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**PGY1 Pharmacy Residency Manual**

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**Chief of Pharmacy Service**

[](https://vaww.visn23.portal.va.gov/bhh/SiteDirectory/Public%20Affairs/VA%20BHHCS%20Logos/Jpeg%20Horizontal%20Black%20Hills%20VA%20logo%20(full%20color).jpg)

Welcome to the VA Black Hills Health Care System! You are joining a growing number of pharmacy school graduates who have elected to further their pharmacy education through a postgraduate year one (PGY1) pharmacy residency. This is a very special and exciting time in your career; it is a time of significant growth and development. We are glad you have chosen VA Black Hills to guide you through this year-long journey.

The goal of the residency program is to build upon Doctor of Pharmacy (Pharm.D.) education to develop clinical pharmacists with the knowledge and skills needed to provide pharmaceutical care for patients with a broad range of conditions. Graduates of our program are eligible for board certification and postgraduate year two (PGY2) residency training.

Residents will hone their problem solving and clinical decision-making skills by providing evidence-based, patient-centered pharmaceutical care under the supervision of our pharmacy preceptors. We believe that our preceptors are the shining stars of our program and have no doubt that they will provide the guidance needed to help residents reach their full potential. Residents will also be given ample opportunities to expand their leadership and project management skills through a year-long residency project and several other, smaller projects throughout the year.

The residency year is challenging and rigorous, but the resulting growth is exponential. We look forward to working with you, watching your progress, and subsequently seeing your professional career develop as our colleague.

Sincerely,

Jessica Mitchell, Pharm.D.

Residency Program Director

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## **Practice Site**

# Veterans Administration (VA) Motto

On March 4, 1865, Abraham Lincoln was sworn in for his second term as President of the United States. In his inaugural speech he delivered his prescription for the nation’s recovery, “To care for him who shall have borne the battle and for his widow, and his orphan.” This became the motto of the VA in May of 1959. In 2023, the motto was updated to a more inclusive version: “To care for those who have served in our nation’s military and for their families, caregivers, and survivors.”

**VA’s 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.

From [I CARE Core Values, Characteristics, and Customer Experience Principles - I CARE](https://www.va.gov/icare/core-values.asp) accessed 3/26/2024

## **VA Pharmacy Mission**

Our goal is to provide the highest quality care by promoting safe, effective, and medically necessary use of medications as we provide value added Pharmaceutical Care Services to our Veterans.

## **Veterans Administration Pharmacy Vision Statement**

Our Pharmaceutical Care services will be of the highest quality.

1. We will be an essential component of the patient focused Health Care Team.

2. We will be respected and known for excellence.

3. We will be an employer of choice for pharmacists, pharmacy technicians and supportive staff by providing a compassionate, progressive work environment.

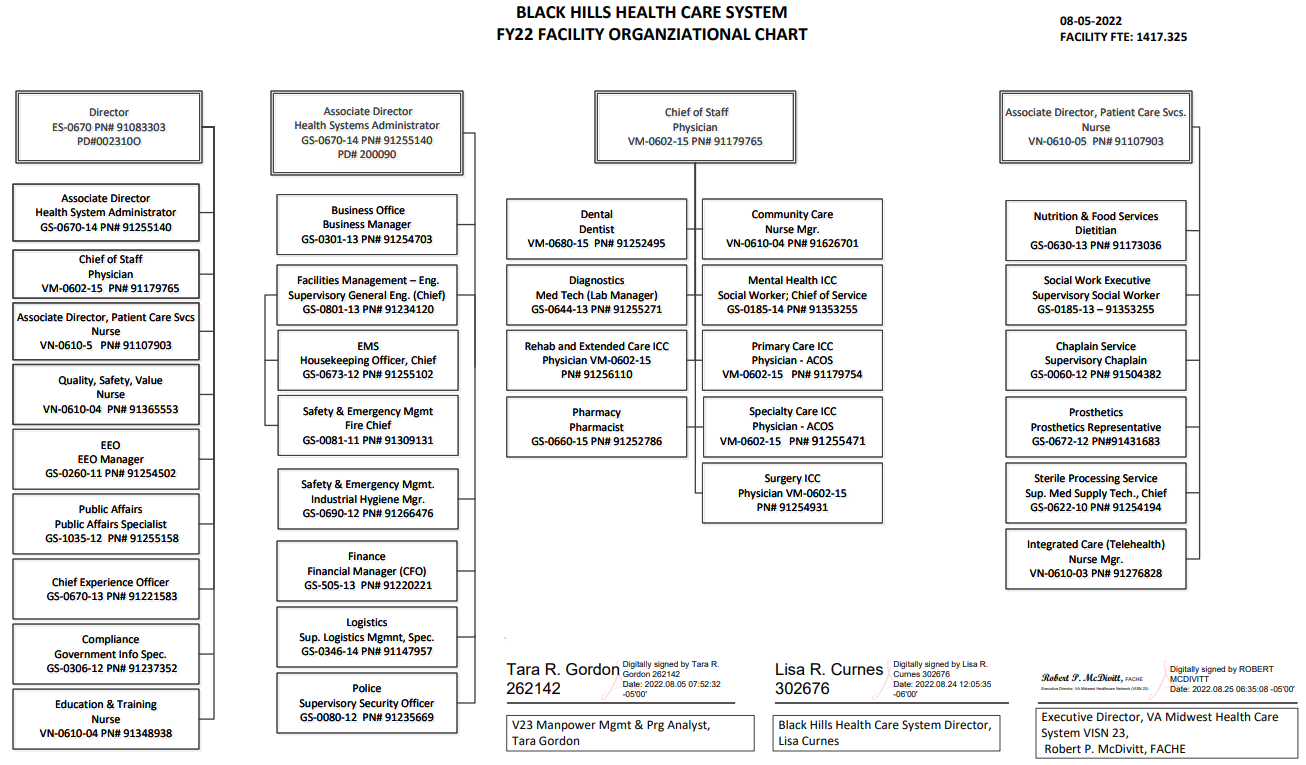
4. We will create a practice environment that fosters education, quality improvement and professional development.

