \_\_\_\_\_

### Core requirements:

RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
<b>REQUIREMENTS TO SUCCESSFULLY COMPLETE RESIDENCY &amp; RECEIVE RESIDENCY CERTIFICATE</b>		
ASHP required competency areas, goals and objectives: The resident must successfully complete all of the required and program selected objectives with at least 80% evaluated at the 'achieved' level (at least 25 of 31 objectives)		
Satisfactory completion of all rotations. If a rotation is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and RPD.		
Completion and presentation of a major pharmacy project to a designated group.		
Completion of assignments and projects as defined by the preceptors and RPD.		
Completion of a first draft and final report of the major project.		
Completion of all assigned learning experience evaluations (PharmAcademic™).		
Creation and maintenance of an Electronic Residency Portfolio.		
Compliance with all institutional and departmental policies as well as expectations set forth in the MVAHCS Pharmacy Residency Program Manual.		
Attendance: The residency is a full-time temporary appointment of 1 year in duration. The resident is expected to be onsite for a minimum of 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Additional time is expected to complete assignments and projects in a timely manner. When the resident is not onsite, the RPD and preceptor must approve the time off and procedures for leave must be followed (please refer to MVAHCS Pharmacy Policy M-18c located in the resident manual)		
<b>SCHEDULE/ROTATIONS (EXAMPLE)</b>		
Administrative Orientation (2 weeks)		

RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
Centralized Orientation (3 weeks)		
Teaching/Education (Longitudinal)		
Interprofessional Experience (Longitudinal):		
Research/Project Management (Longitudinal):		
Leadership, Quality & Management (week 1)		
Leadership, Quality & Management (week 2)		
Leadership, Quality & Management (week 3)		
Inpatient Care 1 (6 weeks):		
Inpatient Care 2 (5 weeks):		
Ambulatory Care 1 (6 weeks):		
Ambulatory Care 2 (5 weeks):		
Interprofessional Experience (4 weeks):		
Elective 1 (3-5 weeks):		
Elective 2 (3-5 weeks):		
Elective 3 (3-5 weeks):		
<b>PROJECT MANAGEMENT</b>		
Complete Medication Use Evaluation (MUE)		
Submit residency project proposal to IRB, if needed		
Submit project abstract to national/regional conference (i.e. ASHP Midyear Clinical Conference)		
Submit project/MUE abstract to national/regional conference (i.e. North Star Pharmacy Resident Conference)		
Design project poster for national/regional conference (i.e. ASHP Midyear Clinical Conference)		

<b>RESIDENCY REQUIREMENT</b>	<b>PROGRESS TO DATE</b>	<b>GOAL SETTING IF NOT COMPLETED</b>
Design project/MUE presentation for national/regional conference (i.e. North Star Pharmacy Resident Conference)		
Present project poster at national/regional conference (i.e. ASHP Midyear Clinical Conference)		
Present project/MUE presentation at national/regional conference (i.e. North Star Pharmacy Resident Conference)		
Present project presentation at FedRec RPro4 Conference (if application is accepted – awarded spot based on merit)		
Complete final report of residency project suitable for publication and approved by project advisor(s) and RPD		
<b>LEADERSHIP, QUALITY, and MANAGEMENT</b>		
Participate in the monthly analysis of adverse drug events via active participation in the medication safety committee; must participate in at least one meeting. This meeting occurs on the first Tuesday of the month from 9-10am.		
Review use of DOAC dashboard and anticoagulation QA report with anticoagulation supervisor.		
Complete training on use of VA Adverse Drug Event Reporting System (VA ADERS). Enter adverse drug reactions into the VA Adverse Drug Event Reporting System (VA ADERS). Residents will manage VA ADERS program as a group.		
Prepare a Drug Class Review and present the results at a facility Medication Safety Meeting.		
Participate in discussion with pharmacy leadership regarding departmental and strategic planning, hiring and HR including: hiring and human resource policies, staff management, performance reviews, disciplinary action, leave policies including FMLA, and other topics; recruitment, retention and succession planning.		
Participate in discussions with Chief of Pharmacy and/or Associate Chiefs of Pharmacy on topics which include quality metrics (SAIL reports, EPRP, HEDIS), Practice Advancement Initiative (PAI), Pharmacy Practice Model Initiative, ASHP's Pharmacy Forecast and VHA Directive Clinical Pharmacy 1108.11 or other pharmacy directives. Complete pre-work or advanced reading as assigned.		
Attend pre-P&T prior to first assigned time for P&T minutes. Complete P&T minutes as assigned. Discuss with Chief/Associate Chief of Pharmacy your experience with P&T, pre-P&T and guidance related to facility medication use.		
Participate in review of non-formulary medication requests and adjudication of PADR consults. Discuss experience with preceptor.		

RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
Complete supervisor review of medication safety reports documented in adverse event reporting system for potential trends and issues related to medication management. This activity will be completed alongside the supervisor who is conducting the review.		
<b>LEADERSHIP, QUALITY, and MANAGEMENT CONTINUED</b>		
Complete supervisor review of medication safety reports documented in adverse event reporting system for potential trends and issues related to medication management. This activity will be completed alongside the supervisor who is conducting the review.		
Work with co-resident colleagues to evaluate a management problem including working through the steps to be taken to address the concern. Evaluation should include what resources are available, what you would do as a leader, how you would communicate with staff and how you would evaluate if your intervention was effective.		
Participate in discussions with Chief or Pharmacy and/or Associate Chiefs of Pharmacy on assigned topics which include governance of the healthcare system and leadership roles; changes to laws and regulations as related to medication use; and current on trends in pharmacy and healthcare. GUIDANCE: The above discussions will include review of the following: Joint Commission, Office of the Inspector General, and other accrediting agencies Budget Interdepartmental relations, VA organizational structure Continuous improvement		
Develop an individual personal pharmacy mission statement and professional development plan and present this mission statement and plan to Chiefs and RPDs. PGY2s will facilitate this discussion. Review self-evaluation of this activity with preceptor.		
Read assigned leadership book and apply concepts to strengthen identified areas for improvement. Read book prior to rotation and identify opportunity for application during rotation block. Discuss application of concepts with Chief of Pharmacy and co-resident(s).		
Collaborate with co-residents to complete annual CACHE inventory.		
<b>TEACHING/EDUCATION</b>		
Actively participate and successfully complete all required assignments, meetings and tasks to complete required VA National Teaching Certificate Program		
Actively participate in group discussions during the resident meeting on Tuesdays and Wednesdays.		
Participate in a minimum of four preceptor development activities/presentations per year (though VA National Teaching Certificate program and local presentations). May listen to the recording if not able to attend. Enter self-reflection into quarterly development plan (precepting section).		



RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
(Optional) Apply to become a FedRec member in July/August. Application requires: application form, written statement, updated CV, and a letter of support (approval) from RPD. Not everyone will be selected (based on merit), but this is a great national leadership opportunity if you are; only 20-30 residents are selected nationally. Selectees will not be required to participate in a local committee.		
Participate in Fed Rec monthly meetings. Participation should be rotated among PGY-1 residents. If unable to attend, must listen to the recording. Minutes should be summarized emailed to the residency email listserve group.		
Participate in local (e.g., Minneapolis VA) and/or national (e.g., VA CPPO, FedRec) committee or workgroup. Minimum requirement is to join one local committee for at least 50% of the year. Contribute at least once to change/update/event planning/etc. Enter self-reflection of contributions and participation into quarterly development plan (leadership section).		
Compose a minimum of two professional articles for the Pharmacy Newsletter. The newsletters will be emailed to pharmacy and medical staff. Newsletters are as follows: Fall Clinical Newsletter (review of a journal article) and Spring Project Newsletter. Also, compose a Welcome Newsletter and Farewell Newsletter (be creative and have fun) for pharmacy staff only.		
<p>Contribute to recruitment and selection of future residents through involvement in MSHP/ASHP/school of pharmacy/other societies recruitment sessions, packet reviews, interviews, and ranking/selection meeting(s). This will also include assigned prep work for recruitment sessions and interviews as assigned by RPD. Interview week assignments will be provided by the RPD.</p> <p>Residents will be responsible for the following items:            *This is not an inclusive list.            MSHP Recruitment            ASHP Midyear Recruitment            ACCP Recruitment            National VA Recruitment            Local VA Meet and Greet            Resident Candidate Packet Reviews (~10 packets per resident, give or take a few)            Meet with Interviewees the week prior to interviews for a tech check (~30 minutes)            Update PGY1 Interview Rubric prior to Interviews (Interview and Selection Sub-Committee will provide input)            Assigned tasks will be given to each resident for the week of interviews, i.e. facilitator, timekeeper, lead tour, share screen, control movement, etc.</p>		

RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
Prepare a minimum of two evidence-based CE presentations (1 hour). Guidance: Must identify and work with pharmacy subject matter expert to develop presentation. Must include an invite to pharmacy staff. One presentation should be prepared and presented independently. The other presentation may be prepared and presented with a co-resident (i.e. joint journal club) where each split the hour into independent 30 minute presentations. Must supplement presentation with a handout and/or PowerPoint. Must provide evaluation form to participants. Specifically ask 3 participants to fill out an evaluation. Be sure to record presentation especially if RPD or assigned representative is unable to be present at presentation.		
Review CE feedback and self-reflect on performance for areas of strength and improvement. Self-assess at least one skill to improve upon for subsequent presentations. Enter self-reflection into quarterly development plan (teaching/precepting section).		
Precept University students during assigned MTM discussions and on IPPE and/or APPE overlapping rotations		
Update Main and Teaching Portfolio and CV quarterly.		
<b>MEETINGS, CONFERENCES, &amp; EVENTS</b>		
Attend Pharmacy Resident Meetings (~6x/month)		
Attend Pharmacy Staff Meetings (quarterly)		
Attend Co-Resident CE Presentations		
Attend MSHP Midyear Clinical Meeting – Recruitment Portion (September)		
Attend National/Regional Conference for Project Poster Presentation (i.e. ASHP Midyear Clinical Meeting in December)		
Attend National/Regional Conference for Project Oral Presentation (i.e. North Star Residency Conference in May)		
Attend Residency Graduation Reception (June)		
Attend Incoming Residents Meet & Greet (June)		
Attend Minneapolis VA M&M and Grand Rounds as able		
<b>SURVEYS</b>		
End of year survey of program submitted to RPD		
Wrap up meeting with RPD		



## **Duty Hour Requirements for Residents**

### **Overview:**

The Minneapolis Veterans Affairs Health System (MVAHCS) Pharmacy Residency Programs follow the ASHP Duty Hours standards. Duty hours and the standards in the ASHP document pertain to time spent during the residency program, internal moonlighting, and any external moonlighting.

### **Definitions:**

**Duty Hours:** Duty hours are defined as all scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program. This includes inpatient and outpatient care; staffing/service commitment; in-house call; administrative duties; and 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. Duty hours must be addressed by a well-documented, structured process. Duty hours do *not* include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

**Scheduled duty periods:** Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal workday, beyond the normal work day, or a combination of both.

**Moonlighting:** Voluntary, compensated work performed outside the organization (external), or within the organization where the resident is in training (internal; also known as “dual appointment”), or at any of its related participating sites. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.

### **Resident Rights & Responsibilities:**

1. Residents have the professional responsibility to ensure they are fit to provide services that promote patient safety.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
3. Moonlighting (internal and external) is allowed during the residency year; however, must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
  - A. Maximum moonlighting hours: residents will not exceed 16 moonlighting hours per week; must fit within the limits outlined in 5-7 of this document.
    - i. Hours in excess must be approved by the Residency Program Director (RPD) and Residency Advisory Committee (RAC).
    - ii. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
  - B. External moonlighting:
    - i. The resident must request approval from the RPD prior to any moonlighting activities at an external site (e.g., Walgreens Pharmacy, CVS Pharmacy, etc.). This request must outline which hours and days of the week that the resident is requesting to moonlight.
    - ii. The RPD will provide verbal or written permission for the resident to moonlight at any external site.



4. Notification of duty hours and moonlighting:
  - A. Written documentation of all duty hours and moonlighting is required on a monthly basis.
    - i. A monthly alert will be sent through PharmAcademic requiring all residents to 'Attest Compliance' to ASHPs guidance on duty hours and moonlighting. If in violation, an alert will be triggered to the RPD to investigate and resolve violation and to prevent future violations.
  - B. Verbal notification of moonlighting to current preceptors and RPD is required on a weekly basis.
    - i. Preceptors will notify the resident and RPD(s) in writing if they believe the resident's participation in moonlighting is affecting his/her judgment and ability to provide safe patient care.
      - a. RPD(s) will meet with resident to review report and collaborate on a strategy to improve performance.
    - ii. RPD(s) have the right to restrict moonlighting activity or discontinue agreements for external moonlighting if it is believed to be affecting the resident's wellbeing, judgment, and ability to provide safe patient care.
  - C. Other circumstances: residents will notify their RPD in writing immediately if they are approaching maximum duty hours allowed within a week (within 8 hours of limits) or if they identify a scheduling issue that may conflict with the duty hour policy.
5. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
6. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.
7. Continuous duty periods of residents should not exceed 16 hours.
8. Program does not currently implement on call activities.

### References:

ASHP Commission on Credentialing. Duty-Hour Requirements for Pharmacy Residencies. ASHP. Online: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf> Accessed April 25, 2024.

**Pharmacy Residency Leave: Annual, Professional, Sick, and Extended Leave**

**SUBJECT:** Postgraduate Pharmacy Residency professional, family, sick, and extended absence and leave

1. **PURPOSE:** To outline departmental policy for Pharmacy Resident absence and leave.
2. **POLICY:** Absence and leave will be administered on a uniform and equitable basis consistent with appropriate laws, regulations, and related requirements. Pharmacy resident preference shall be given consideration.
3. **PROGRAM ATTENDANCE AND EXTENDED LEAVE**
  - a. The residency is a full-time temporary appointment of 52 weeks in duration.
  - b. The program is incomplete unless all time and requirements for graduation are met.
  - c. The resident will be onsite or teleworking from their alternative worksite as specified in VA0740 as approved for 5 days per week for 40 hours per week at a minimum to perform activities to meet the goals and objectives of the program and is expected to be present for learning experiences and staffing assignments as scheduled.
  - d. When the resident is offsite, the program director and preceptor must approve the time off or away and procedures for leave must be followed.
  - e. All leave requests are submitted using the online Veterans Affairs Time and Attendance System (VATAS).
    - i. All leave must be accounted for in VATAS, regardless of reason. Leave is charged in 15-minute increments.
  - f. Per the ASHP Accreditation Standards specific to time required on rotation for successful program completion, resident time away from the program may not exceed 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, and leaves of absence over the 52 week program duration. A resident exceeding 37 days of leave would require an extension to successfully complete the program. An extension of the program is not guaranteed and would need to be approved through the appropriate process described below.
    - i. See [ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023](#) pages 5-6).
    - ii. A program extension will be equivalent in competencies and time missed.
      - Opportunity to extend the program will depend on the decision of the National Director of Residency Programs and Education/PRPO. Extension with or without pay will also be determined based on funding change approved by OAA and local Designated Education Officer (DEO).
      - The RPD will also inform the Associate Chief of Pharmacy for Education and Quality (ACPEQ) of the potential extension.
      - With an approved extension of the residency program, completion of all requirements of the residency and the number of days that exceeded the 37 days of allotted leave must be accomplished by the resident no later than 3 months after the initially scheduled completion date (the date planned for completion if there had not been a need for extended leave) to receive a certificate. If both the “make-up time” and the requirements for completion of the program are not accomplished within 3 months of the originally scheduled program completion date, the resident will not receive a certificate. The maximum time for LWOP is 3 months AND must be completed by the end of the fiscal year (September 30).