**VA BHHCS Description**

The VA Black Hills Health Care System is located in the beautiful Black Hills of western South Dakota, where we are known for our blue skies, pine forests, rich history, moderate climate and friendly western hospitality. VA Black Hills provides primary and secondary medical and surgical care, along with residential rehabilitation treatment program (RRTP) services, extended nursing home care and tertiary psychiatric inpatient care services, for veterans residing in South Dakota and portions of Nebraska, North Dakota, Wyoming, and Montana. Care is delivered through the Fort Meade (near Sturgis) and Hot Springs VA Medical Centers, as well as through a number of community-based outpatient and rural outreach clinics.

VA Black Hills supports services at the Black Hills National Cemetery and the Veterans Outreach Center (Vet Center) in Rapid City, SD.  VA Black Hills has sharing arrangements with Ellsworth Air Force Base, South Dakota Army National Guard, and many other community partners.

## 



## **Qualifications of the Pharmacy**

**VA BHHCS Pharmacy Mission Statement**

The VA Black Hills Health Care System (VA BHHCS) Pharmacy mission is to provide the highest quality care by promoting safe, effective, and medically necessary use of medications as we provide value added Pharmaceutical Care Services to our Veterans. The Pharmacy is affiliated with the Colleges of Pharmacy at South Dakota State University and University of Wyoming. These affiliations include the ancillary mission of educating and training pharmacy students and residents to become competent practitioners with abilities to apply, disseminate, and discover knowledge related to pharmacotherapy.

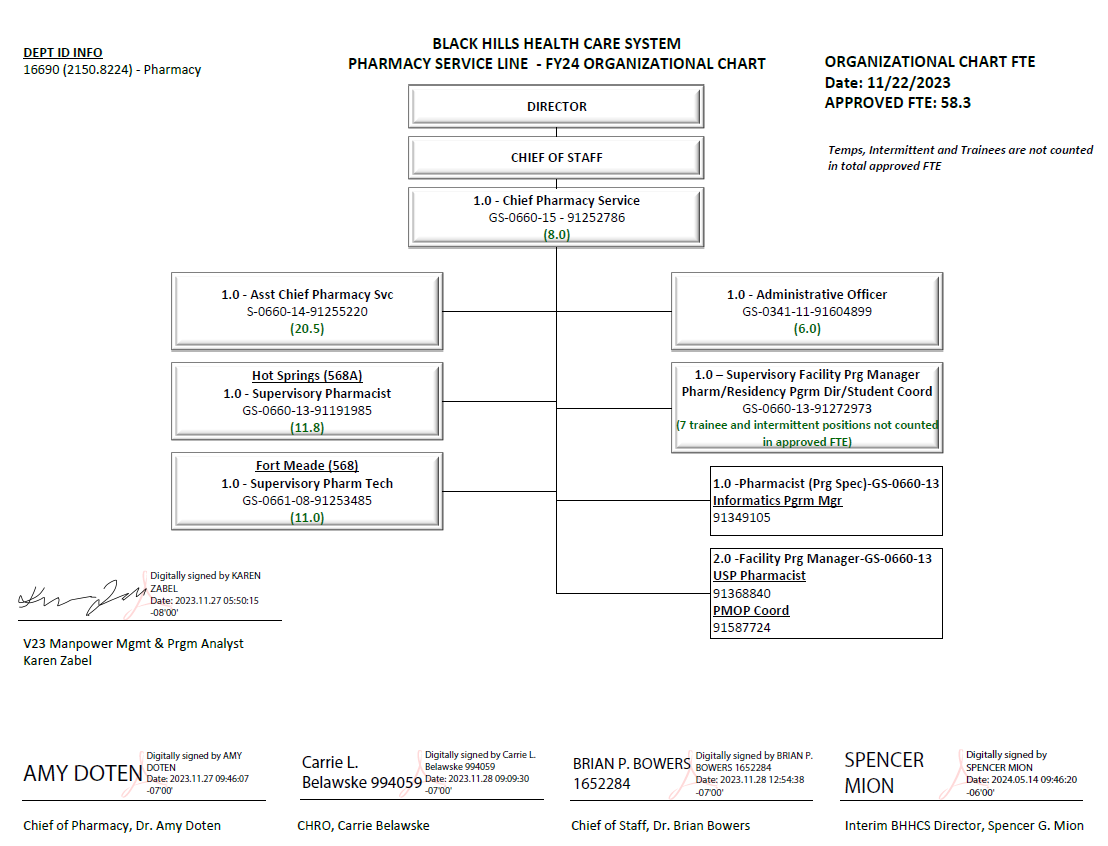
**Residency Advisory Committee**

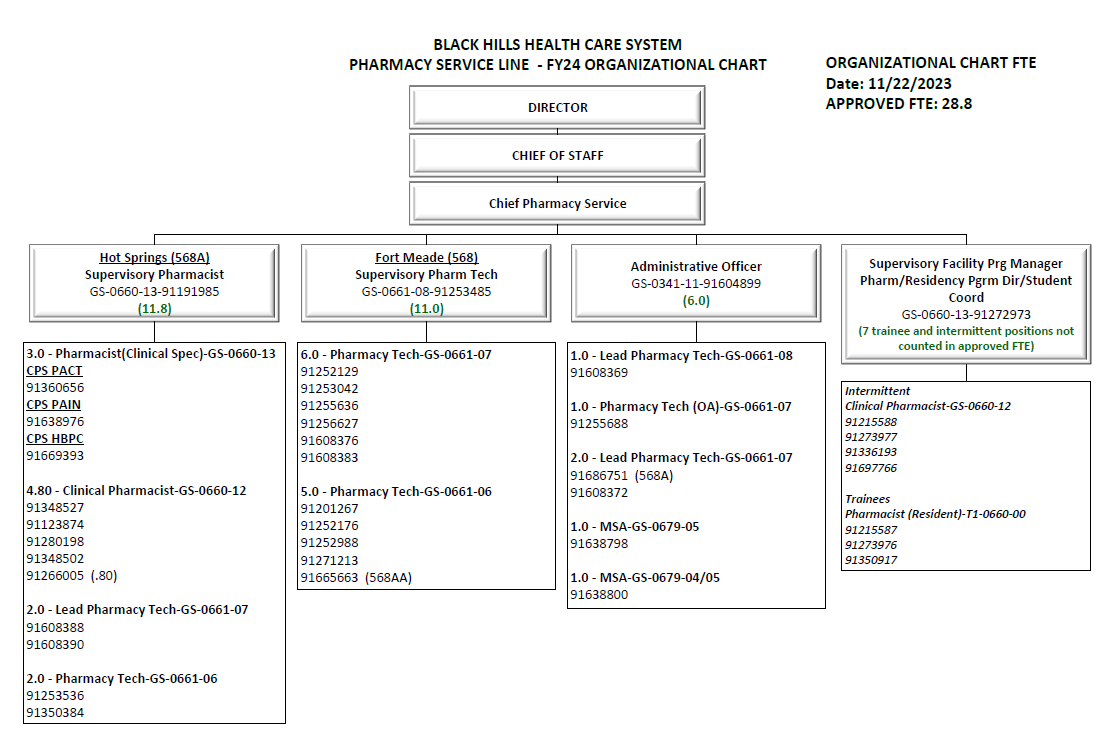
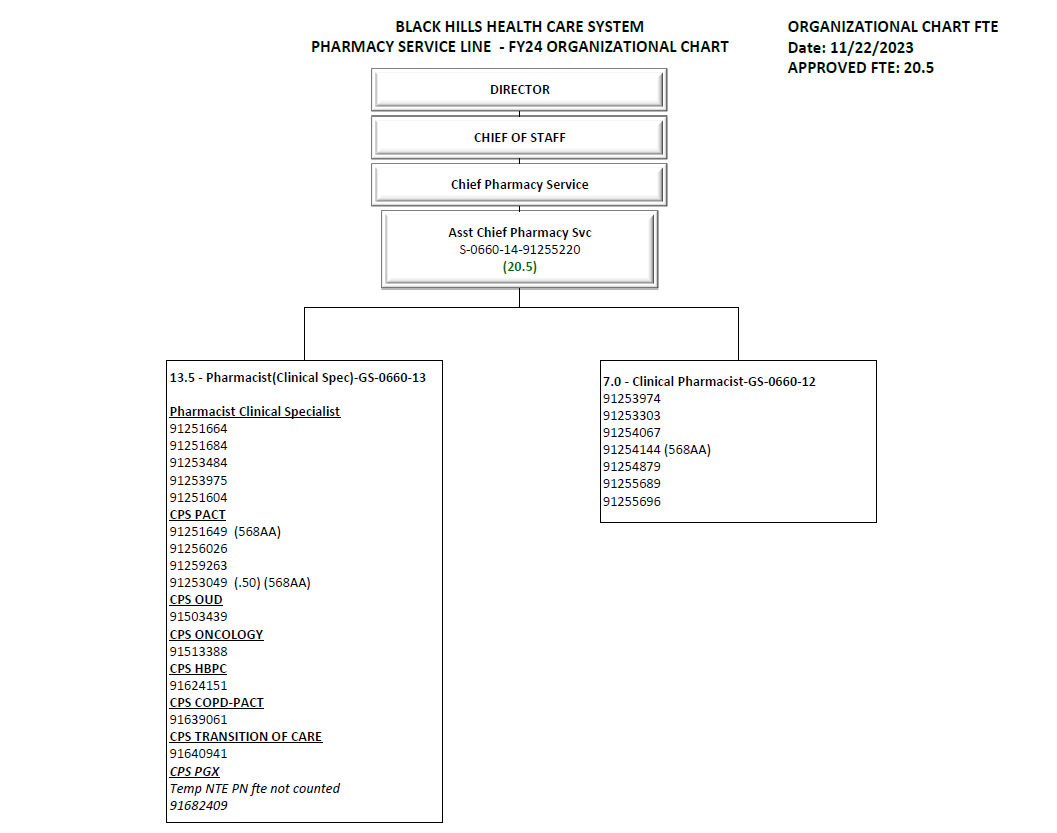
Oversight of the VA BHHCS PGY1 Residency program includes a Residency Advisory Committee (RAC). This committee is made up of the Residency Program Director (RPD) and preceptors assigned by the RPD who work together to coordinate and oversee all aspects of the program. Residents will attend a portion of the RAC meetings to facilitate communication between the residents and the RAC. The RAC meets approximately every month to review the program, discuss any residency issues, and ensure that practice experience and self-evaluations are reviewed and discussed.