- a. If extenuating circumstances exist, contact the National Pharmacy Residency Program Office to request an extension of up to an additional 3 months. Such extension would require the agreement/approval of PRPO, the Chief Medical Officer, Chief of Pharmacy, RPD, DEO and OAA. If such extension is approved, maximum time for LWOP would be a **total** of 6 months and would be under the same guidance as above for pay and benefits.
  - b. For military leave, residents 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 3 months 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 resident has been on active duty/military leave for the time of absence from the residency program.
- ii. If extended leave is requested, a resident must use all earned leave prior to going on leave without pay (LWOP), which would be in effect until the resident returned to the program. The Residency Program Director will notify the PRPO, OAA, DEO and Associate Chief of Pharmacy when the resident returns to the program. If extended leave has been approved without pay as above, pay and benefits will resume when the resident returns to the program. Once resumed, pay and benefits will continue while the resident remains in the program up to a maximum of the number of days the resident was on LWOP.

#### 4. ANNUAL LEAVE (AL):

- a. AL may be, and is encouraged to be, used throughout the residency program.
- b. Residents accrue AL at a rate of 4 hours per pay period (13 days total during the course of the residency program).
- c. For planned leave, email preceptor requesting the day(s) off. Once approved, forward that email to the Resident Program Director (RPD) or the Associate Chief of Pharmacy for Education and Quality (ACPEQ) if the RPD is not available.
- d. If approved by the RPD or ACPEQ, enter the requested leave into VATAS with a notation that approval was obtained from the RPD or ACPEQ in the comments section. This should be done at least one month prior to planned leave if possible.

#### 5. SICK LEAVE (SL):

- a. The accumulation of SL is to protect the resident from loss of pay during an illness.
- b. Residents accrue SL at a rate of 4 hours per pay period (13 days total during the course of the residency program).
- c. Prior approval should be obtained for planned SL including, but not limited to: medical, dental, or optical examinations/treatment when possible. This should be done at least one month prior to planned SL if possible and follow the above process for AL.
- d. If a resident needs to use SL that has not been planned, they must call the RPD, current preceptor and/or the Pharmacy Program Assistant who manages time cards according to policy.
  - i. The resident must speak to at least one of these people. Voice messages, texts and e-mails are inadequate.



- ii. If the resident cannot reach both the RPD and preceptor, the resident must ask one of the individuals contacted to share the information.
- iii. If the resident cannot reach any of these people, they must call the inpatient pharmacy and speak to the pharmacist in charge. They must indicate to the pharmacist in charge that they have not spoken to the above individuals and ask the pharmacist in charge to communicate at the huddle or via other appropriate mechanism so the preceptor and RPD are informed. The resident must also inform the pharmacist in charge what responsibilities will need to be re-assigned, cancelled, or postponed due to that day's absence.
- iv. If the resident only reaches the Pharmacy Program Assistant, 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 will be absent unless another arrangement has been made with the RPD or preceptor (e.g. emergency surgery requiring several days of leave).
- v. When the resident requests sick leave for periods of illness exceeding three consecutive workdays, the resident must make an appropriate request and may be required to furnish evidence of the need for sick leave upon return to duty.
- e. In the event that an extended sick or family leave is necessary, the facility will consider the arrangements on an individual case basis and VA policies will be followed.
  - i. The Residency Program Director will advocate for the resident but will not excuse the resident from meeting the goals and objectives of the Pharmacy Residency Program or ASHP requirements.
- f. The resident will make timely reports of absences not previously approved and will report, or have a responsible person report, incapacitation for duty as early as practical. Generally, this will be at the beginning of the tour of duty, unless mitigating circumstances exist.
- g. If Occupational Health or the resident's personal health provider determines they are incapacitated for work, the resident must communicate this with the RPD by providing the medical certification if more than three days of SL are required and request leave to cover the period of incapacitation.
  - i. Inform the RPD and Occupational Health if reason for incapacitation for duty is a contagious illness so the health of coworkers can be monitored; and provide medical clearance for return to duty if deemed necessary by Occupational Health.
- h. For emergent leave in accordance with Minneapolis VA Health Care System Pharmacy Policy A-16 (Notification of Incapacitation for Duty by Employees). The resident is expected to call on each day of SL unless discussed with RPD previously.
- i. Requests through VATAS must be made immediately upon return to duty.
- j. A leave request should not be entered for scheduled resident "staffing" hours. The resident must inform the area they are scheduled to staff, inpatient or outpatient pharmacy, of their SL.
  - ii. Missed "staffing" days do not apply to the 37 day requirement by ASHP
  - iii. Residents will be expected to staff make up shifts per learning experience description.
  - iv. Residents will follow the standard process for SL above in regards to calling out from "staffing" hours.
- k. SL can also be used for care purposes if the resident needs to help an immediate family member attend a medical appointment, provide direct care for immediate family members who are ill, or for bereavement purposes due to the death of a family member per pharmacy guidance.

**6. PROFESSIONAL LEAVE:**

- a. Professional leave (authorized conference absence/travel time) may be requested through the RPD who will direct the resident of the procedure for the specific request.
- b. Requests may be denied by the RPD if they do not represent or fulfill the intended purpose of the residency program. Up to 10 days of duty time may be used during each year for educational leave to attend conferences and CE programs. Up to two days may be utilized for interviewing at other facilities. Interview days count towards the maximum number of leave days allowed by ASHP.
- c. The resident may apply for travel and educational funds for professional conferences through the Minneapolis VA.
  - i. The approval of funding goes through the VA and local travel approval process and requires the resident to complete the appropriate online requests.
  - ii. For educational leave that the VA will be providing travel funding, a travel request form must be completed. If the resident's travel request is approved, the resident will receive travel orders (TA#) and must provide a copy of this to the RPD prior to leaving.
  - iii. Assistance with completion of the requests is available through the travel coordinator and/or RPD.
- d. For authorized educational leave where no travel funding is being provided by the VA, the request should be specific as to the reason for the leave including the name of the conference being attended and the location. This must be cleared with the resident's preceptor, RPD, and ACPEQ prior to entering the request for leave.

**7. RESIDENT RESPONSIBILITIES:**

- a. Observe leave and excused absence policies and regulations.
- b. Be at post of duty during official duty hours unless on approved leave or excused absence.
- c. Observe the time and attendance policies and procedures and use leave for the purpose for which it is intended.
- d. Submit accurate statements about absences.
- e. Furnish medical certificates when required.
- f. Ensure sufficient leave accrual to cover approved requests when they occur.

**8. LEAVE LIMITS FOR RESIDENTS:**

- a. The resident may be required to add additional days to a required learning experience if he/she misses more than 20% of that learning experience. This may result in time being taken from an elective experience. This is to be determined by the RPD and preceptor. This determination will be made based on the resident's progress towards completion of the objectives of the learning experience and the number of days missed. See Requirements for Successful Completion of Residency Document for addition details.

**9. FEDERAL HOLIDAYS:**

- a. Residents will be awarded eleven paid federal holidays throughout the year: July Fourth, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day, New Year's Day, Martin Luther King Day, Presidents Day, Memorial Day, and Juneteenth.
- b. If residency obligations require work on a Holiday, alternative arrangements or compensation may be considered on a case-by-case basis.

**10. OTHER STAFF REQUIREMENTS:**

- a. RPDs are responsible for educating residents about the absence and leave policies and regulations on a uniform and equitable basis. This includes, but is not limited to:
  - i. Pharmacy residents are trained in proper use of leave, kept informed on leave matters and of the name or title of the leave-approving supervisor and timekeeper.
  - ii. Acting promptly on requests for leave and determining the necessity for or acceptability of sick leave medical certificates.
  - iii. Maintaining control over attendance, leave, and excused absence. Determining whether a resident's absence from regular duties constitutes official duty, approved leave, excused absence, or absence without leave, and ensuring that the unit timekeeper is promptly notified of all leave requests.
  - iv. Consulting with Human Resources Management (HRM) or ACPEQ for advice concerning, and interpretation of, leave regulations.
- b. HRM is responsible for the general administration of the leave program. This includes interpreting leave policies and regulations for operating officials, and providing for resident orientation on leave provisions.
- c. Timekeepers (Pharmacy Program Assistant(s)) are responsible for:
  - i. Posting attendance and leave information daily.
  - ii. Prompt attention to and corrections of errors on time cards.
  - iii. Ensuring completeness prior to certification by leave approval officials.
  - iv. Posting, or having residents post, necessary remarks for FFSL, FMLA, and use of leave in lieu of another leave category (e.g., AL or SL), OWCP, or duty time. Posting correct codes for AWOL, jury duty, suspension, etc.
  - v. Sending the certified timecards to Payroll.

**REFERENCES:** Minneapolis VAMC Policy # HR-07E, Absence and Leave, 5 U.S.C. Chapter 63; 5 CFR Part 630; VA Handbook 5011 Part III; VA Financial Policies and Procedures Volume XV, Chapter 5; Master Agreement between the Department of Veterans Affairs and the American Federation of Government Employees; Negotiated Agreements between the Minneapolis VA Medical Center and AFGE 1969 and 3669.

**RELATED POLICIES:** Limited Duty #HR-09; Outpatient Scheduling Process and Clinic Operations #TX-08F, and Time and Attendance for Physicians, Dentists and Podiatrists #HR- 23; VA National Pharmacy Residency Program Office Extended Leave Policy

**RESCISSION DATE:** July 2025

**FOLLOW-UP RESPONSIBILITY:** Residency Program Director(s)



### **Discipline and/or Dismissal of a Pharmacy Resident**

- **PURPOSE:** The purpose of this policy is to establish guidelines and procedures for correcting unacceptable conduct and/or unsatisfactory performance in the workplace or while conducting official government business (i.e. while on travel). This policy also sets forth procedures for dismissal from the program.
- **POLICY:** The Associate Chief of Pharmacy for Education and Quality Assurance, Resident Program Director, Residency Preceptors, and the Residency Advisory Committee will review reports of unacceptable behavior or unsatisfactory performance. Based on the results of this official review and severity of infraction, a pharmacy resident may be provided verbal counseling with documentation, written counseling, or be dismissed from the program. National VA Residency Advisory Board (RAB) and Office of Academic Affiliation (OAA) will be involved in all cases where resident dismissal is being considered.
- **PROCEDURE:**  
**Pharmacy Residents:**
  - Pharmacy residents are responsible for understanding and following all rules of conduct of the Pharmacy Residency Program that are outlined in this policy while in the workplace or conducting official government business (i.e. while on travel).
  - Pharmacy residents must adhere to rules and policies of the Veteran Affairs Administration and the Minneapolis VA Health Care System. Pharmacy residents are expected to conduct themselves in a professional manner at all times; demonstrate a high level of integrity and honesty in dealing with colleagues, supervisors, patients, and other staff; and project an image of respectability and trustworthiness.
    - The ASHP Statement on Professionalism further elucidates the responsibilities of professionals and is available at <https://www.ashp.org/-/media/assets/policy-guidelines/docs/statements/professionalism.ashx>
  - Pharmacy residents are expected to maintain an adequate level of performance (as defined by program specific ASHP goals and competencies), meet expectations of the program and to grow professionally.
  - In the event of disciplinary action, the resident has the right to address the Residency Advisory Committee either in person or in writing.
  - Should the Residency Advisory Committee provide follow-up action items for the resident to address unsatisfactory conduct/performance, the resident may elect to not complete these items. At this time, the resident may be dismissed from the residency.

### **Pharmacy Residency Preceptors:**

- a. Inform pharmacy resident of conduct that is considered inappropriate and/or does not meet departmental standards. Preceptors are to provide corrective counseling with the goal of resident improvement.
- b. Inform pharmacy resident of performance that is unacceptable (as defined by program specific ASHP goals and competencies) and provide corrective counseling with goal of resident improvement.
- c. Inform Residency Program Director when pharmacy resident conduct has been inappropriate and/or does not meet departmental standards.





- d. Inform the Residency Program Director when pharmacy resident performance is determined to be unacceptable to the standards of a pharmacy resident (as defined by program specific ASHP goals and competencies).

**Pharmacy Residency Program Director:**

- a. Inform the pharmacy resident of the contents of this policy and potential implications.
- b. If issues arise, inform pharmacy resident of any perceived unacceptable conduct or unacceptable performance.
- c. Based on the severity of unacceptable conduct, counsel and allow the pharmacy resident to correct conduct and bring performance to an acceptable level.
- d. Inform managers, preceptors, and Residency Advisory Committee if there is a concern for patient safety.
- e. Respond to and document the pharmacy resident's unacceptable conduct or performance.
- f. Inform the Associate Chief of Pharmacy for Education and Quality Assurance for informational purposes.
- g. If the resident fails to respond to corrective counseling the Residency Program Director will reach out to the National VA Residency Advisory Board (RAB) and Office of Academic Affiliation (OAA) and document the plan/outcome.

**Residency Advisory Committee:**

- a. The Residency Advisory Committee consists of the Associate Chief of Pharmacy for Education and Quality Assurance, Residency Program Directors and representative group of Residency Preceptors. For residency disciplinary proceedings, the relevant managers and staff will be invited.
- b. The Residency Advisory Committee will meet to review concerns and investigate inappropriate conduct or performance. The Residency Advisory Committee will recommend appropriate actions to the Residency Program Director and Associate Chief of Pharmacy for Education and Quality Assurance. Appropriate actions based on the violation may include any of the following with documentation in pharmacy resident's file:
  - i. Additional verbal counseling, remedial advice, coursework, or other training for resident improvement.
  - ii. Written warning, counseling with remedial advice, coursework, or other training to improve.
  - iii. Adjustment of resident schedule (re-training, repeat learning experience).
  - iv. If an infraction is considered egregious or severe, the Residency Program Director will forward this to the respective Residency Advisory Committee for immediate consideration for action without allowing the resident time to improve.
- c. Should the pharmacy resident fail to correct inappropriate conduct or improve performance after receiving counseling from the Residency Program Director and preceptors, the Residency Program Director then forwards the ongoing concern to the Residency Advisory Committee.
  - i. The overall emphasis and goal of all disciplinary action is the correction and/or improvement of resident conduct or performance.
  - ii. National VA Residency Advisory Board (RAB) and Office of Academic Affiliation (OAA) will be notified.
  - iii. No definitive action will be taken until the resident is informed of the grounds for dismissal.



- d. If action merits dismissal from the program, Human Resources Service will be consulted and involved.

**Types of violations:** Violations may be classified as minor, major or critical and are defined below. Disciplinary measures for unacceptable conduct or performance that is not listed below will be determined by the Residency Program Director and Residency Advisory Committee.

- **Minor Violations** – results in a verbal counseling for the first offense with documentation; the following are potential examples:
  - Unprofessional behavior including but not limited to:
    - Dishonest behavior, deliberately lying.
    - Rude or discourteous behavior.
    - Disrespectful interactions with patients, staff, residents, employees, public, preceptors or anyone in the facility or involved with their training.
    - Unwanted, intimidating, or harassing comments, remarks, conduct or gestures.
    - Failure to call in an absence or tardiness according to departmental procedures.
    - Unauthorized absence from an assigned work area (includes repetitive tardiness defined as more than 15 minutes late on 3 occasions).
  - One episode of failure or refusal to perform assigned duties.
  - Engaging in activity detrimental to the operations of the medical center.
  - Unauthorized or inappropriate use of telephone, computer, e-mail, or other office/business equipment.
  - Negligent use of property resulting in damage or loss.
  - Failure to follow proper standards relating to personal hygiene and grooming.
  - Presence in an unauthorized area.
  - Solicitation of gifts or money or accepting money from patients or unauthorized sale of services, merchandise, raffle tickets, lotteries, etc.; or
  - Violation of confidentiality
  - Violation of ethical standards for pharmacy, for the residency program, or for government employees;
  - Inability to perform clinical services commensurate with educational level or failure to develop expected skills, knowledge, and attitudes including but not limited to:
    - Failure to improve performance on objectives evaluated at NI level, specifically, an objective remains at NI level on 2 or more consecutive evaluations; or
    - Poor performance, specifically needs improvement (NI) on 2 or more objectives on 1 or more evaluations; or
    - Failure to function within graduated levels of responsibility or to communicate significant veteran care issues to the supervising practitioner; or
    - Ineffective time management that results in not meeting deadlines or not completing assignments or patient care in a timely manner or violation of VA policies, VA regulations or applicable federal, state, or local laws, other than those that result in non-duty status, leave or immediate dismissal.
  - 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.
    - This presentation from MD Anderson Cancer Center has some hints: [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 without appropriate citation. 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.
  - In addition to the disciplinary process defined above, any assignment that is plagiarized will be made up by completing a new assignment.
  - **REFERENCING FORMAT:** The National Library of Medicine format is used for referencing. [https://www.nlm.nih.gov/bsd/uniform\\_requirements.html](https://www.nlm.nih.gov/bsd/uniform_requirements.html) . When submitting to a specific publication, check the requirements for that publication.
- Unapproved use of Artificial Intelligence to complete assignments
  - Residents are to develop skills, competencies, and learn how to complete assignments without the use of AI. The RPD and preceptors may discuss use of AI and teach residents how to use AI appropriately. The use of AI programs to complete residency assignments is prohibited and is grounds for disciplinary action unless directed to use AI by the RPD or preceptor. Since AI is not guaranteed to be accurate, it must not be employed except where the user is knowledgeable about the area.
  - In addition to the disciplinary process defined above, any assignment that is completed with unauthorized use of artificial intelligence will be made up by completing a new assignment.
- **Major Violations** - results in management working with VA HR employee labor relations regarding approach and at a minimum a written counseling for the first offense and potentially early dismissal; the following are potential examples:
  - Repetitive failure or refusal to perform assigned duties or engaging in any activity detrimental to the operations of the medical center.
  - Behavior or language that is disruptive, abusive, malicious, exploitive, bullying, intimidating, threatening, or otherwise disturbs the workplace environment or interferes or might reasonably be expected to interfere with Veteran care. **Disruptive behaviors** include profane or demeaning language, racism, sexual harassment or comments or innuendo, outbursts of anger, throwing objects, boundary violations with staff or Veterans, inappropriate health record entries, and unethical, illegal, or dishonest behavior.
  - Engaging in any behaviors or activities that are disruptive to the operations of the medical center and/or creates a work environment that is disruptive.
  - Violation of posted safety, security, health, or fire prevention rules, or otherwise causing a safety hazard.



- Sleeping while on duty or hiding with the obvious intent of sleeping while on duty.
- Harassment/discrimination including advances, verbal, sexual, and/or physical conduct, with regard to all applicable laws covering the medical center's EEO policies, when submission or rejection of such harassment is used as a basis for employment decisions, or where harassment has the purpose or effect of interfering with an employee's work performance or creating an intimidating, hostile or offensive work environment.
- Reporting to work while under the influence of any intoxicant, hallucinogens, or narcotic.
- Unauthorized use of property.
- Recording audio, visual or audio & visual of patients, supervisors, residents or others without their consent
- Smoking in non-designated areas.
- Continued inability to make satisfactory progress in achieving required goals and objectives (associated with residency) after additional, remedial, and focused training in the designated areas.
- **Critical** – can warrant immediate early dismissal on first offense per decision of Residency Program Director, Residency Advisory Committee or Associate Chief of Pharmacy for Education and Quality Assurance. A resident who is dismissed or resigns will not receive a residency certificate. The following are potential examples of violations that would be considered as critical:
  - Deliberate inattention to patient care, or engaging in any conduct detrimental to patient care (including patient abuse).
  - Fighting, issuing threats or verbal abuse, or other disorderly conduct on the premises, or while engaged in official government business.
  - Violation of security access – patient information policy or deliberately releasing confidential information covering medical center business, patient information, employee information, etc.
  - Violation of the medical center policy by falsifying information, records or documents.
  - Unauthorized possession of a firearm, explosives, or other weapon on the premises.
  - Theft of property or willfully causing damage to, waste of, or loss of property.
  - Failure to submit to an alcohol/drug examination.
  - Absence from work for three (3) consecutive scheduled days without notifying appropriate supervisor during the absence for illness or accident preventing the employee from working (as evidenced by written certification of a medical doctor if requested by management), or other satisfactory reason for such absence, as determined by appropriate management, will be considered job abandonment.
  - Violating ethics or laws of pharmacy practice
  - Violations of patient boundaries, including violations of boundaries with patient family members. This includes but is not limited to acceptance of gifts, romantic or sexual relationships, business transactions and associations, accessing medical records of family or friends and failure to report suspected boundary issues.
  - Unauthorized possession or use of an intoxicant, hallucinogens, or narcotic while on the premises.



- Diversion of drugs
- Persistent failure to make satisfactory progress in achieving required goals and objectives (associated with residency) after additional, remedial, and focused training in the designated areas.
- Performance that caused significant harm to a patient or a “near miss” situation that cannot risk being repeated.
- Failure to gain professional licensure 120 days after the start of resident year is grounds for dismissal from the program.
- Verification of trainee graduation reveals that the trainee did not graduate from School of Pharmacy
- Resident’s name appear on the Health and Human Services sanctions listing

**RECISSION DATE: June 2026**

**REFERENCES: Policy RI-09F (Boundaries Between Employees & Patients, Former Patients, & Patients’ Families)**

**FOLLOW-UP RESPONSIBILITY: Residency Program Director**

**Purpose:**

The purpose of this policy is to standardize methods for the recruitment and selection of residents in the Minneapolis Veterans Affairs Health Care System (MVAHCS) Pharmacy Residency Program. Goals for recruitment and selection of residents are comprised of recruiting a diverse and inclusive applicant pool, reducing implicit bias, and ensuring equity throughout the process to ultimately select strong, highly qualified candidates for the program.

The program recognizes and commits to practices which respect and foster individual characteristics and commits to provide a training environment which embodies cultural sensitivity, social responsiveness, and providing patient-centered care. Residency Advisory Committee (RAC) members and others involved in the program will not discriminate negatively on grounds, including, but not limited to, race, Indigenous ancestry, ethnic origin, religion, sex, sexual gender identity or expression, age, marital or family status, language, or visible and invisible disability in any decision surrounding residency candidate applications, interviews, and ranking of applicants.

Moreover, the pharmacy residency program will provide accommodations as followed by VA policies to incorporate equity, inclusiveness, and diversity. RAC members will undergo routine training surrounding diversity, equity, and inclusion as required by the VA (i.e. Inclusion, Diversity, Equity, and Access (IDEA) training series). Additional resources and opportunities for further training throughout the year are also provided to staff.

Aside from increasing IDEA awareness and training, the program will focus on assessing applicants based on strengths, skills, and competency gained through various traditional and non-traditional means (i.e. leadership through a job, troop, or non-pharmacy endeavor rather than pharmacy school organizations only). The program recruitment and selection processes will be evaluated by the RAC annually at minimum, to continuously improve, assess for bias, and ensure the identification and engagement of individuals who may be underrepresented in the profession of pharmacy and/or have followed a non-traditional pharmacy residency track.

**Procedure:**

1. Minimum requirements for evaluation and selection:
  - a. All candidates must meet minimum requirements for a PGY1 residency as required by ASHP.
  - b. All candidates must participate in the National Matching Service (NMS) program.
  - c. All candidates must comply with any other rules, regulations, etc. proposed by ASHP.
  - d. Applicant must be a current US Citizen.
  - e. Applicant must be a graduate from an Accreditation Council for Pharmacy Education (ACPE) accredited school of pharmacy.
  - f. All application materials requested by the Residency Program Director (RPD) must be completed by the application deadline as described below.
2. Application packet:
  - a. The following application materials should be electronically submitted to the Pharmacy Online Residency Centralized Application Service (PhORCAS):
    - i. PhORCAS Standard Residency Application with ASHP match number.
    - ii. Q&A style letter of intent
    - iii. Curriculum Vitae containing all employment experience since high school, pertinent professional, educational, and extra-curricular activities, awards, research, presentations, teaching experience, and any other activities that the applicant deems relevant.





- iv. Three (3) letters of recommendation using the PhORCAS Standardized Reference form.
    1. If an applicant submits more than three letters of recommendation, the first three letters will be considered for review.
    2. An exception will be made if a Minneapolis VA preceptor is a writer of the fourth letter. In this case, the letter written by an internal preceptor will be scored, replacing the third letter (or last letter not written by a VA preceptor).
  - c. All information submitted in application packets becomes confidential information of the MVAHCS and will not be made available to other candidates or anyone outside of the interview and selection panel. Any printed application material will be retained by the RPD and will be stored in a secure setting until match results are known and those candidates that matched with the program have committed inwriting. Only the RPD and designated reviewers will have access to this information. The application packets for residents that are hired and complete the residency program (awarded a graduation certificate) will be maintained for the minimum number of years required by ASHP for purposes of future ASHP re-accreditation survey visits. All packets after the time periods specified above will be destroyed in a manner consistent with the medical center policy for destruction of sensitive information.
3. Application deadline:
- a. All candidates must have their completed application submitted by the established deadline date to be considered for a residency position.
  - b. Any candidate whose documents are not received by the deadline date will be reviewed on a case-by-case basis. Consideration for packet evaluation will be determined by the RPD group.
4. Application packet evaluation:
- a. All applicants providing a complete application packet as per above specifications will be evaluated by a panel of designated reviewers. Packets can be excluded from further review if one or more of the following criteria are met at discretion of RPD:
    - a. Grade point average (GPA) is less than 3 on a 4-point scale.
    - b. One or more letters of reference state, "I do not recommend this candidate" in the "Recommendation concerning admission" field of the PhORCAS application.
    - c. Two or more letters of reference state, "I recommend this candidate, but with some reservation/s" in the "Recommendation concerning admission" field of the PhORCAS application.
  - b. Each application packet will be reviewed by at least two designated reviewers using a pre-specified rubric. Each reviewer will calculate a final score and designate recommendation for interview ('yes to interview,' 'no to interview', or 'maybe to interview' with summative comments based on packet information). Points are allotted for each portion of the packet:
    - a. Q&A Letter of intent
    - b. Information from curriculum vitae
    - c. Letters of recommendation
    - d. Academics



- a. The RPD will assign application packets to reviewers. A reviewer may not review a packet for an applicant for which they served as a primary preceptor. Additionally, a reviewer must decline to review a candidate packet if any perceived conflict of interest is present. The RPD will then reassign the packet to another reviewer.
  - a. Applicants who are current or former employees of the Minneapolis VAHCS (for example, interns in the internship program) should be reviewed by non-primary preceptor coworker pharmacists who deny conflict of interest.
5. Selection of candidates for interview:
  - a. Total number of applicant interviews will be decided by RAC. A minimum of 24 interview slots will be offered.
  - b. Any applicant receiving two or more 'no to interview' recommendations on standard scoring rubric will not be offered an interview.
  - c. Interviews for multiple program applicants:
    - a. Candidates will be considered for multiple programs during one interview.
    - b. Candidates will be notified if they are interviewing for multiple programs before the interview.
    - c. Candidates will interview with the mental health group of candidates if selected for interview for both mental health and general programs.
  - d. The top four (4) candidates for mental health and the top twelve (12) candidates for the general program based on combined packet score and all 'yes to interview' rankings from reviewers will be offered interviews and will be notified as such.
  - e. Members of the ISC may elect to complete a secondary review with one new reviewer scoring with the original rubric) of the following packets:
    - a. High cumulative packet score with one or more 'maybe to interview' designations.
    - b. High cumulative packet score with larger than 10 point discrepancy between primary packet reviewers.
  - f. For candidates who have undergone secondary review, the secondary review score will be averaged the primary review scores. All candidates who have not already been offered an interview based on 5.d. will then be arranged in order based on score.
  - g. To determine final interview offerings for the remaining interview slots available (four for mental health and four for general), secondary reviewers will meet with the RPD group to review scores and reviewer comments to decide on final interview offerings. Unique candidate contributions and IDEA principles will be considered in the final decision.
  - h. If needed, the RPD may conduct a telephone interview to clarify any part of an applicant's packet or assist in the scoring of candidates. Telephone interviews will be conducted by the RPD plus either one (1) representative from RAC or one (1) current pharmacy resident. The number of telephone interviews conducted will be at the discretion of the review panel.
  - i. In the event that a candidate declines an interview for whatever reason, the candidate will not be considered for admission and his/her application will become null and void.
  - j. If an interview is declined or cancelled by a candidate, the RPD can decide to give the interview slot to a "wait list" candidate who did not fall within the top positions for an interview. If this is to occur, the slot must be offered to the applicant who falls at the top of the list of applicants not considered (ranking X-1). If this interview is declined, the RPD may continue down the list of applicants not considered in chronological order (X-2, etc.) and offer interviews until slots have been filled, the list is exhausted, or the process halted at the RPD group's discretion at any time.
  - k. The RPD group is not required to offer declined slots to other applicants and may refuse to continue scheduling interviews at any time during this process.



- a. All applicants will be notified in writing regarding the final status of their application:
    - a. Invited for interview.
    - b. Not invited for interview.
  - b. Candidates who are offered interviews will be provided with the MVAHCS residency-specific policies and procedures.
6. Scheduling of the interviews:
- a. A list of interview date offerings will be created before interviews are scheduled by the RPD.
  - b. Candidates will self-enroll via an online scheduling tool.
  - c. Once an interview has been scheduled, the RPD will ensure that it will not be cancelled. If the interview must be cancelled, the RPD will make a reasonable attempt to reschedule the interview for a candidate. If the interview is cancelled, MVAHCS is under no obligation to compensate the candidate for any loss of time or money related to the interview process or travel for such.
  - d. If a candidate cancels an interview, the RPD is under no obligation to reschedule if there are no other dates available. If a date is still available, the candidate can choose to reschedule on that open date. The RPD is under no obligation to open up a new date/time for a candidate who cancels the interview.
  - e. No interviews will be scheduled the two (2) days before Rank Order Lists are due with the NMS. No interviews will be scheduled after the Rank Order List has been submitted.
7. Interview process:
- a. The interview will be coordinated and scheduled by the RPD.
  - b. The RPD group will be responsible for securing staff attendance for the interview. The interview groups will consist of a broad selection of pharmacy staff from different practice areas (acute care, ambulatory care, geriatrics, staffing, leadership).
  - c. The interview process will consist of at least the following (not necessarily in order presented):
    - i. Program presentation
    - ii. Hospital tour with current pharmacy residents
    - iii. Multiple rounds of interviews with various groups that may include: RPD(s), program preceptors, pharmacy leadership, interprofessional team and/or others.
    - iv. Candidate presentation
  - d. Candidates will submit their presentations to the RPD ahead of time. The RPD is responsible for deciding and communicating the deadline for presentation submission. This communication will specify that interviews may be declined if submissions are late. If a candidate submits their presentation after the designated deadline, their total interview score will be affected as such:
    - a. 2- point deduction if the candidate honestly admits their mistake or has valid reason.
    - b. 4- point deduction if the candidate provides weak reasoning for late submission.
    - c. RPD has the option of declining to interview the candidate if dishonesty is apparent.
    - d. The RPD group will make the final determination on the number of points deducted from candidate interview score for late presentation submissions.
    - e. If the late submission is related to a verifiable technology issue, no point deduction will be made.



- e. During interviews, candidates will be asked a series of pre-determined questions relating to professional and clinical issues.
  - i. The same questions will be used for each candidate group. Altering questions during the interview process is prohibited.
  - ii. Questions will be reviewed and revised (if needed) by the Interview and Selection Committee of RAC each year before the first scheduled interview.
  - iii. The candidate's completed application packet will be available during the interview for interviewing staff to review.
- f. Interviewing staff will utilize the interview evaluation rubric to score each candidate and to make comments related to the candidate's interview session. Scores and comments will be entered into WebAdMIT. Any hard copy documents with interviewer notes will be returned to the RPD.
- g. At no time during the application/interview process may any health-system staff member make deals, concessions, etc. to any candidate.