**Residents’ Meeting with Program Director**

Each resident is welcome at any time to discuss issues with the RPD. These can be individual discussions or group discussions. Scheduling a time to have individual discussions is preferred. However, if a need arises to discuss a topic regarding the residency, the resident should not hesitate to come into the office for a discussion.

## **Pharmacy Organizational Chart**





## **Design and Conduct of the Residency Program**

**Program Purpose**

PGY1 pharmacy residency programs 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.

**Competency Areas**

Pharmacists completing this residency will be competent and confident practitioners as evidenced by their ability in:

(1) patient care;

(2) practice advancement;

(3) leadership; and,

(4) teaching and education.

They will interact effectively on multidisciplinary health care teams to achieve optimal outcomes. These pharmacists will provide education to patients, health care professionals, students and themselves. In addition, residents will learn to demonstrate leadership, communication, and management skills through self-monitoring and 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.

**Educational Goals and Objectives**

The residency program will provide each resident with specific experiences designed to enable the resident to improve their practice skills. These experiences will be varied in nature, but with an overall emphasis on patient care and the pharmacists’ responsibility to patients for the outcomes of drug therapy. The goals for the PGY1 residency include:

**Competency Area R1: Patient Care**

**Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists’ Patient Care Process).**

**Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.**

Criteria:

* Uses a systematic and organized approach to gather and verify information from appropriate sources (e.g., existing patient records, the patient, caregivers, other healthcare professionals).
* Evaluates medication list and medication-use history for prescription and nonprescription medications; including but not limited to dietary supplements, illicit and recreational substances, non-traditional therapies, immunizations, allergies, adverse drug reactions, and medication adherence and persistence.
* Collects relevant health data including medical and social history, health and wellness information, laboratory and biometric test results, physical assessment findings, and pharmacogenomics and pharmacogenetic information, if available.
* Determines patient lifestyle habits, preferences and beliefs, health literacy, health and functional goals, socioeconomic factors, and/or other health-related social needs that affect access to medications and other aspects of care.
* Determines missing objective information and performs appropriate physical assessment, orders laboratory tests, and/or conducts point of care testing, as applicable.

**Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient’s overall health goals.**

Criteria:

* Determines appropriateness, effectiveness, and safety of each medication.
* Interprets clinical information appropriately as part of assessment.
* Identifies unmet healthcare needs of the patient.
* Identifies medication therapy problems accurately.
* Includes health-related social needs and considers social determinants of health (SDOH) as part of assessment.
* Considers preventive health strategies as part of assessment.
* Accurately applies evidence-based medicine and guidelines to individual patient care which reflects patient’s values, preferences, priorities, understanding, and goals.

**Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient**

**centered care plans.**

Criteria:

* Chooses and follows the most appropriate evidence and/or guidelines.
* Addresses medication-related problems and optimizes medication therapy, in alignment with
* pertinent medication-use policies.
* Addresses health-related social needs and other social determinants of health (SDOH) as part of
* the care plan.
* Addresses preventive health strategies as part of the care plan.
* Engages the patient in shared decision making, as appropriate.
* Sets realistic and measurable goals of therapy for achieving clinical outcomes in the context of patient’s overall healthcare goals, understanding, preferences, priorities, and access to care.
* Identify when a patient requires an alternate level or method of care.

**Objective R1.1.4: (Applying) Implement care plans.**

Criteria:

* Appropriately initiates, modifies, discontinues, or administers medication therapy, as authorized.
* Ensures timely completion of medication orders, prescriptions, and/or medication coverage determinations that are aligned with pertinent medication-use policies to optimize patient care.
* Determines and schedules appropriate follow-up care or referrals, as needed, to achieve goals of therapy.
* Engages the patient through education, empowerment, and self-management.
* Engages other team members, as appropriate.

**Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.**

Criteria:

* Reassesses all medications for appropriateness, effectiveness, safety, and patient adherence through available health data, laboratory and biometric test results, and patient feedback.
* Evaluates clinical endpoints and outcomes of care including progress toward or the achievement of goals of therapy.
* Identifies appropriate modifications to the care plan.
* Establishes a revised care plan in collaboration with other healthcare professionals, the patient, and/or caregivers.
* Communicates relevant modifications to the care plan to the patient, caregivers, and other relevant healthcare professionals, as appropriate.
* Modifies schedule for follow-up care or referral as needed to assess progress toward the established goals of therapy.

**Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.**

Criteria:

* Routinely identifies patients who are experiencing care transitions.
* Effectively participates in obtaining or validating a thorough and accurate medication history.
* Conducts a thorough and accurate medication reconciliation.
* Identifies potential and actual medication-related problems.
* Provides medication management, when appropriate.
* Considers the appropriateness of medication therapy during care transitions.
* Evaluates cost, availability, coverage, and affordability of medication therapy.
* Takes appropriate actions on identified medication-related problems, including steps to help avoid unnecessary use of healthcare resources.
* Provides effective medication education to the patient and/or caregiver.
* Identifies appropriate resources for patients in transition and makes appropriate connections or referrals to resolve issues.
* Follows up with patient in a timely manner, as appropriate.
* Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacists, or provider, as appropriate.

**Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.**

**Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.**

Criteria:

* Adheres consistently and appropriately to the Core Principles & Values for Effective Team-based Health Care.
* Follows the organization’s communication policies and procedures.
* Demonstrates appropriate skills in negotiation, conflict management, and consensus building.
* Interacts collaboratively and respectfully.
* Advocates for the patient.
* Chooses an appropriate form of communication with team members based on type and urgency of information, recommendation, and/or request.
* Recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the healthcare team clearly, concisely, persuasively, and timely.

**Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.**

Criteria:

* Uses optimal method(s) to interact, in-person and/or virtually, with patients and caregivers including any accommodations to alleviate specific barriers to communication (e.g., patient friendly language, language services, assistive technology, visual aids).
* Addresses communication barriers during telehealth interactions, as applicable.
* Interacts in a respectful, collaborative, empathetic, and personalized manner.
* Follows the organization’s communication policies and procedures.
* Uses appropriate motivational interviewing techniques and open-ended questions to facilitate health behavior change.
* Considers non-verbal cues and adjusts delivery, when needed.
* In addition to an oral summary, provides a written summary of recommended medication related changes and other pertinent educational materials and available resources, as appropriate.

**Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.**

Criteria:

* Selects appropriate information to document.
* Documents services provided, actions taken, interventions performed, referrals made, and outcomes achieved, as applicable.
* Documents in a timely manner.
* Follows the organization’s documentation policies and procedures.
* Documents appropriately to support coding, billing, and compensation.
* Ensures security of Protected Health Information (PHI) throughout the documentation process.

**Goal R1.3: Promote safe and effective access to medication therapy.**

**Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access..**

Criteria:

* Facilitates changes to medication therapy considering access, cost, social determinants of health (SDOH) or other barriers.
* Prioritizes formulary medications, as appropriate.
* Evaluates non-formulary requests for appropriateness, and follows departmental or organizational policies and procedures related to non-formulary requests.
* Considers appropriate formulary alternatives.
* Ensures access to non-formulary products when formulary alternatives cannot be used.

**Objective R1.3.2: (Applying) Participate in medication event reporting.**

Criteria:

* Demonstrates ability to investigate and submit a patient specific adverse medication event (e.g., medication error, near miss, and/or adverse drug reaction).
* Uses appropriate technology for reporting adverse drug events.

**Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.**

Criteria:

* Adheres to applicable laws, institutional policies, departmental policies, and best practice standards.
* Identifies, detects, and addresses medication and health-related issues prior to verifying a medication order or dispensing a medication.
* Completes all steps of the medication preparation process.
* Completes all steps of the patient-centered dispensing process accurately and efficiently, including selection of self-care products, as appropriate.
* Takes responsibility for accurate and appropriate order assessment and verification duties for assigned patients.
* Administers medications using appropriate techniques, as appropriate.
* Oversees and ensures accuracy of other pharmacy personnel (e.g., clerical personnel, interns, students, technicians) involved in the preparation, dispensing, and administration of medications according to applicable laws and institutional policies.
* Effectively prioritizes workload and organizes workflow for oneself and pharmacy support personnel.
* Refers patients for other healthcare services or care by other healthcare professionals, as appropriate.
* Ensures appropriate storage of medications.
* Determines barriers to patient adherence and makes appropriate adjustments.

**Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).**

**Objective R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.**

Criteria:

* Recognizes patterns within aggregate patient data (i.e., defined population data).
* Interprets outcomes benchmarks and dashboards, as applicable.
* Compares outcomes of population data to evidence-based or best practice guidelines and/or established benchmarks (e.g., Star ratings, quality metrics).
* Identifies areas for improved patient care management based on population data.
* Provides targeted interventions for individual patients within a defined group to improve overall population outcomes.
* Recommends appropriate services to patients, providers, or health plans to help improve patient and population outcomes.
* Engages leaders to determine necessary resource(s) to improve patient and population outcomes and promote equitable care.

**Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.**

Criteria:

* Uses the appropriate format.
* Evaluates and applies evidence-based principles.
* Effectively synthesizes information from available literature.
* Incorporates all relevant sources of information pertaining to the topic being reviewed.
* Applies medication-use safety and resource utilization information.
* Demonstrates appropriate assertiveness and timeliness if presenting pharmacy concerns, solutions, and interests to internal and/or external stakeholders.
* Delivers content objectively.
* Includes proposals for medication-safety technology considerations and improvements, when appropriate.
* Includes considerations for addressing established health equity concerns, when appropriate.
* Effectively communicates any changes in medication formulary, medication usage, or other procedures, if applicable.

**Competency Area R2: Practice Advancement**

**Goal R2.1: Conduct practice advancement projects.**

**Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.**

Criteria:

* Explains concepts associated with project development.
* Appropriately identifies or understands problems and opportunities for projects.
* Conducts a thorough literature to contextualize project scope.
* Determines an appropriate question or topic for a practice-related project that can realistically be addressed in the available time frame.
* Uses best practices or evidence-based principles to identify opportunities related to the project.