8. Phase I Match:

- a. Upon completion of the interview process, all interviewers must enter scores into WebAdMIT prior to the deadline specified by the RPD. In WebAdMIT, interviewers will make a recommendation for "Rank" or "Do Not Rank." "Do Not Rank" will be used for significant professionalism concerns or concerns about ability to complete a residency.
- b. Interviewed candidates with greater than or equal to 25% of interviewers selecting "Do Not Rank" will not be included in the final match list.
- c. The RPD will compile scores and apply a weight to the cumulative packet score to equal 33% of the overall score and to the cumulative interview score to equal 67% of the overall score.
- d. A Match List Determination Meeting will be scheduled to occur after all scores are entered and weighted by the RPD. The meeting will be open to RPDs, members of interview and selection committee, and leadership.
- e. In the Match List Determination Meeting, candidates eligible for rank will be presented in order based on weighted final score. The RPD will facilitate discussion along with a designated moderator to assist in maintaining focused and relevant discussion.
  - The meeting will be focused on discussion of candidates with at least one do not rank designation to determine if these candidates will be included on the final match list.
  - All decisions will be based on a majority rule with any ties broken by the RPD.
- f. At the conclusion of the meeting, the group will certify the final Rank Order List.
- g. Once the Rank Order List is certified by the group, the list may not be altered.
- h. The final list will be entered into the NMS Program by the RPD by the deadline stipulated by the NMS.
- i. The final match list is strictly confidential and is not to be shared with other staff members, residents, candidates, etc.

9. Hiring of selected candidates in Phase 1:

- a. Only the candidates selected through the NMS Match will be hired.
- b. After the results of NMS Phase I have been posted, the RPD will contact the matching candidate in writing with an acceptance letter and contract within 30 days of the Match.
  - i. The matching candidate must return the signed contract within predetermined timeframe by the RPD (before the start of residency).
  - ii. HR will then be notified to complete the VA hiring process.

10. Phase II Match:

- a. Any unfilled positions in Phase I of the Match will be offered to unmatched applicants in Phase II of the Match.
- b. Any new programs or positions that receive funding after Phase I of the Match may be added into Phase II of the Match, and applicants who did not participate in Phase I of the Match may participate in Phase II.
- c. Completed applications will be evaluated and candidates will be selected for an interview by a panel of designated reviewers.
- d. The RPD and a designated interview panel will interview the candidate(s) using a pre-determined set of questions.
- e. The designated interview panel and one preceptor from the Interview and Selection Committee will then meet to determine the order in which candidates should be offered the position.
- f. The RPD will submit Rank Order Lists by the Rank Order List deadline for Phase II of the Match.
- g. If a match is made the RPD will contact the matching candidate in writing with an acceptance letter and contract within 30 days of the Match.
  - i. The matching candidate must return the signed contract within predetermined timeframe by the RPD (before the start of residency).
  - ii. HR will then be notified to complete the VA hiring process.

11. Post-Match Scramble:

- a. This will be implemented in accordance with ASHP Match Rules.
- b. The RPD will review unmatched candidates in PhORCAS and contact potential candidates to discuss the program.
- c. The RPD may also send an announcement of unfilled positions to applicable list serves in effort to recruit potential candidates.
- d. Completed applications will be evaluated and candidates will be selected for an interview by a panel of designated reviewers.
- e. Phone or video interviews will be allowed; however, all candidates will be interviewed using the same format (all on site, all phone, or all video).
- f. The RPD and a designated interview panel will interview the candidate(s) using a pre-determined set of questions.
- g. The designated interview panel and one preceptor from the Interview and Selection Committee will then meet to determine the order in which candidates should be offered the position.
- h. The selected candidate(s) must return the signed contract within 30 days of dated acceptance letter.
- i. HR will then be notified to complete the VA hiring process.

12. Disputes with application or interview process:

- a. Any questions or disputes regarding the application process will be forwarded to the RPD.
- b. The RPD's decision on these matters is final.

13. Record keeping: Applications, rankings, and evaluations will be maintained by the RPD to demonstrate compliance with current policy.

## **VA Nationwide Early Commitment (VANEC) Process for Post-Graduate Year 2 (PGY2) Residency Programs Minneapolis VA Specifics**

- Minneapolis VA Residency Programs will follow National PRPO Guidance and Policy regarding the VANEC Process as outlined below.
- Minneapolis VA PGY1 Residents wishing to apply for a PGY2 Residency Program Position through the early commitment process at the Minneapolis VA will submit their completed application packet by email to the PGY2 RPD no later than 16:00 by the second Friday in October.
  - This opportunity for early application is given as a courtesy to our internal residents who are seeking advanced PGY2 training, to be considered prior to consideration of external candidates.
  - Earlier submission, if resident interest is known, is encouraged to allow time for application review and scheduling of an interview, if indicated.
  - If a completed application is not received by the above deadline, consideration will then be given to external candidates through the VANEC process.
  - If a completed application is received after the above deadline, the Minneapolis VA PGY1 Resident will be considered and evaluated in conjunction with external candidates.
  - Application packet requirements will be individually determined by PGY2 RPDs and are listed below:
    - Psychiatry
      - Letter of Intent
      - CV
      - Letters of recommendation using National VANEC Recommendation Form (Attached)
        - One from current RPD
        - One from a Preceptor
    - Geriatrics
      - Letter of Intent
      - CV
      - Letters of recommendation using National VANEC Recommendation Form (Attached)
        - One from current RPD
        - One from a Preceptor
    - Pain
      - Letter of Intent
      - CV
      - Letters of recommendation using National VANEC Recommendation Form (Attached)
        - One from current RPD
        - One from a Preceptor
  - Completed packets will be reviewed by corresponding program RPDs and assigned preceptor(s) and evaluated using a predetermined scoring rubric.
    - The scoring rubric used for evaluation of internal candidates will be the same as for external candidates.





- Interview offers will be made upon assessment of application rubric scores and following a RAC meeting where a vote will be held to determine if an interview will be offered.
- If a resident is offered an interview, the PGY2 RPD will work with the resident and their RPD/preceptors to schedule an interview.
- The interview will consist of predetermined questions and will be evaluated using a predetermined scoring rubric.
- Following interview, the RAC will meet and review packet scores and interview scores, and will hold a vote to offer or not offer opportunity for early commitment. RPD will serve as tie breaker vote if needed.
- Offer for early commitment will align with VANEK timeline (i.e. no later than October 31 by 1:00pm ET)

## **VA Nationwide Early Commitment (VANEK) Process for Post-Graduate Year 2 (PGY2) Residency Programs**

### **VA Pharmacy Residency Program Office (PRPO)**

Post-Graduate Year 2 (PGY2) Pharmacy Residency Program across the VA Health Care System may offer an early commitment process following guidelines established by the American Society of Health-Systems Pharmacists (ASHP) and National Matching Service (NMS), also known as the Match to any VA PGY1 resident. The following is the VA's formal written procedure for application, interview, and selection of PGY2 residents. **Each program may opt in or out of this process on a yearly basis.** Programs can join/participate in VANEK during Phase 1, 2, or Scramble.

### **Procedure for PGY2 Programs in the VANEK Process:**

1. Each PGY2 program and position will be registered for the Match.
2. The RPD will register the program on the PRPO Early Commitment SharePoint Database no later than October 31, 2024, and include the following. The final SharePoint list of PGY2 programs participating in VANEK will open to PGY1 applicants November 1, 2024.
  - 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 (e.g., LOI, CV, 3 LORs, PhORCAS transcripts)
  - i. Application deadline
  - j. Date Filled

3. The PGY2 RPD will adhere to the following timeline for interviewing and offering positions:

Phase	Candidates	Program Offer(s) (Acceptance e-mail is sent to candidate upon verbal acceptance)	Candidate Acceptance (Program e-mail to candidate accepting position is binding contract and cannot be changed)	NMS Process: <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 database must be updated at each phase</li> </ul>
<b>1</b>	Internal to Site Only*	Per individual program but no later than October 31 by 1:00pm ET	October 31 by 4:00pm ET	First Monday in November by 4:00pm ET; Resident electronically accepts position through the NMS portal.
<b>2a</b>	Internal and External	On the Fourth Monday of November between 1:00-4:00pm ET	No more than one business day after offer by 1:00pm ET	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.
<b>2b</b>		Tuesday between 1:00-4:00pm ET	Wednesday of the same week by 1:00pm ET	
<b>2c</b>		Wednesday between 1:00- 4:00pm ET	Thursday of the same week by 1:00pm ET	
<b>3</b>	Scramble	Monday the week after Phase 2 at 1:00pm ET Closes December 20**	No more than one business day after offer by 4:00pm ET <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 20** at 4:00pm ET

\*If a program has no internal candidates, external applications may be accepted at any time and interviews conducted at any time. Offers will be made NO SOONER than listed in Phase 2 above.

\*\*The NMS early commitment deadline is TBD by the NMS and ASHP but is usually the third Friday in December.

- The PGY2 RPD must offer a position to the PGY1 resident, and the PGY1 resident must commit to accepting the position online via the NMS system. Programs that fill their position through the early commitment process must immediately access the Pharmacy Online Residency Centralized Application Service (PhORCAS) and close the program for applications.
- Once a PGY2 position is accepted, the RPD must email all applicants that the position has been filled and the early commit process is complete.
- The PGY2 residency program will pay a non-refundable fee to the NMS for each position committed to a resident through the early commitment process.
- After the date that is established by the NMS, the residency program will not make early commitment offers and will only offer positions through the NMS.

**Procedure for PGY1 residents in the VANEK Process:**

- The applicant must be a current PGY1 resident at any VA Health Care System
- All VA PGY1 residents will be informed during orientation that VA PGY2 residency programs offer the potential for early commitment for the year immediately following the successful completion of their PGY1 residency.
  - PGY1 residents will be informed of the timeline for the VANEK Process in a given academic year. It is the PGY1 RPD's responsibility to inform their PGY1 residents of the VANEK Process during orientation. PRPO will communicate the VANEK Process to incoming PGY1 residents during the Pharmacy Residency Conference Call Series in July. It is the resident's responsibility to ensure that the deadlines for any communication are met to participate in this nationwide process.



- b. PGY1 residents should request an early rotation in an area of PGY2 interest. Every reasonable effort will be made to give a scheduled rotation or concentrated shadow experience to any PGY1 resident who declares a sincere interest in pursuing the VANEK Process to continue their training for a second year at any VA Health Care System. This experience is intended to help the resident make an informed decision regarding the second year of training by maximizing their exposure to the specialty practice before a commitment is finalized.
  3. PGY1 residents interested in participating in the VANEK Process must review the PRPO Early Commitment SharePoint Database for required application materials to individual sites.
  4. Only PGY1 residents in good standing will be considered for early commitment to 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 transgression as outlined in the residency program policies and procedures.
  5. Before approving a PGY1 candidate's early commitment to a PGY2 position, an interview may be scheduled. Interviews for the VANEK Process may take place at any time if there is no internal candidate.
  6. Initial offers will be made to PGY1 residents either verbally or in writing abiding by the specified dates and times in the table above.
  7. Once a candidate accepts the verbal or written offer, 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 as soon as possible.
- 
- ❖ No changes, modifications, or exceptions to the policy will be made without the approval of the VA Pharmacy Residency Advisory Board.
  - ❖ Decisions regarding the VANEK Process will be considered final.
  - ❖ Questions regarding this process should be addressed to individual PGY2 RPD.

## **Hi! Resident Wellness Resources:**

**It is easy for the complexities of health care to result in stress for health care professionals. No one is exempt from the stresses of professional and personal life. Many resources are available. In an attempt to help our pharmacy residents balance all aspects of their training and life, the residency program director (RPD) and preceptors have developed a program to support pharmacy residents in wellness. The goal is to introduce ideas, activities, and topics of wellness so that our pharmacy residents can achieve a better quality of life.**

- 1) RAC Wellness Sub-Committee: Kaya Borg, Kevin Rauwerdink, Heather Poepping, Martin Stout, Jesse Upton, and Elizabeth Welch.
  - a. Two Wellness Retreats: Orientation (facilitated by Wellness Sub-Committee members) & Mid-Year (facilitated by residents)
  - b. The Wellness Sub-Committee meets once per month with the resident group during scheduled resident meetings. A wellness curriculum has been developed but is subject to change based on resident interest and wellness-related needs.
  - c. (optional) One wellness-related activity outside of work (such as nature walk) is encouraged.
  - d. Wellness Sub-Committee members are available for one-on-one check-ins and mentoring. Martin is an advocate for personal check-ins/health coaching.
- 2) Melissa Atwood, PharmD meets with the resident group once per month during scheduled resident meetings to discuss humanism curriculum.
- 3) The RPDs meet at least monthly with each resident individually to provide updates on progress, needs, stress, workload, work-life balance, and other resident needs. The agenda for this meeting is driven by the resident, and the RPD will frequently ask about progress and wellbeing. A wellness self-evaluation is completed quarterly, with an action plan created as needed.
- 4) As needed evaluation and discussion/meetings based on observations or reports of any staff or resident.
- 5) Residents are encouraged to select a preceptor to support or advise (mentor) the resident in addition to the support from the RPD as needed.
- 6) **From Pharmacy Residency Program Office – Pharmacy Residency Wellness Center:**  
[Residency Wellness Center \(sharepoint.com\)](#)
  - Useful topics on stress, burnout, resilience, and coping
  - Also has a Resident Portal that includes
  - Official Federal Resident Council documents and information
  - Resident Conference Call Series
  - National Pharmacy Journal Club
  - VA Tips and Tricks
  - Research Resources Hub



- 7) **Resident Psychologist: Dr. Jason Bonner, Ph.D. – consultant for the VA Pharmacy Residency Program Office.** Email [jason.bonner@va.gov](mailto:jason.bonner@va.gov) or TEAMS message  
[For more information on the services Dr. Bonner provides: Consultant Corner \(sharepoint.com\)](#)
- 8) **National VA Employee Whole Health Website:** <https://www.va.gov/WHOLEHEALTH/professional-resources/EWH-Resources.asp>
- 9) **National VA Employee Whole Health Sharepoint:** [Employee Whole Health - Employee Whole Health Home \(sharepoint.com\)](#)
- 10) **VISN 23 Sharepoint:** [VISN 23 Employee Wellness \(sharepoint.com\)](#)
- 11) **Minneapolis VA Employee Whole Health & Wellness Sharepoint:** [Employee Whole Health & Well-Being \(sharepoint.com\)](#)
- 12) **Federal Occupational Health - Employee Assistance Program:** [www.foh4you.com](http://www.foh4you.com)
- Resource to address personal and work-related issues pertaining to:
    - Depression
    - Anxiety
    - Relationships
    - Work/life balance
    - Alcohol abuse
    - Legal/financial matters
    - Overall well-being
    - Much more!
- 13) **Franklin Covey VHA All Access Pass:** [Veterans Health Administration \(VHA\) All Access Pass® | FranklinCovey](#)
- Resources help learners succeed in four key areas:
    - Develop exceptional leaders at every level.
    - Instill habits of effectiveness in every individual.
    - Build an inclusive, high-trust culture.
- 14) The Minneapolis VA offers on site yoga, daily mindful meditations, and an employee gym.



# **Minneapolis Veterans Affairs Health Care System**

## **Minneapolis, MN Pharmacy**

### **PGY1/PGY2**

### **Preceptors & Program Directors**

### **Expectations and Responsibilities**



There are several ways to get around the Twin Cities. Transit options including the Light Rail tram, Bus, Nice Ride bicycle, and Lime electric scooters. Of course walking, running, taxi, and private vehicle are still options as well.



## **PRECEPTOR APPOINTMENT PROCESS**

The preceptor development subcommittee of the residency advisory committee, in conjunction with the residency program director(s), are responsible for developing criteria for the appointment and reappointment of pharmacy preceptors in accordance with the Accreditation Standard.

All Minneapolis VA preceptors will be on the same four-year appointment cycle beginning in July 2023 (7/1/23-6/30/27, then 7/1/27-6/30/31, etc.). A preceptor database will be maintained by the preceptor development subcommittee that includes documentation of preceptor appointment and reappointment decisions.

### **INITIAL APPOINTMENT OF PRECEPTORS (4-YEAR TERM):**

1. Upon expressing an interest in precepting or upon assignment to precept a learning experience, pharmacist submits a completed Academic and Professional Record form.
2. The preceptor development subcommittee will evaluate the Academic and Professional Record form to determine if preceptor criteria are met. The residency program director(s) will be consulted as needed to assess the Academic and Professional Record form.
  - a. Preceptors that meet criteria will receive full initial appointment (4-year term).
  - b. Preceptors that do not meet criteria will have a preceptor development plan initiated, outlining how the preceptor will meet criteria within two years.
    - i. Preceptors granted initial appointment in the middle of the cycle will have their reappointment assessment on the next regular cycle date (ex: initial appointment in 2024 → reappointment assessment will be completed in 2027).