**Objective R2.1.2: (Creating) Develop a project plan.**

Criteria:

* Develops specific aims, selects an appropriate project design, and develops suitable methods to complete the project.
* Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.
* Incorporates appropriate quality improvement process design and/or methodology (e.g., standardization, simplification, human factors training, quality improvement process, or other process improvement or research methodologies), if applicable.
* Develops a feasible design for a prospective or retrospective outcomes analysis that considers who or what will be affected by the project.
* Identifies committees or groups to provide necessary approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.).
* Develops a feasible project timeline.
* Develops a plan for data collection and secure storage that is consistent with the project intent and design.
* Develops a plan for data analysis.
* Acts in accordance with the ethics of human subject’s research, if applicable.

**Objective R2.1.3: (Applying) Implement project plan.**

Criteria:

* Obtains necessary project approvals, (e.g., intra- or interdepartmental committees, IRB, quality review board, health plan, funding, etc.) and responds promptly to feedback or reviews.
* Demonstrates a systematic and organized approach to gathering and storing data.
* Collects appropriate types of data as required by project design.
* Uses appropriate electronic data and information from internal or external databases, Internet resources, and other sources of decision support, as applicable.
* Adheres to the project timeline as closely as possible, adjusting for unforeseeable factors, when necessary.
* Correctly identifies need for additional modifications or changes to the project.

**Objective R2.1.4: (Analyzing) Analyze project results.**

Criteria:

* Uses appropriate methods, including statistics when applicable, for analyzing data in a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis.
* Collaborates with project team members to validate project analysis, as appropriate.

**Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.**

Criteria:

* Evaluates data and/or outcomes of project accurately and fully.
* Considers the impact of the limitations of the project design on the interpretation of results.
* Accurately assesses the impact of the project, including its sustainability, if applicable.
* Correctly identifies need for additional modifications or changes based on outcome.

**Objective R2.1.6: (Creating) Develop and present a final report.**

Criteria:

* Completes all report requirements on time and within assigned time frame.
* Develops a project report that is well-organized and easy to follow.
* Formats written report suitable for project audience.
* Uses effective written and/or oral communication to convey points successfully.
* Submits and/or presents project report to intended audience.
* Summarizes key points at the conclusion of the report.
* Responds to questions in a concise, accurate, and thoughtful manner.

**Competency Area R3: Leadership**

**Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.**

**Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.**

Criteria:

* Identifies and explains factors influencing medication availability (e.g., procurement, inventory management, shortages, recalls, and formulary).
* Describes resolution of medication access or availability concerns.
* Identifies various effective leadership philosophies and principles.
* Explains how the pharmacy planning relates to the organization and/or department’s mission and vision.
* Explains the department and/or organization’s decision-making structure.
* Explains the department and/or organization’s strategic planning process.
* Identifies human resources and personnel management pertinent policies and procedures including but not limited to workplace violence, safety, diversity, equity, inclusion, employee performance reviews, and implementation and use of appropriate virtual and technology resources.
* Explains current credentialing and privileging processes of the organization and potential changes for the future, if applicable.
* Explains the quality improvement plan(s) of the department and/or organization.
* Correctly assesses internal pharmacy quality, effectiveness, and safety data against benchmarks.

**Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.**

Criteria:

* Identifies and explains strengths, weaknesses, opportunities, and threats to pharmacy planning and practice advancement including accreditation, legal, regulatory, and safety requirements.
* Identifies and explains the impact of local or regional healthcare entities on pharmacy or organizational practice.
* Accurately explains the purpose and impact of external quality metrics to the practice environment.

**Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.**

**Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.**

Criteria:

* Uses principles of continuous professional development (CPD) planning (e.g., accurately reflect on personal strengths and areas for improvement, plan, act, evaluate, record/review).
* Sets realistic expectations of performance.
* Engages in self-reflection of one’s behavior, knowledge, and growth opportunities.
* Identifies strategies and implements specific steps to address foundational and clinical knowledge gaps.
* Demonstrates ability to use and incorporate constructive feedback from others. Articulates one's career goals, areas of clinical and practice interest, personal strengths and opportunities for improvement, and stress management strategies.
* Engages in self-evaluation by comparing one’s performance to a benchmark.
* Demonstrates self-awareness of personal values, motivational factors, and emotional intelligence.
* Demonstrates self-motivation and a “can-do” approach.
* Approaches new experiences as learning opportunities for ongoing self-improvement with enthusiasm and commitment.

**Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.**

Criteria:

* Balances personal needs appropriately with the needs of the department and/or organization.
* Demonstrates personal commitment to the mission and vision of the department and/or organization.
* Demonstrates effective workload and time management skills.
* Prioritizes and organizes all tasks appropriately. • Prioritizes appropriate daily activities.
* Prepares appropriately to fulfill daily and longitudinal responsibilities (e.g., patient care, projects, management, and meetings).
* Sets SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound goals), implements action steps, and takes accountability for progress.
* Sets and manages appropriate timelines in harmony with pertinent stakeholders.
* Proactively assumes and takes on increased levels of responsibility.
* Proactively identifies issues or barriers and create potential solutions or management strategies.
* Follows through on obligations collaboratively and without prompting.
* Ensures timely and thorough transfer of appropriate responsibilities.
* Demonstrates resilience to recover from unanticipated changes and reprioritize responsibilities, as needed.
* Appropriately balances quality and timeliness in all aspects of work.

**Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.**

Criteria:

* Represents pharmacy as an integral member of the healthcare team.
* Demonstrates professionalism through appearance and personal conduct.
* Displays emotional intelligence by interacting cooperatively, collaboratively, and respectfully with the team.
* Holds oneself and colleagues to the highest principles of the profession’s moral, ethical, and legal conduct.
* Prioritizes patient healthcare needs.
* Accepts consequences for his or her actions without redirecting blame to others.
* Engages in knowledge acquisition regarding healthcare innovations, practice advancement, patient care, and pharmacy practice.
* Advocates effectively on behalf of patients to other members of the healthcare team.
* Delegates appropriate work to technical and clerical personnel.
* Understands and respects the perspective and responsibilities of all healthcare team members.
* Contributes to committees or informal workgroup projects, tasks, or goals (e.g., contribute to committee discussions, identify pertinent background information, identify data for collection, interpret data, implement corrective action), if applicable.
* Works collaboratively within the department and/or organization’s political and decision-making structure.

**Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.**

Criteria:

* Identifies professional organization(s) that align with practice interests.
* Articulates the benefits of active participation in professional associations at all levels.
* Demonstrates knowledge and awareness of the significance of local, state, and national advocacy activities impacting pharmacy and healthcare.
* Develops personal vision and action plan for ongoing professional engagement.
* Participates appropriately in practice and advocacy activities of national, state, and/or local professional associations.
* Addresses the needs of the patients through service and/or education.

**Competency Area R4: Teaching and Education**

**Goal R4.1: Provide effective medication and practice-related education.**

**Objective R4.1.1: (Creating) Construct educational activities for the target audience.**

Criteria:

* Obtains an accurate assessment of the learner’s needs and level of understanding.
* Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level.
* Uses appropriate teaching strategies, including active learning.
* Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices and aligns with stated objectives.
* Designs instructional materials that meet the needs of the audience.
* Develops patient education materials that appropriately match the cultural needs and health literacy level of intended audience.
* Includes accurate citations and relevant references and adheres to applicable copyright laws.

**Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.**

Criteria:

* Writes in a manner that is concise, easily understandable, and free of errors.
* Demonstrates thorough understanding of the topic.
* Determines appropriate breadth and depth of information based on audience and purpose of education.
* Notes appropriate citations and references.
* Includes critical evaluation of the literature and knowledge advancements, and an accurate summary of what is currently known on the topic.
* Develops and accurately uses tables, graphs, and figures to enhance the reader’s understanding of the topic, when appropriate.
* Writes at a level appropriate for the target readership (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals).
* Creates visually appropriate documents (e.g., font, white space, and layout).
* Creates materials that are inclusive of all audiences, accommodating any person(s) with health conditions or impairments.
* Creates one’s own work and does not engage in plagiarism.
* Seeks, processes, and appropriately incorporates feedback from the targeted audience.

**Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.**

Criteria:

* Selects teaching method to deliver the material based on the type and level of learning required (cognitive, psychomotor, and affective).
* Incorporates multiple appropriate educational techniques to present content.
* Demonstrates rapport with learners.
* Develops and uses effectively audio-visual and technology tools and handouts to support learning activities.
* Demonstrates thorough understanding of the topic. • Organizes and sequences instruction properly.
* Presents at appropriate level of the audience (e.g., patients, caregivers, members of the community, pharmacists, learners, and other healthcare professionals). • Speaks at an appropriate rate and volume with articulation and engaging inflection.
* Effectively uses body language, movement, and expressions to enhance presentations.
* Makes smooth transitions between concepts. • Summarizes important points at appropriate times throughout presentations.
* Demonstrates ability to adapt appropriately during the presentation.
* Captures and maintains learner/audience interest throughout the presentation.
* Responds to questions from participants in a concise, accurate, and thoughtful manner.

**Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.**

Criteria:

* Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
* Identifies appropriate time to solicit feedback from the learner.
* Solicits timely, constructive, and criteria-based feedback from the learner.
* Writes assessment questions (if used) in a clear and concise format that reflects best practices.
* Assesses learners for achievement of learning objective(s).
* Identifies and takes appropriate actions when learner fails to understand delivered content.
* Plans for follow-up educational activities to enhance or support learning and ensure objectives were met, if applicable.

**Goal R4.2: Provide professional and practice-related training to meet learners’ educational needs.**

**Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.**

Criteria:

* Identifies experiential learning opportunities in the practice setting and engages learners appropriately.
* Creates an organized and systematic approach to designing learning experiences for the learner.
* Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
* Chooses appropriate preceptor roles to stimulate professional growth in learner.
* Adjusts the preceptor role as learner needs change.
* Uses appropriate methods to provide both formative and summative feedback.
* Provides timely, constructive, and criteria-based feedback to learner, including actionable steps for continued growth and improvement.
* Engages the learner effectively in self-evaluation and self-reflection.
* Provides effective and focused direct instruction when warranted.
* Models critical-thinking skills by including “thinking out loud”.
* Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
* Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.
* Selects appropriate problem-solving situations for independent learners.
* Ensures learner understands feedback and next steps needed to improve.