### **REAPPOINTMENT OF PRECEPTORS (4-YEAR TERM):**

1. Pharmacist submits an updated Academic and Professional Record form by March 1<sup>st</sup> of the appointment year (3/1/2023, then 3/1/2027, etc.).
2. The preceptor development subcommittee will evaluate the Academic and Professional Record form to determine if preceptor requirement criteria are met. The residency program director(s) will be consulted as needed to assess the Academic and Professional Record form.
  - a. Preceptors that meet criteria will receive full reappointment (4-year term).
  - b. Preceptors that do not meet criteria, will have a preceptor development plan initiated, outlining how the preceptor will meet criteria within two years.
    - i. Preceptors granted reappointment in the middle of the cycle will have their reappointment assessment on the next regular cycle date (ex: reappointment in 2024 → next assessment will be completed in 2027).

## **CRITERIA FOR APPOINTMENT AND REAPPOINTMENT OF PRECEPTORS (4-YEAR TERMS)**

Pharmacists receive full preceptor appointment or reappointment if they meet the following:

**1. Meet Pharmacist Preceptors' Eligibility per ASHP Accreditation Standard (Section 4.5) by being a licensed pharmacist who:**

**For PGY1 Program Preceptors:**

- a. Have completed an ASHP-accredited PGY1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; or
- b. Have completed an ASHP-accredited PGY1 residency program followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted; or
- c. Without completion of an ASHP-accredited residency program, have three or more years of pharmacy practice experience in the area precepted.

**For PGY2 Program Preceptors:**

- a. Have completed an ASHP-accredited PGY2 residency program (in the same advanced practice area as the area precepted) followed by a minimum of one year of pharmacy practice experience in the area precepted; or
- b. Without completion of an ASHP-accredited PGY2 residency program, have three or more years of pharmacy practice experience in the area precepted

**2. Meet Pharmacist Preceptors' Qualifications per ASHP Accreditation Standard (Section 4.6) by demonstrating the ability to precept residents' learning experiences as evidenced by:**

- a. Content knowledge/expertise in the area(s) of pharmacy practice precepted (at least one example).
- b. Contribution to pharmacy practice in the area precepted (at least one example).
- c. Role modeling ongoing professional engagement (at least three examples).

### **OTHER EXPECTATIONS:**

1. Preceptors must complete an annual Interests, Needs, and Skills Self-Assessment form, as described in the department development plan. This form will be sent via email to preceptors with a due date of November 1 of each year.
  - a. This form includes a self-assessment of precepting skills, certification of completion of one hour of preceptor or leadership-related CE, and certification of review of the Minneapolis VA Residency Program Preceptor Expectations Document.
  - b. Residency program director(s) will be contacted for further action if preceptor does not submit the annual Interests, Needs, and Skills Self-Assessment in a reasonable timeframe.

## **INITIATION OF PRECEPTOR DEVELOPMENT PLAN**

If a preceptor submitting an Academic and Professional Record form does not meet the criteria above for appointment or reappointment, a preceptor development plan will be initiated outlining how the preceptor will meet the criteria within two years.

The preceptor development subcommittee and residency program director(s) will proactively work with preceptors to ensure appropriate progress is made via the following actions:

<b>Timeline</b>	<b>Action</b>
6 months, 12 months, 18 months	<ul style="list-style-type: none"> <li>• Preceptor development subcommittee will contact preceptor to review progress and assist with identifying opportunities to meet criteria as needed. Subcommittee will update RPD if any concerns are identified.</li> </ul>
Anytime	<ul style="list-style-type: none"> <li>• RPD may contact preceptor to discuss progress and strategize future steps.</li> <li>• RPD may contact supervisor for the preceptor as needed to assist with identifying opportunities to meet criteria (projects, committees, presentations, etc.) or communicate any concerns.</li> <li>• RPD may develop an individual-based plan in addition to other requirements as indicated.</li> </ul>

If the preceptor fails to meet preceptor criteria within two years despite the steps taken above, further action will be taken at the discretion of the program RPD.

The preceptor development plan will be considered completed once the preceptor submits an updated Academic and Professional Record form that demonstrates the preceptor meets all criteria.

- If completion of the development plan occurs in the middle of the four-year Minneapolis VA preceptor cycle, the next assessment for reappointment will occur on the standard cycle (ex: meets criteria in 2024 → next assessment will be completed in 2027).

## **NON-PHARMACIST PRECEPTORS**

When non-pharmacists (i.e., physicians, physician assistants, certified advanced practice providers) are utilized as preceptors, the direct patient care learning experience must be scheduled after the residency program director and preceptors assess and determine the resident is ready for independent practice, as documented in the resident's development plan.

The residency program director or other pharmacist preceptor must work closely with the non-pharmacist preceptor to select the educational objectives and activities for the learning experience. Non-pharmacist preceptors are not required to meet the preceptor criteria or complete the Academic and Professional Record form.

The summative evaluation is completed by either the non-pharmacist preceptor or by a pharmacist preceptor working with the non-pharmacist preceptor. Input from the non-pharmacist preceptor must be reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.



## **Summary of Expectations for Pharmacy Residency Program Preceptors**

The following are expected roles and responsibilities of preceptors for all Minneapolis VA Pharmacy PGY1 and PGY2 Residency Programs. Preceptors must agree to uphold these expectations to retain appointment with a pharmacy residency program.

### **1. Preceptors contribute to the success of residents and the program by:**

- a. Attending resident presentations as time allows and providing meaningful feedback
- b. Attending quarterly resident developmental meetings upon invite. If unable to attend, preceptor provides comments via email to the residency program director.
- c. Providing ongoing verbal feedback to residents about how they are progressing and how they can improve.
  - Documentation of 1-2 verbal feedback sessions per rotation in PharmAcademic is recommended.
- d. Adjusting learning activities appropriately based on residents' progression.
  - Examples may include adjusting the number of patients assigned, expectations for projects/presentations, and expectations for resident check-in with preceptor.
- e. Documenting feedback for residents not progressing as expected.
- f. Providing comprehensive formal feedback via midpoint and/or summative (final) evaluations as assigned
  - Preceptor meets with resident to discuss summative evaluation at the conclusion of the rotation, prior to signature.
  - Summative evaluations must demonstrate criteria-based, actionable evaluation of the resident's progress, follow the guidelines presented in the [Residency Evaluation Guide for Preceptors](#) document, and include any feedback collected from secondary preceptors.
  - Summative evaluations must be completed within a timely fashion and submitted no later than 7 days after the PharmAcademic due date.

### **2. Preceptors create and maintain learning experiences in accordance with the ASHP Accreditation Standard, which includes:**

- a. Prospective communication with medical residents, attending physicians, and/or other team members in service areas of the resident rotation.
- b. Orientation to learning experience including objectives, activity schedule, responsibilities, and resident expectations.
- c. Orientation to the patient care areas and workspace
- d. Introduction to the medical team, as applicable
- e. Provision of appropriate activities to meet the goals of the learning experience.
- f. Regular interaction with the resident during rotation
- g. Communication of appropriate information to secondary preceptors when primary preceptor is absent.
- h. Annual review of learning experience description for any necessary updates based on changes to the practice area and/or feedback from resident evaluations.

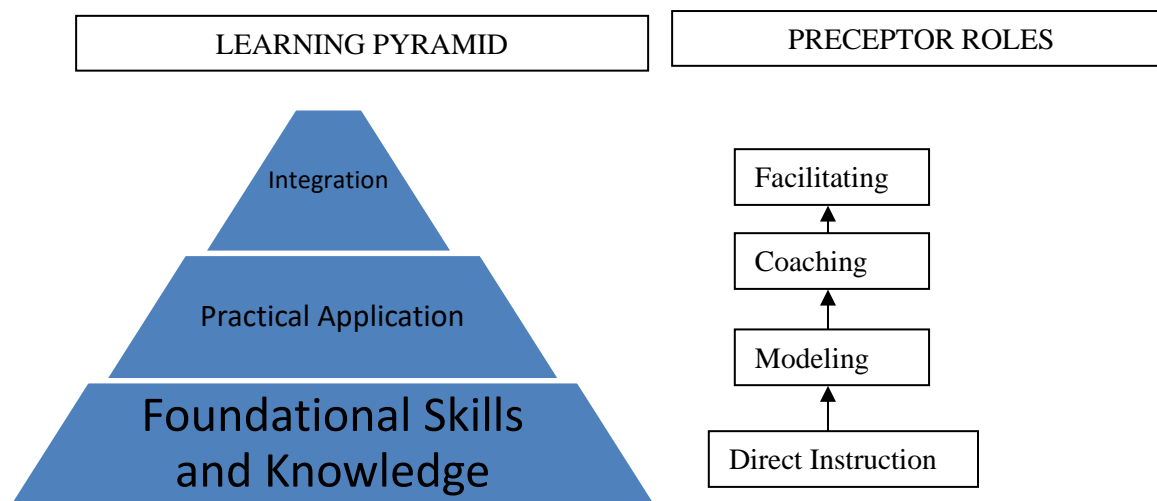
### **3. Preceptors actively participate in the residency program's continuous quality improvement processes by:**

- a. Seeking frequent feedback from residents regarding the learning experience and the residency program as a whole
- b. Continually developing and modifying the learning experience as necessary to meet the goals and needs of the resident and residency program
- c. Providing suggestions for improving the residency program via RAC meetings or via communication with the Residency Program Director

- 4. Preceptors demonstrate practice expertise, preceptor skills, and strive to continuously improve by:**
  - a. Maintaining an established, active practice and ongoing responsibilities for the area for which they serve as preceptor
  - b. Serving as a role model for pharmacy practice and acting as a resource for the resident
  - c. Utilizing the appropriate preceptor role (direct instruction, modeling, coaching, facilitating) based on each resident's progression through the learning experience
  - d. Reviewing guidance documents for new preceptors upon initial preceptor appointment to the Minneapolis VA Pharmacy Residency Program. These materials will be sent via email to all new preceptors but may also be accessed at any time.
    - [PharmAcademic Training](#) Presentation
    - [Residency Evaluation Guide for Preceptors](#) document
    - [Bloom's Taxonomy for Preceptors](#) document
    - [ASHP Accreditation Standard for Postgraduate Residency Programs](#) document
- 5. Preceptors adhere to residency program and department policies pertaining to residents by:**
  - a. Reporting unsatisfactory performance or behavioral issues to the Residency Program Director immediately
  - b. Referring to the following policies from the Pharmacy Service Policy and Procedure Manual if any questions arise regarding these topics
    - M18b [Pharmacy Residency Leave: Annual, Profession, Sick, and Extended Leave](#)
    - M21a [Discipline and/or Dismissal of a Pharmacy Resident from the Pharmacy Residency Program at the Minneapolis VA Health Care System](#)
    - M25 [Supervision of Pharmacy Resident and Student Progress Notes](#)
- 6. Preceptors demonstrate commitment to advancing the residency program and pharmacy services by:**
  - a. Attending and participating in RAC meetings as time allows
  - b. Seeking involvement in department or facility-wide committees and quality improvement projects
  - c. Serving as a mentor for longitudinal projects, drug information questions, and presentations as requested by the resident or residency program.

## PRECEPTOR ROLES IN FACILITATING LEARNING

It is the duty of the preceptor to teach residents how to become independent, responsible health care professionals. How a preceptor undergoes this task and the methods used to teach will vary depending on the skill level and knowledge of the resident. The following diagram shows an example of how learning develops and how the role of a preceptor may change.



The above model is important to keep in mind as a preceptor. Ideally, residents will already possess the foundational skills and knowledge from pharmacy school. The residency program should facilitate resident progression up the pyramid to the integration level. The different preceptor roles and how they apply to the Learning Pyramid are described below.

1. **Direct Instruction** refers to specifically teaching a concept or process. An example of this preceptor role is a topic discussion regarding a disease state. This role is useful for making sure that a resident has the basic skills and knowledge needed to operate as a pharmacist in the practice area.
2. **Modeling** refers to acting as an example for the learner to observe; the preceptor is showing the resident what to do by having the resident watch. This role is the first step for moving a resident from foundational skills and knowledge to practical application. One example is having a resident watch the preceptor counsel a patient.
3. **Coaching** refers to assisting and guiding the resident as they undertake a task independently. The resident is well into the practical application stage and is working on integrating the knowledge, skills and experience together. A good example of coaching occurs when the resident conducts a patient interview while the preceptor watches and provides feedback.
4. **Facilitating** refers to serving as a resource for the resident when the need arises. This role equates to the integration stage and the resident is acting very independently. The preceptor has limited involvement in the resident's activities and provides guidance as needed. An example of facilitating is allowing the resident to see patients in clinic while the preceptor is available in the next room.



**RESIDENCY PROGRAM DIRECTOR [RPD] RESPONSIBILITIES**

The RPD will meet all of the responsibilities of a preceptor. The RPD is responsible to the Pharmacy Associate Chief of Education and Quality Improvement. In addition, the RPD will:

- Work with pharmacy leadership and preceptor subcommittee to assess pharmacists in their role or potential role as a preceptor. This will include resident feedback.
- Work with pharmacy leadership to provide for the administrative, budgetary, environmental, legal, and human resource needs of the residency program.
- Coordinate and perform activities to ensure compliance with the ASHP Accreditation Standard for Pharmacy Residency Programs.
- Evaluate residency applicant qualifications through established formal procedures that includes assessment of the applicant's ability to achieve the educational goals and objectives of the program. The RPD has ultimate responsibility to assess the applicant's baseline knowledge, skills, attitudes, and abilities to determine that the applicant meets the qualifications for admission to the residency program.
- Work with pharmacy leadership and human resources to provide residents who are accepted into the program with a letter outlining their acceptance into the program in a manner consistent with that provided to pharmacists hired within the organization.
- Award a certificate of residency to those pharmacists who satisfactorily complete the program requirements in accordance with the ASHP Accreditation Standard for PGY1/PGY2 Pharmacy Residency Programs.
- Work with the resident to assess baseline knowledge, skills, and interests and to customize the training program.
- Work with the resident, preceptors, and leadership to schedule and coordinate rotations.
- Work with preceptors and leadership to track the resident's progress toward achievement of the educational goals and objectives of the program, conduct quarterly assessments and make any necessary adjustments to the customized resident plan [including documentation and implementation].
- Work with leadership and the preceptor subcommittee to evaluate preceptors/potential preceptors based on the criteria for preceptors and their desire to teach and their aptitude for teaching that includes mastery of the four preceptor roles involved in teaching clinical problem solving (direct instruction, modeling, coaching and facilitating)
- Work with preceptors, preceptor subcommittee, and leadership to devise and implement a plan for assessing and improving the quality of preceptor instructor and overall quality of the residency program.
- Meet ASHP requirements for preceptors and program director.

# **Minneapolis Veterans Affairs Health Care System**

## **Minneapolis, MN**

### **Pharmacy PGY1/PGY2**

### **Residents, Directors, and Preceptors Background**



Larger attractions such as Mall of America which houses Nickelodeon Universe (indoor amusement park), Lego Land, and Sea Life Aquarium are fun on the weekend. Also pictured in the left lower corner is Valley Fair (outdoor amusement park).

## PGY-1 General Pharmacy Practice Residents



**Victoria Brooks**, Pharm.D., MSHI, completed her Doctor of Pharmacy and Master of Science in Health Informatics degrees concurrently at the Medical University of South Carolina in Charleston, SC. She obtained a Bachelor of Science in Biology from the University of North Carolina at Chapel Hill. During pharmacy school, Victoria completed an internship at MUSC University Hospital and served on the executive boards of her school's chapters of American Pharmacists Association (APhA), Kappa Psi Professional Pharmacy Fraternity, and Student Government Association. Her professional interests include ambulatory care and informatics. Outside of work, Victoria enjoys going on walks/hikes with her dog, Marley, trying new restaurants, and attending sporting events.



**Sammy Daas**, Pharm.D. completed his Doctor of Pharmacy from the University of North Texas Health Science Center College of Pharmacy in Fort Worth, Texas. During pharmacy school, Sammy worked as an intern for JPS Health Network and Sam's Club Pharmacy. Additionally, he served in leadership roles within Texas Pharmacy Association, ASHP Pharmacy Student Forum, and continues to be actively involved in Phi Lambda Sigma and Kappa Psi Pharmaceutical Fraternity. Sammy's professional interests include cardiology, critical care, and internal medicine. Outside of work, he enjoys being outside, finding new places to eat, and spending time with friends. Additionally, he is a huge music fan. He enjoys playing guitar/bass, listening to music, and surfing Bandcamp and YouTube to discover new artists.



**Minh Dinh**, Pharm.D., completed her Doctor of Pharmacy at the University of California (UC) San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences after obtaining a Bachelor of Science in Pharmaceutical Chemistry from UC Davis. During pharmacy school, Minh worked as a pharmacy intern at Rite Aid retail pharmacy and later at MedWatchers. As a student, she served on the executive boards of her school's chapters of the American Society of Consultant Pharmacists and the Christian Pharmacists Fellowship International. Her professional interests include ambulatory care, geriatrics, and psychiatry. Outside of work, Minh enjoys trying new coffee and boba shops, playing the piano, and rewatching Supernatural.



## PGY-1 General Pharmacy Practice Residents



**Karyssa Hurd**, Pharm D, completed her Doctor of Pharmacy degree from Binghamton University School of Pharmacy and Pharmaceutical Sciences, NY, after obtaining a Bachelor of Science in chemistry from University at Albany in Albany, NY. During pharmacy school, Karyssa worked as an intern for UHS Hospital. Throughout pharmacy school, Karyssa served as president of Women in Healthcare, mental health chair of SNPhA, and secretary of the SSHP chapter at Binghamton. She was also an active member of Phi Lambda Sigma- Epsilon Iota Professional Pharmacy Fraternity. Her professional interests include psychiatric pharmacy and ambulatory care. Outside of work, Karyssa enjoys spending time with her friends and family, swimming, cooking, and trying to restaurants and breweries.



**Mohamed Kamara**, Pharm.D, completed his Doctor of Pharmacy degree from the University of Minnesota – Twin Cities College of Pharmacy after obtaining his Bachelor of Science degree in Biology at The University of North Dakota in Grand Forks, ND. During pharmacy school, Mo worked as an intern for Lakeview Hospital in Stillwater, MN. Throughout pharmacy school, Mo was active in the Multicultural Pharmacy Student Organization and the Minnesota Pharmacy Student Alliance. His professional interests include mental health, diabetes management, and medication management. Outside of work, Mo enjoys playing and watching soccer, spending time with his family, and completing jigsaw puzzles.



**Priya Periakaruppan**, Pharm.D., completed her Doctor of Pharmacy degree at the University of Minnesota College of Pharmacy in Minneapolis, MN, after obtaining a Bachelor of Science in Biochemistry from the University of Minnesota. During pharmacy school, Priya worked as an outpatient pharmacy intern at Hennepin Healthcare. Priya served in leadership roles with the Minnesota Pharmacy Student Alliance and the American Society of Consultant Pharmacists. She also enjoyed her time in the Phi Delta Chi - Theta Professional Pharmacy Fraternity. Her professional interests include geriatrics, ambulatory care, and hospice. Outside of work she enjoys rock climbing, hiking, kayaking, reading, and playing trivia with friends.

## PGY-2 Psychiatric Pharmacy Resident



**Claudia Epland**, Pharm.D., completed her Doctor of Pharmacy degree from the University of Wisconsin Madison School of Pharmacy after obtaining a Bachelor of Science degree in Pharmacology and Toxicology at UW. During pharmacy school Claudia completed an internship with St. Vincent de-Paul Charitable Pharmacy in Madison. Additionally, she completed a Pathway of Distinction in Research where she worked on a project exploring the interaction of self-identity and dosing room environment during psilocybin assisted psychotherapy. Her professional interests include mental health, academic detailing, and pharmacy education. Outside of work, Claudia enjoys painting, yoga, and spending time outdoors.

**PGY-1 Project #1: Evaluating the Impact of Secure Messaging on Naloxone Prescribing to Veterans At-Risk for Opioid Overdose**

**PGY-1 Project #2: PACT Pharmacist Utilization of a Note Template for Documenting Pharmacogenomic Results and Medication Recommendations at the Minneapolis Veterans Affairs Health Care System (MVAHCS)**

## PGY-2 Geriatric Pharmacy Resident



**Hannah VanTruong**, Pharm.D., completed her Doctor of Pharmacy degree at the University of Iowa College of Pharmacy in Iowa City, Iowa. During pharmacy school, Hannah worked as a medication reconciliation intern at the University of Iowa Hospitals and Clinics as well as an intern at MercyOne outpatient pharmacy. Hannah served as Operation Immunization Chair at her local student chapter of the American Pharmacist Association – Academy of Student Pharmacists, where she organized various flu shot clinics throughout the community. She also enjoyed her role as an executive member in Kappa Psi Pharmaceutical Fraternity and as a peer mentor for newly admitted PIs. Her professional interests include ambulatory care, geriatrics, and oncology. Outside of work, Hannah loves exploring new foods with friends, watching true crime shows, reading thriller books, and spending time with her dog Haru.

**PGY-1 Project #1: Enhancing Primary Care Prescribing of PCSK9 Inhibitors for Secondary Prevention of ASCVD in High Risk Patients at the Minneapolis Veterans Affairs Health Care System (MVACHS)**

**PGY-1 Project #2: Improving the anatomy-specific screening for transgender and gender diverse Veterans at the Minneapolis VA Health Care System (MVAHCS)**

## PGY-2 Pain Pharmacy Resident



**Jacob Mozer, Pharm.D.**, completed his Doctor of Pharmacy degree at the University of Missouri-Kansas City School of Pharmacy, after obtaining a Bachelor of Science degree in Psychology at the University of Missouri. During pharmacy school, Jacob worked as an intern at Gerbes (Kroger) Pharmacy and was part of the quality control team at a local 503B sterile compounding pharmacy. Jacob completed his PGY-1 Pharmacy Residency at the Minneapolis VA and is excited to continue his professional training here as a PGY-2 in Pain Management and Palliative Care. His professional interests include chronic pain management, ambulatory care, and opioid safety. Outside of work, Jacob enjoys trying new restaurants in the Twin Cities, cheering on Kansas City and Mizzou sports teams, and spending time with his newly adopted rescue Pomeranian, Lexie.

*PGY1 Project #1: Vaccination rates in veterans at the Minneapolis Veterans Affairs Health Care System Living with an immunocompromising condition.*

*PGY1 Project #2: Evaluating and improving the utility of recommendations from Comprehensive Addiction and Recovery Act interdisciplinary team reviews.*



**Steven Chen, Pharm.D.**, completed his Doctor of Pharmacy degree at the University of Missouri-Kansas City in Kansas City, MO. During pharmacy school, Steven worked as a pharmacy intern at Hy-Vee Pharmacy and Children's Mercy Hospital inpatient pharmacy in Kansas City, MO. Steven completed his PGY-1 at the Harry S. Truman Memorial Veterans' Hospital and is excited to continue his professional growth at the Minneapolis VA for a PGY-2 in Pain Management and Palliative Care. His professional interests include pain management, palliative care, and pharmacogenomics. Outside of work, Steven enjoys going to the gym, playing video games, trying new restaurants, and spending time with his dog Frosty.



## Program Directors



**Shannon Tulk**, Pharm.D., BCPS completed two BS' and her PharmD degree from the University of Arizona before completing a general PGY-1 residency within the VA system at Captain James A. Lovell Federal Healthcare Center (FHCC) in North Chicago. Upon completion of residency, she spent one year at a community hospital in Virginia as an operations room (OR) pharmacist before returning to the VA at the Washington D.C. VA Medical Center. There she worked for two years in a variety of settings including Pharmacoeconomics, a geriatric clinic, and starting a new alcohol use disorder pharmacotherapy service. Since transferring back to her home state at the Minneapolis VAHCS, she spent five years as the geriatric clinical pharmacist on the Community Living Center (CLC) and Behavioral Recovery Outreach (BRO) Team for dementia patients with severe behavioral disturbances. Her current clinical practice is within primary care as a PACT clinical pharmacist practitioner. Her professional interests include: diabetes, geriatrics, deprescribing, program management and teaching/coaching. In her free time, she enjoys camping, reading & watching anything sci-fi/fantasy, fermenting foods & drinks, inter/national traveling and spending time with her daughters Lily & Ivy, Australian hubby Tim, dog Chloe, and cat Mojo.



**Ashley Fike**, Pharm.D., MPH received her Doctor of Pharmacy degree from the University of Minnesota College of Pharmacy in 2018. She completed a PGY1 residency at Regions Hospital in St. Paul, MN with an emphasis on acute and critical care medicine in 2019, and was the first graduate of the Pain Management & Palliative Care PGY2 residency program at the Minneapolis Veterans Affairs Health Care System in 2020. Following residency, she accepted the role of Opioid Stewardship and Pain Management clinical pharmacy specialist at McLeod Regional Medical Center in Florence, South Carolina. Ashley rejoined the VA in 2022 as the Pain Management, Opioid Safety, and PDMP (PMOP) facility coordinator at the New York Harbor VA in New York, NY. She has since transferred to the Minneapolis VA where she currently serves as the pain management clinical pharmacy practitioner in the Comprehensive Pain Center, and is the PGY-2 Pain Management and Palliative Care residency program director. Her professional interests include perioperative pain management, headache & migraine management, addiction medicine, medications for opioid use disorder (MOUD), and opioid safety.

## Program Directors Continued

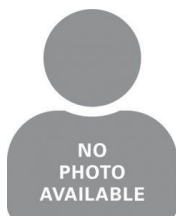


**Jacob Held**, Pharm.D., BCPP earned his PharmD degree from the University of Wisconsin-Madison. He completed his PGY 1 Pharmacy Practice Residency and PGY 2 Psychiatric Pharmacy Residency at the Minneapolis VA. Following graduation, Jacob took a position as an inpatient clinical pharmacy specialist in psychiatry at Regions Hospital in St. Paul. He practiced there for eight years before returning to the Minneapolis VA in his current role as a clinical pharmacist practitioner for inpatient psychiatry and the program director for the PGY 2 Psychiatric Pharmacy Residency Program. His professional interests include: schizophrenia, bipolar disorder, catatonia, new service implementation, and teaching. In his free time he enjoys spending time with his wife and three children.



**Jordan Risher (Michaels)**, Pharm.D., BCACP, BCGP is the Residency Program Director for the PGY-2 Geriatrics program. She received her Pharm. D. degree from the University of Mississippi. She completed her PGY-1 in pharmacy practice at the G.V. (Sonny) Montgomery VA hospital in Jackson, MS before completing a PGY-2 in Geriatrics at the Minneapolis VA Health Care System. After completing her residency, she practiced as an Ambulatory Care Pharmacist in Primary Care for 3 years before transitioning to her current position. Her clinical practice areas include Home Based Primary Care along with the GRECC (Geriatrics Research and Education Clinical Center) team. She enjoys traveling, and spending time with her family, two fur children (Teddy and Missy), and friends.

## Preceptors



**Simon Akerman, Pharm.D.**, is an Inpatient Clinical Pharmacist and a preceptor for the cardiology and advanced cardiology medicine rotation. He graduated from the University of Minnesota Duluth in 2008, then completed a general PGY-1 residency at the Hennepin County Medical Center. Upon completion of residency, he worked outside of the VA for several years before accepted a position as a clinical pharmacist at the Minneapolis VA. In his free time, he enjoys reading and spending time with his family.



**Lisa Anderson, Pharm.D., BCACP, DPLA** is the Chief of Pharmacy and a preceptor for the administrative rotation. She graduated from North Dakota State University in 2002 and went on to work as a retail pharmacist for Target pharmacy after graduation. In 2007, she accepted a position as a clinical rotating pharmacist at the Minneapolis VA and served in several leadership positions until moving into the Chief of Pharmacy position in 2020. She was awarded Civil Servant of the Year in 2016 by the Federal Executive Board of Minnesota. In her free time, she enjoys spending time up at the lake with her husband, 3 boys, and their lovable lab Eddy.



**Melissa Atwood, Pharm.D., BCPS, CDCES, BCACP, BCGP** received her Pharm. D. degree from the University of Minnesota and completed a residency with the University of Minnesota and Ridgeview Medical center. She joined the Minneapolis VA in 2000. She is the program manager for Home Based Primary Care, Geriatric Research, Education Clinical Center, Spinal Cord Injury/Disorders, and specialty medicine (cardiology, endocrinology, nephrology, gastroenterology, infectious disease, and pulmonary) pharmacy programs. Her clinical practice is in pulmonology and nephrology. She serves as a preceptor for both PGY-1 general and PGY-2 residents. In addition to precepting residents, she also precepts APPE students. Her research interests are in interprofessional care and innovative care models.



**Amy Awker, Pharm.D., BCPS** is an Ambulatory Care Clinical Pharmacist Practitioner at the Northwest Metro VA Community Based Outpatient Clinic. She graduated from the University of Minnesota College of Pharmacy in 2015 and then completed a PGY-1 general pharmacy practice residency at the Minneapolis VA Health Care System. She then became a rotational staff pharmacist and worked in both the outpatient and inpatient settings before moving to her current role as a PACT (Patient Aligned Care Team) Clinical Pharmacist Practitioner in 2017. She maintains board certification in pharmacotherapy and has a passion for working with patients and helping them manage their chronic disease states through a patient-centered approach within the primary care setting. Additionally, she enjoys working within the interprofessional PACT model, as well as precepting students and residents.



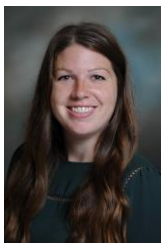
**Jeffrey Bishop, Pharm.D., MS, BCPP, FCCP** is an associate professor at the University of Minnesota in the areas of Experimental and Clinical Pharmacology and Psychiatry. Dr. Bishop conducts psychopharmacology and pharmacogenomics research with a focus on examining genetic relationships with symptom improvement, side effects, and cognitive effects of medications. He earned his Pharm.D. at the University of Iowa and subsequently completed a fellowship in clinical psychopharmacology and pharmacogenetics at the University of Iowa College of Pharmacy, as well as a master's degree in Clinical Investigation through the University of Iowa College of Medicine. He has earned multiple awards in research and leadership. Dr. Bishop provides clinical and didactic education to pharmacy and medical trainees, including an academic pharmacy elective experience with the Minneapolis VA PGY-2 Psychiatric residency program.



**Amanda Boese, Pharm.D., BCPS** is an Inpatient Clinical Pharmacist and a preceptor for the internal medicine rotation. She graduated from North Dakota State University in 2012, then completed a general PGY-1 residency within the Mayo Clinic Health System. Upon completion of residency, she accepted a position as a clinical rotating pharmacist at the Minneapolis VA, transitioning to her current role in 2017. She serves as the inpatient anticoagulation trainer and represents acute care pharmacists on the facility's Medication Safety Committee. She is a member of the Residency Advisory Committee and contributes to several subcommittees. Her interests include anticoagulation management, infectious disease, transitions of care, and process improvement.



**Josh Brockbank, Pharm.D., BCPP** is the clinical pharmacist practitioner working with the Addiction Recovery Service (ARS) team, providing comprehensive medication management to Veterans with substance use disorders. In addition, he is the designated prescriber supporting the ARS's Intensive Outpatient Program, a 4-week virtual program supporting veterans in recovery. Prior to his current role, he provided psychiatric med management to Veterans living in rural areas of Minnesota and Wisconsin via telehealth modalities. He obtained his PharmD from the University of Utah and completed his PGY1 (Mental Health emphasis) and PGY2 (Psychiatric Pharmacy) residencies at the Minneapolis VA. His clinical interests include harm reduction and cultural competence in healthcare. Outside of work, Josh enjoys singing in choirs, cooking, and cuddling with his two cats (Francis and Archibald).



**Julia Buteyn, Pharm.D.**, completed her Doctor of Pharmacy degree at the University of Minnesota College of Pharmacy (Twin Cities Campus) in 2020, after obtaining a Bachelor of Science degree in Nutritional Science from Iowa State University in 2015. She completed both her PGY-1 General and PGY-2 Geriatrics Pharmacy Residencies at the Minneapolis Veterans Affairs Health Care System. She is currently one of the clinical pharmacists at the Maplewood VA CBOC in Maplewood, MN, and transitioned to this role after her PGY-2. Her professional interests include ambulatory care, diabetes, geriatrics, and deprescribing as goals change. When not working, Julia enjoys being outdoors, traveling, spending time with family and friends, and trying new restaurants.

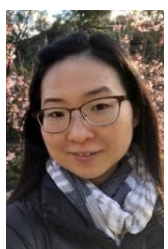




**Desmond Cariveau, Pharm.D., BCPS** is an Ambulatory Care Clinical Pharmacist. He graduated from the University of North Carolina Eshelman School of Pharmacy in 2019, and completed a one-year residency with the Minneapolis VA. After residency, he stayed at the Minneapolis VA and worked as a staff inpatient pharmacist. Since then he has worked in PACT clinics in Rochester and Maplewood before settling into the 4F clinic in Minneapolis. His chief interests are population health safety initiatives, medication deprescribing, and integrating pharmacy learners into clinical practice. He looks forward to working with future residents interested in ambulatory care!



**Beth DeRonne, Pharm.D.**, is a clinical pharmacy specialist and health services researcher in the Center for Care Delivery and Outcomes Research, a VA Health Services Research Center of Innovation. She serves as a preceptor for an elective PGY-2 research rotation and as a preceptor for the PGY-1 longitudinal project management rotation. Additionally, she serves as a project advisor for both PGY-1 and PGY-2 medication use evaluations and residency projects. She received her PharmD degree from the University of Minnesota College of Pharmacy and completed a Pharmacy Practice Residency at the Minneapolis VA. Her practice and research interests focus on chronic pain, buprenorphine prescribing, tobacco cessation, and improving chronic disease management by increasing pharmacist involvement in primary care.



**Reika Ebisu, Pharm.D., BCPS**, is the hospice/palliative care clinical pharmacy specialist, and the preceptor for PGY-1 pharmacy residents and the PGY-2 Pain and Palliative Care resident. She received her PharmD from the University of Minnesota College of Pharmacy in 2012 and completed a general PGY-1 residency at Advocate Christ Medical Center in Oak Lawn, IL. After residency, she joined the Minneapolis VA in 2013 as a clinical rotating pharmacist, and is currently the hospice/palliative care clinical pharmacy specialist. She helped expand pharmacy's role into the outpatient Hospice/Palliative team in 2020. Her interests include medication optimization through an interdisciplinary approach and ensuring these actions align with patient goals of care.



**Andyrose Fernandes, Pharm.D., BCPS** is an Ambulatory Care Clinical Pharmacy Specialist. She graduated from the University of Minnesota College of Pharmacy in 2012 and completed a PGY-1 residency at the Minneapolis VA Health Care System. After residency Andyrose worked as a rotational staff pharmacist until Oct 2015 when she transitioned to her current role in PACT (Pact Aligned Care Team). She precepts ambulatory care rotations for APPE students and pharmacy residents. Her clinical interests include gout, HTN, DM, de-prescribing and simplifying regimens. Outside of work, Andyrose enjoys spending time with family and friends, reading, trying out local restaurants and local ice-cream shops, strength training, and taking dance classes.



**Karen Gallus, Pharm.D., BCPS** is a Primary Care Clinical Pharmacy Specialist. She graduated from the University of Minnesota in 2005 and completed the Pharmaceutical Care and Leadership Residency at the University of Minnesota. After residency, she took a position at Midwestern University in Glendale, Arizona as an assistant professor in the pharmacy practice department and had a practice site at Mountain Park Health and at the Phoenix VA. In 2010, she returned to Minnesota to work at the St. Cloud VA. She worked as a Clinical Pharmacy Specialist in primary care and in the Community Living Center (CLC) and served as a residency preceptor. She transitioned to the Minneapolis VA in 2018. At the Minneapolis VA, she works with primary care teams at the Northwest Metro Clinic and the Albert Lea Clinic.



**Meagan Gartner, Pharm.D., BCACP** is a Home-Based Primary Care (HBPC) Clinical Pharmacy Specialist. She graduated from the University of Minnesota College of Pharmacy in 2018 and completed her PGY-1 ambulatory care/rural health and PGY-2 geriatrics residencies with the Minneapolis VA Health Care System. After residency she worked as a staff pharmacist in Outpatient Pharmacy, as the Maplewood CBOC ambulatory care PACT pharmacist, and transitioned into a role with HBPC. She is a co-preceptor for the HBPC rotation and precepts APPE students for ambulatory care rotations. In addition to precepting, she is a Preceptor Development Subcommittee member and Philanthropy, Social, and Recruitment Subcommittee chair. Some of her professional interests include geriatrics, dementia care, increasing empagliflozin prescribing in appropriate patients, and deprescribing unnecessary medications. Her personal interests include fishing, hiking, reading, and spending time with family and friends.



**Eric Geurkink, Pharm.D., BCPS, MBA** is Antimicrobial Stewardship Pharmacy Program manager. He graduated from the University of Wisconsin SCHOOL of Pharmacy in 1999, and then completed a post-graduate year one residency with Medicine Shoppe and the University of Wisconsin. From 2000 to 2001 he was Managing Pharmacist of ThedaCare Pharmacy in Shawano, Wisconsin. He came to the Minneapolis VAMC as a staff pharmacist in June 2001. At the Minneapolis VA he has held various positions, including inpatient clinical pharmacist, antimicrobial computer decision support pharmacist, spinal cord injury unit inpatient pharmacist, associate chief of pharmacy, and PACT pharmacist. He received his MBA from the University of Minnesota in 2010. He is board certified in pharmacotherapy.



**Andrea Hegland, Pharm.D., BCPS** is an Inpatient Clinical Pharmacist and a preceptor for the internal medicine rotation. She graduated from South Dakota State University in 2018 and completed a general PGY-1 residency at the Minneapolis VA Medical Center in 2019. Her residency project, "Pharmacist Driven Deprescribing of Inhaled Corticosteroids in Patients with Stable Chronic Obstructive Pulmonary Disease," was presented at the 2020 American Thoracic Society (ATS) International Conference and published in the Annals of ATS. Following residency, Andrea was hired as a rotational pharmacist and PGY1 staffing preceptor at the Minneapolis VA, then transitioned to her current role in 2023. She is a member of the Preceptor Development Subcommittee and her interests include teaching, process improvement, and medication safety. Outside of work, Andrea enjoys taking pictures of her bernedoodle puppy, exploring new restaurants, and traveling.





**Alex Hennen, Pharm.D.** is one of the preceptors for the PGY-1 geriatric rotations as well as a primary preceptor for the PGY-2 geriatrics residency. He received his Doctor of Pharmacy Degree in 2014 from the University of Minnesota College of Pharmacy: Twin Cities Campus and completed an ambulatory care focused PGY-1 residency at the St. Cloud VA Health Care System. He went on to work at the Denver VA Medical Center before returning to Minnesota and becoming the Extended Care and Rehab program manager and clinical pharmacist for the Community Living Center at the Minneapolis VA Health Care System. His clinical interest include chronic disease management with a special interest in providing comprehensive pharmaceutical care for geriatric patients. His personal interests include running marathons, golfing, following Minnesota sports teams, and traveling.



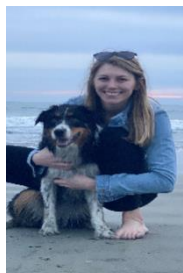
**Annie Hertel, Pharm.D.**, completed her Doctor of Pharmacy degree at the University of Minnesota-Twin Cities. Prior to pharmacy school, she completed her Bachelor of Science degree in Biology and Spanish at the University of Wisconsin Madison. Dr. Hertel completed her internship, PGY1, and PGY2 residencies at the Minneapolis VAHCS, specializing in psychiatric pharmacy. Following residency, she remained the Minneapolis VAHCS as a mental health clinical pharmacist practitioner where she provides telehealth care for six Community Based Outpatient Clinics. In addition to clinical practice, Dr. Hertel serves on the MVAHCS overdose review committee and co-leads the Minneapolis VA psychotropic drug safety initiative. Her professional interests include mental health, interprofessional teamwork, and precepting. In her free time, Annie enjoys being outdoors, relaxing on the water, and trying new local breweries with family and friends.



**Rachel Hokeness, Pharm.D.** is an inpatient rotational pharmacist and staffing preceptor for the MVAHCS PGY-1 residency program. She graduated from South Dakota State University in 2014 and completed a general PGY-1 residency at Avera McKennan Hospital & University Health Center. Following residency, she stayed at Avera McKennan as an inpatient rotational pharmacist until moving to the Twin Cities and accepting a job as a rotational pharmacist at the Minneapolis VA in 2016. In her free time, she enjoys anything sports related, being outdoors, and spending time with family and friends.



**Andra Humphries (Trakalo), Pharm.D., BCPP** completed her Doctor of Pharmacy degree at the University of Minnesota – Twin Cities after obtaining a Bachelor of Arts with a major in biology at Gustavus Adolphus College. Dr. Humphries completed her PGY1 and PGY2 residencies at the Minneapolis VAHCS, specializing in psychiatric pharmacy. Following residency, she joined the Minneapolis VAHCS as a mental health clinical pharmacist practitioner (MH CPP), where she provided telehealth care for six Community Based Outpatient Clinics. In July 2022, she transitioned into a new role as the MH CPP for the Serious Mental Illness (SMI) Outpatient Team, Team Z. She serves as the longitudinal preceptor for the Interprofessional Experience in mental health. Additionally, she is a member of the Resident Wellness Committee. Professional areas of interest include SMI and substance use disorders. Outside of work, Dr. Humphries enjoys spending time with friends and family, the outdoors, and travel.



**Megan Johnson-Bacon, Pharm.D., BCPP** received her PharmD from the University of Arizona, and completed her PGY1 at Southern Arizona VAHCS and PGY2 in psychiatry at Phoenix VAHCS. Following residency, she began her pharmacy career with VA Illiana HCS as a mental health clinical pharmacist practitioner (MH CPP), and the following year joined MVAHCS in her current role as the Community-Based Outpatient Clinics Substance Use Disorder clinical pharmacist practitioner (CBOC SUD CPP). Her and her interdisciplinary team focus on managing SUD conditions, as well as veterans with dual diagnosis (i.e., mental health and SUD). She serves as a preceptor in the PGY2 psychiatry program as part of the ARS rotation and is also the MH representative on the PGY1 RAC team. Outside of work, Dr. Johnson-Bacon enjoys traveling, spending time with friends and family, and being active outside with her Australian Shepherd, Olive.



**Lindsey Jones, Pharm.D., BCACP** is clinical pharmacist in specialty care (Renal, Metabolic/Endocrine, Pulmonology and Gout Clinic) at the Minneapolis VA Medical Center. She received her Pharm. D. from the University of Minnesota Duluth and completed a Pharmacy Practice Residency at the Minneapolis VA. She serves as a preceptor for 4<sup>th</sup> year APPE students and PGY1 Pharmacy Residents and as the chair of the Interview and Selection Subcommittee.



**Tessa Kemp, Pharm.D., BCGP** completed her Doctor of Pharmacy degree from the University of Minnesota School of Pharmacy in 2005. Following graduation, she joined the Minneapolis Veterans Affairs Health Care System as a PGY-1 geriatric resident. After completing her residency, she continued on with the VA where she spent a few years in the anticoagulation clinic, following that time she moved into a position as a clinical pharmacy specialist in primary care and later in specialty care focused in cardiology, hepatology/GI, and HIV/infectious disease. Currently her position is in Precision Medicine (Pharmacogenomics). Dr. Kemp is also actively involved with the University of Minnesota, North Dakota State University, and Creighton University as a preceptor for 4<sup>th</sup> year pharmacy students. She enjoys starting and expanding clinical services. New services she has implemented over the years include a pharmacist lead heart failure clinic, electrophysiology clinic, HIV/PrEP/PEP clinic, travel medicine clinic, insomnia clinic, expansion of services into geropsychiatry and she helped develop shared medical appointments for diabetes and tobacco cessation. She has served on several committees/team over the years, including the VA Clinical Pharmacy Practice Council, VA Regional Transgender Consultative team, VA Peer Review Committee and MSHP mid-year planning committee. In her free time, she enjoys reading, walking, traveling, and spending time with her husband, daughter, and their fun dog Pigeon.



**Travis Liebhard, Pharm.D.** is an Inpatient Clinical Pharmacist and preceptor for the cardiology rotation. He graduated from University of Minnesota, Twin Cities in 2016, then completed a PGY-1 residency at the Minneapolis VA Health Care System. Upon completion of residency, he accepted a position as a rotational clinical pharmacist for the surgery, ICU, and mental health specialties. In 2018, he accepted a position as the cardiology team lead. In his free time, he enjoys spending time with his family, playing sports, and being outdoors.



**Rebecca Marraffa, Pharm.D., BCPS** is an Ambulatory Care Clinical Pharmacist in the Academic PACT (Patient Aligned Care Team) at the Minneapolis VA Medical Center. She received her Pharm. D. degree from the University of Minnesota and completed a Pharmacy Practice Residency at the Minneapolis VA. Following completion of her residency, she worked in ambulatory care at Memorial Hermann – Texas Medical Center in Houston, specializing in anticoagulation management. Now back at the Minneapolis VA, she works closely with medical resident physicians within the Academic PACT, and precepts pharmacy students and PGY-1 residents in longitudinal case management and ambulatory care rotations. Her clinical practice interests include diabetes, tobacco, opioid and alcohol use disorders, and taking an interdisciplinary approach to primary care.



**Kelli Miller, Pharm.D., BCPS**, is the inpatient polytrauma/acute rehabilitation clinical pharmacist, and the preceptor for elective rotations for the PGY-1 pharmacy residents and the PGY-2 Pain and Palliative Care resident. She received her PharmD from North Dakota State University College of Pharmacy in 2006 and completed a general PGY-1 residency at Essentia Health-St. Mary's Medical Center in Duluth, MN. After residency she worked at the Park Nicollet Clinic Pharmacy in St. Louis Park, MN, helping to establish their Medication Therapy Management Program. She joined the Minneapolis VA team in 2008 as a clinical rotating pharmacist, transitioned to an inpatient acute care medication reconciliation clinical pharmacist, and is currently the inpatient polytrauma/acute rehab clinical pharmacist. In addition to precepting residents, she also precepts IPPE students for institutional hospital focused rotations. She has a passion for providing comprehensive pharmaceutical care for traumatic brain injury patients in a patient-centered, team-based interdisciplinary model of care. Her personal interests include running, biking, fishing, traveling, working on home improvement projects, and spending time with family and friends.



**Emily Milliren, Pharm.D., BCACP** is a clinical pharmacy specialist for a primary care Patient Aligned Care Team (PACT) at the Minneapolis VA Medical Center. She serves as a preceptor for ambulatory care rotation for 4<sup>th</sup> year APPE students and PGY1 Residents. She graduated from Drake University in 2014 and completed a PGY-1 Community Residency through the St. Louis College of Pharmacy at L&S Pharmacy in Charleston, MO. Her clinical interests include diabetes, tobacco cessation, and medication therapy management. She serves as one of the primary providers involved in a diabetes shared medical appointment at the Minneapolis VA. Her personal interests include spending time with family and traveling.





**Amanda Mueller, Pharm.D., Pharm.D.** is an Inpatient Clinical Pharmacist within the Extended Care and Rehabilitation pharmacy teamlet. She covers a variety of areas within the hospital including the Community Living Centers (CLC's), Behavioral Recovery Outreach (BRO) team for patients with dementia, Polytrauma Rehabilitation Center, Spinal Cord Injury/Disorder Center, and inpatient mental health. She graduated from University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences in 2020, then completed her PGY1 and PGY2 residencies at the Minneapolis VA Medical Center specializing in pain management and palliative care. Her professional interests include geriatrics, pain management/palliative care, deprescribing, and transitions of care. In her free time she enjoys camping, traveling both nationally and internationally, reading a good book, and spending time with her husband and dogs.



**Todd Naidl, Pharm.D., BCPS** is an Ambulatory Care Clinical Pharmacist working in one of our primary care clinics with three Patient Aligned Care Teams (PACT). He received his Pharm. D. from the University of Minnesota-Twin Cities. After working several years as a rotational staff pharmacist at the Minneapolis VA, he moved into his current position, where he has practiced since 2005. He has been a faculty teacher with the Twin Cities Health Professionals Education Consortium since 2006. In 2009, he was awarded the Civil Servant of the Year award. His clinical practice interests include pain, comprehensive medication management, tobacco cessation, and holistic and integrative medicine. He enjoys spending time outdoors with his friends and family.



**Chris Ploenzke, Pharm.D., BCACP** is an Ambulatory Care Clinical Pharmacy Specialist and project management experience advisor; he also serves as a preceptor for elective rural ambulatory care rotations for the PGY-1 pharmacy residents. He graduated from the University of Minnesota School of Pharmacy in 2014 and then completed an ambulatory care PGY-1 residency through the Minneapolis Veterans Affairs Health Care System. He has continued his professional career at the VA practicing at the Chippewa Valley outpatient primary care clinic in Chippewa Falls, WI. In addition to facilitating the PGY1 resident project and MUE experience, he also precepts APPE students from numerous colleges. His clinical passions include comprehensive care for metabolic syndrome, hypogonadism, and primary care integration of substance use disorder. He has also completed certification for Pharmacotherapy and Drugs in Sport. He is an avid cross-country skier, runner, and hunter, and enjoys socializing with friends and family.



**Heather Poepping, Pharm.D., BCACP**, is an outpatient anticoagulation clinical pharmacy specialist and the preceptor for the elective rotation for PGY-1 pharmacy residents. She received her PharmD from the University of Minnesota Twin Cities School of Pharmacy in 2008. She came to the Minneapolis VAMC as a clinical rotating staff pharmacist in August 2008 and transitioned to an anticoagulation clinical pharmacy specialist in 2013. In addition to precepting residents, she also precepts APPE students for a patient care elective in anticoagulation. She has a passion for patient-centered care, working within a team-based interdisciplinary model of care. Her personal interests include hiking, camping, biking and spending time with family and friends.



**Kevin Rauwerdink**, Pharm.D., BCPP is an ambulatory care clinical pharmacist for the Comprehensive Women's Health Clinic and Primary Care Patient Aligned Care Team (PACT) within the Minneapolis VA Medical Center. He also serves as a national consult pharmacist for the VA Transgender and Gender-Diverse Consult Team. Kevin is the primary preceptor for the women's health longitudinal experience and the elective women's health ambulatory care rotation. He graduated from North Dakota State University in 2017 then completed the PGY-1 mental health track residency and PGY2 psychiatric residency through the Minneapolis VA prior to becoming a staff pharmacist. His professional interests include hormone therapy management, pain management, and mental health care. Outside of work, Kevin enjoys playing video games, going to the zoo, and spending time with his pets.



**Brendan Salo**, Pharm.D. is a Community-Based Outpatient Clinic (CBOC) Clinical Pharmacy Specialist (CPS) at the Hibbing VA CBOC. He graduated from the North Dakota State University College of Pharmacy in 2016. From 2016 to 2018 he worked as the outpatient pharmacist at the Hibbing VA CBOC for the contractor, Sterling Medical. In this position, he managed all anticoagulation patients at the Hibbing/Ely CBOCs, while also remotely covering the St. James/Lyle C. Pearson VA CBOC anticoagulation patients for a period. He then spent 2018 to 2020 as a staff pharmacist at Walmart in Hibbing, MN, before starting his current position with the Minneapolis VAMC at the Hibbing CBOC in late-summer, 2020. He also provides remote coverage for the Ely CBOC and for one Patient Aligned Care Team (PACT) panel at the Twin Ports CBOC. His main interests include comprehensive pharmaceutical care in the primary care setting, encouraging healthy lifestyle modifications to promote overall health, and working with all members of the PACT to help achieve good outcomes. His personal interests include fishing, hunting, camping, and spending time outdoors with family and friends.



**Jacob W Schultz**, Pharm.D., BCPS is an Inpatient Clinical Pharmacist and a preceptor for the internal medicine rotation. He graduated from University of Minnesota in 2015, then completed a general PGY-1 residency here at the Minneapolis VA as one of the general PGY-1. Upon completion of residency, he accepted a position as a admit/discharge pharmacist at the Minneapolis VA, and later converted to the Green Inpatient Clinical Pharmacist position. He has helped revise the current Drug Reconciliation on Admit process and stayed involved in a variety of subcommittees including transitions of care and inpatient tobacco cessation. He goes by Jake typically, although he uses Jacob when making reservations at a restaurant or checking in at the doctor's office. Jake is an avid gamer. He also enjoys watching Minnesota sports, spending time at the cabin during the summer, exploring new foods and restaurants. His favorite burger in Minneapolis is at Parlour Bar. However, his favorite Juicy Lucy is from Matt's Bar.



**Samuel Schieffer**, Pharm.D. is an Ambulatory Care Clinical Pharmacist. He graduated from University of Wisconsin-Madison School of Pharmacy in 2020, and then completed a one-year PGY1 Residency at the Minneapolis VA HCS. After residency, he joined the inpatient pharmacy staff at the Minneapolis VA as a rotational pharmacist primarily focused in the SICU and Emergency Department. He later transitioned to work in the PACT Clinic in Rice Lake, WI CBOC, where he currently practices. His clinical interests include cardiology and medication deprescribing. Outside of work, he spends most of his time cheering for the Wisconsin Badgers, golfing, or traveling!





**Martin Stout (Bloch)**, Pharm.D., BCPP is a Mental Health Clinical Pharmacy Practitioner for the Minneapolis VA and Academic Detailer for VISN 23. He first joined the Minneapolis VA in 2013 as a pharmacy intern, and later completed both the PGY-1 and the PGY-2 Psychiatric residency programs at the Minneapolis VA. After residency, Martin continued working at Minneapolis VA as a mental health pharmacist, primarily supporting outpatient clinics in rural Minnesota and Wisconsin. In 2019, he joined the newly formed VISN 23 Academic Detailing team, where he now spends the majority of his professional time. His clinical time is currently spent providing psychiatric medication management for older adults and collaborating with the treatment-resistant depression consult group at the Minneapolis VA. He precepts first- and second-year pharmacy residents in geriatric psychiatry and academic detailing. Martin's professional interests include psychiatric pharmacy, addiction recovery, whole health, and teaching.



**Jesse Sutton**, Pharm.D., BCIDP is an Infectious Disease Pharmacist for the Minneapolis VA. He first joined the Minneapolis VA in 2023. He graduated from the University of Montana and then completed a PGY1 at Meriter Hospital in Madison, Wisconsin and a PGY2 in Infectious Diseases at Detroit Receiving Hospital, Michigan. Before coming to the Minneapolis VA, he was an Infectious Disease Pharmacist with the Baptist Health System in Kentucky and the Salt Lake VA. At the Minneapolis VA, he is a part of the Infectious Disease team providing telehealth to Veterans at VISN 23 sites without dedicated Infectious Disease support. He manages patients with HIV, HIV PrEP and PEP, travel medicine, and other infectious disease. He supports other Infectious Disease Providers providing telehealth and the Antimicrobial Stewardship Programs at these sites. He also provides inpatient and outpatient Infectious Disease and Antimicrobial Stewardship coverage at the Minneapolis VA. He is board certified in Infectious Disease.



**Kellianne Tang**, Pharm.D., BCPS is an Inpatient Clinical Pharmacist and a preceptor for the internal medicine rotation. She graduated in 2008 from the University of Georgia and went on to complete a pharmacy practice residency at the Medical University of South Carolina. Following residency, she stayed at MUSC and worked on the inpatient hematology/oncology team before coming to the Minneapolis VA in 2013. Her personal interests include avoiding cold weather and watching Netflix with her awesome dog, Maddie.



**Kim Thumser**, Pharm.D., BCPS is an inpatient rotational pharmacist and the chair of the Preceptor Development Subcommittee. She received her Pharm.D. from Drake University and completed a PGY1 residency at Mayo Clinic Hospital - Rochester. Her clinical practice interests include transitions of care, GI conditions, and infectious diseases. In her free time, she enjoys spending time with family, trying new restaurants, and collecting vinyl records.



**Lindsey Timm, Pharm.D., BCACP, CDE**, is the Associate Chief of Pharmacy for Education and Quality Assurance. She also practices as an Ambulatory Care Clinical Pharmacy Specialist in the primary care setting. She received her PharmD from the University of Nebraska Medical Center and completed a PGY-1 residency and PGY-2 residency focused in primary care and academia through Providence Health System in Portland, Oregon. Prior to joining the Minneapolis VA team in 2015, Lindsey held positions as an Assistant Professor of Pharmacy Practice at St. Louis College of Pharmacy and an Ambulatory Care pharmacist practitioner with Allina Health. In addition to precepting residents, she also precepts APPE students for management and quality focused rotations. Her clinical practice interests include safety and quality improvement, diabetes, hypertension, women's health and transgender care, process improvement, and interprofessional practice models.



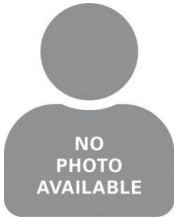
**Orly Vardeny, Pharm.D., MS** is Specialty Care clinical pharmacy specialist at the Minneapolis VA Medical Center. Her practice focuses on outpatient medical management of patients with heart failure and cardiac transplant recipients. Dr. Vardeny obtained her PharmD from the University of Utah, and thereafter completed a PGY-2 Ambulatory Care Specialty Residency at the University of Utah Hospitals and Clinics, and a Cardiovascular Pharmacotherapy Fellowship at the University of Utah. Prior to joining the Minneapolis VA, Dr. Vardeny served as faculty at the University of Wisconsin-Madison School of Pharmacy. Dr. Vardeny has an active federally funded clinical research program studying novel therapies for heart failure and the interplay between infectious disease and cardiovascular disease. Outside of work, Orly enjoys spending time with her kids, running, biking, and hiking.



**Elizabeth Welch, Pharm.D., BCACP** is the Associate Chief of Pharmacy for Outpatient Operations. She received her Pharm.D. degree from the University of Minnesota Twin Cities and completed a PGY-1 residency at the Minneapolis VA Health Care System following graduation. After rotating as a clinical staff pharmacist for 3 years, Elizabeth became the first Clinical Pharmacy Specialist to join the PACT teams located at the Maplewood VA Clinic. In October of 2017, Elizabeth participated in the Diffusion of Excellence to help integrate PACT CPSs more intimately within the interdisciplinary team. At this time, Elizabeth also took on the role of supervising all of the PACT CPSs located in the Community Based Outpatient Clinics (CBOCs) within the Minneapolis VA HCS along with one PACT pharmacy technician providing support for our CBOCs. In July of 2021, Elizabeth transitioned to her newest role as the Associate Chief of Pharmacy for Outpatient Operations. Her primary interests include expansion of clinical pharmacy services, working with learners, and facilitating a whole health model approach to help care for our nation's Veterans.



**Carrie Wenner, Pharm.D.** is the preceptor for the Critical Care and Advanced Critical Care experiences for the PGY-1 general and mental health residents. She graduated from North Dakota State University College of Pharmacy. After graduation, she completed a General Practice Pharmacy Residency at the Minneapolis Veteran Affairs Medical Center. She worked at United Hospital in St Paul, MN as clinical specialist in ICU/Heart-Lung areas for 4 years prior to coming back to the VA Medical center to be a critical care specialist. She holds a Clinical Instructor appointment through the University of Minnesota College of Pharmacy.



**Anders Westanmo, Pharm.D., MBA** is a clinical pharmacy informaticist who specializes in quality and data. He received his Pharm.D. from the University of MN in 2003 and completed a PGY1 general practice residency at Fairview University Residency program in 2004. He became BCPS certified in 2005 and went on to complete an MBA in 2009, Project Management Professional certification in 2010, and Lean Six Sigma Black Belt certification in 2011. The first five years of his practice were focused on clinical and management aspects of pharmacy practice, but for the past decade he has been working on using data to improve health and business outcomes.



**Ashley Wilkins, Pharm.D., BCPS, CDCES** is an outpatient clinical pharmacy specialist in the SGLT-2 Initiative Manager Position. She graduated from South University in Savannah, GA in 2012 and completed her PGY1 residency at Providence St. Peter in Olympia, WA. Since completing residency Ashley has worked in several practice settings within the VA and Department of Defense including primary care, anticoagulation clinic, and pain management. Her professional interests include diabetes management, preventative care, medication safety and improving health outcomes through technology and telemedicine. Personal interests include travelling and exploring new cities with her active duty Army spouse and family.



**Kara Wong, Pharm.D., BCPP** received her Doctor of Pharmacy degree from the University of Wisconsin-Madison School of Pharmacy, and completed her PGY-1 pharmacy practice residency at the Veterans Affairs Puget Sound Health Care System in Seattle, WA as well as her PGY-2 psychiatric pharmacy residency at Center for Behavioral Medicine in Kansas City, MO. She joined the Minneapolis Veterans Affairs Health Care System in 2013 as the inpatient mental health clinical pharmacy specialist and the PGY-2 psychiatric pharmacy residency program director. In 2022, she transitioned to a new role as facility Pain Management, Opioid Safety and Prescription Drug Monitoring Program (PMOP) coordinator. Within the VA she leads numerous quality improvement initiatives relating to safe pain medication and psychotropic use as well as expansion of pharmacy services, and serves on the VA National Clinical Pharmacy Practice Office Mental Health Subject Matter Expert Workgroup. Dr. Wong is also actively involved in the American Association of Psychiatric Pharmacists (formerly the College of Psychiatric & Neurologic Pharmacists), and has served on the Business Development Committee (2012-2013), the Publications and Online Products Committee (2013-2014), the Psychiatric Pharmacotherapy Review Course Medication Table Editorial Board (2014) and the BCPP Recertification Editorial Board (2015 – Present, currently serving as Chair).



**Jennifer Zenker, Pharm.D., BCGP** is an Ambulatory Care Clinical Pharmacist working in Home Based Primary Care (HBPC) at the Minneapolis VA. She graduated with her Pharm.D. from North Dakota State University. She serves as a preceptor for APPE students, PGY-1 residents and PGY-2 Geriatric and Pain/Palliative care residents for rotations in HBPC, GRECC (Geriatric Research, Education and Clinical Center) and Geriatric longitudinal rotations. Her career has given her experience in several areas of pharmacy before coming to the VA, which include positions as a poison information pharmacist, lead consultant clinical pharmacist to long term care facilities as well as dispensing responsibilities. After coming to the Minneapolis VA, she has worked as a rotational pharmacist in inpatient and outpatient, and a clinical pharmacist on the Community Living Center (CLC) before moving into her current role in HBPC in 2018. Her clinical interests include geriatrics, dementia, Parkinson's disease, comprehensive medication therapy management and deprescribing unnecessary medications. Her personal interests include hiking, finding waterfalls, enjoying the outdoors and spending time with family and friends.

*Other Preceptors: Sarah Absey, Caleb Chitwood, and Jill Mutziger-Johnson*



## Current Resident Class: 2024-2025

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*Back row PGY1 Residents: Mohamed Kamara, Minh Dinh, Karyssa Hurd, Priya Periakaruppan, Victoria Brooks and Sammy Daas*

*Front row PGY2 Residents: Claudia Epland, Jacob Mozer, Hannah VanTruong and Steven Chen*

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## Past Resident Classes:

2023-24:



2022-23:



2021-22:



2020-21:





**2019-20:**



**2018-19:**



**2017-18:**



**2016-17:**



**2015-16:**



**2014-15:**





Outdoor activities are popular in Minnesota and include hiking, biking, running, skiing, snowboarding, snow tubing, ice skating, rollerblading, football, basketball, tennis, swimming, hockey, softball, baseball, volleyball, golf, sailing, paddle boarding, canoeing, hunting, fishing, and many more. Intermural sports are abundant or just have some casual fun. Many do bike in the winter months, high five to them I couldn't do it!