**\*Denotes a critical objective as defined by RAC (see Requirements to Receive a Residency Certificate below)**

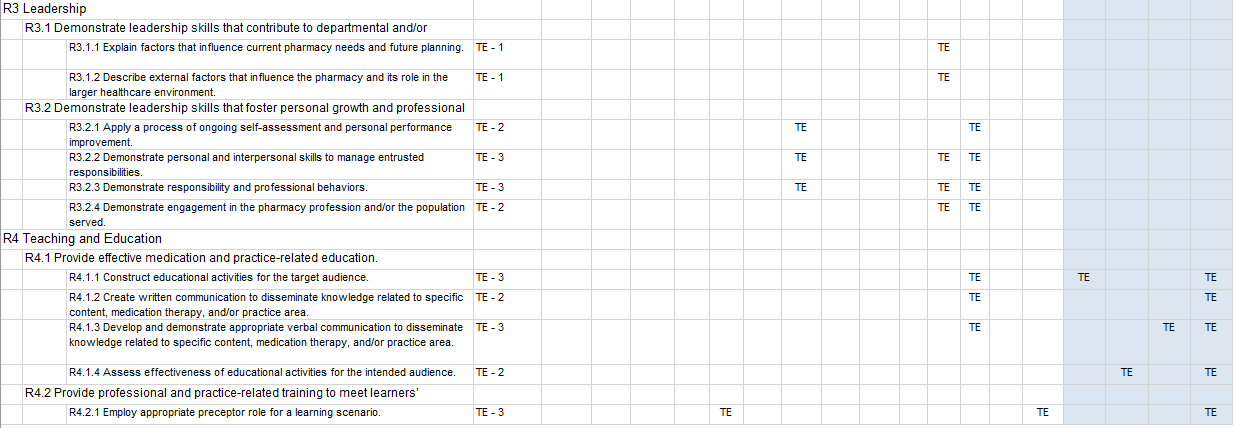
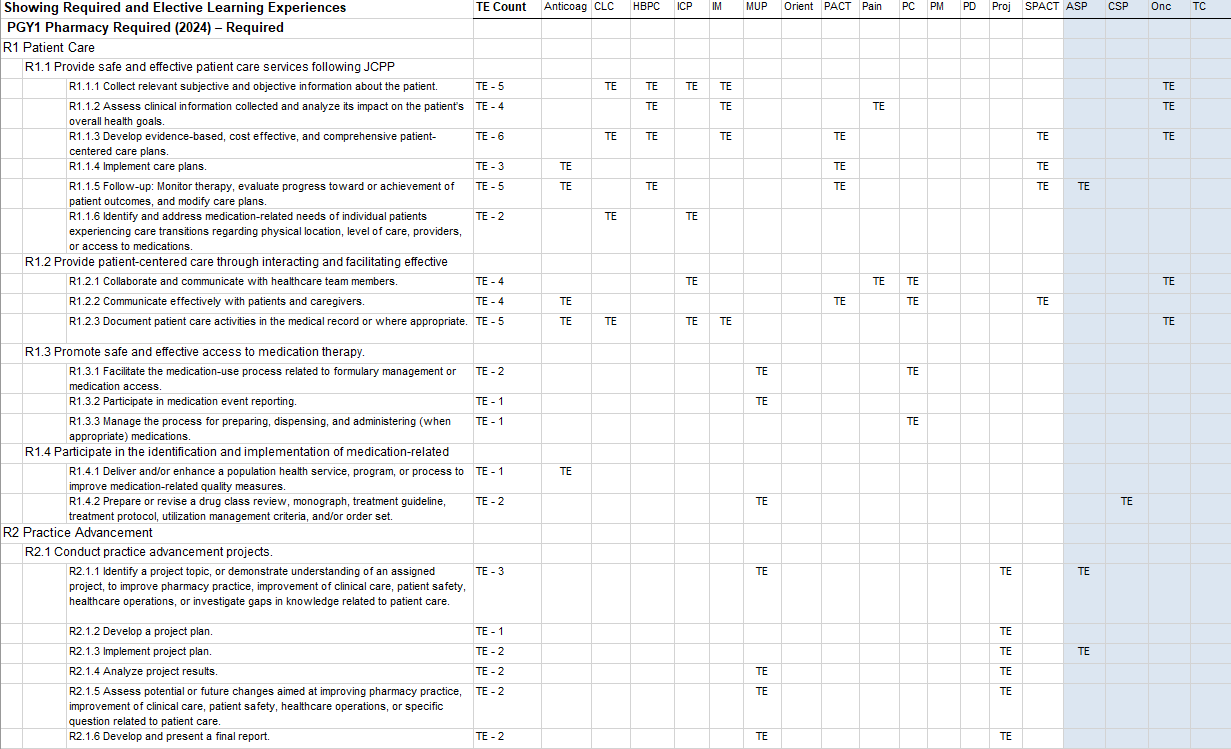
Learning Experiences

|  |  |
| --- | --- |
|  | |
| Patient Aligned Care Team “PACT” (Required – Longitudinal) | Orientation “Orient” (Required – Rotational) |
| Anticoagulation "AC" (Required – Rotational) | Practice Management "PM" (Required – Rotational) |
| Home Based Primary Care "HBPC" (Required – Longitudinal) | Residency Project “Proj” (Required – Longitudinal) |
| Pain Management “Pain” (Required – Longitudinal) | Medication Use Process “MUP” (Required – Longitudinal) |
| Inpatient Clinical Pharmacy “ICP” (Required – Rotational) | Professional Development “PD” (Required – Longitudinal) |
| Internal Medicine “IM” (Required - Rotational) | Practice Coverage “PC” (Required – Longitudinal) |
| Specialty PACT “SPACT” (Required – Rotational) | Teaching Certificate “TC” (Elective – Longitudinal) |
| Antimicrobial Stewardship “ASP” (Elective – Rotational) | Oncology “Onc” (Elective – Rotational) |
| Community Living Center "CLC" (Required – Longitudinal) |  |

Other elective learning experiences may be developed based on resident interest and preceptor availability.

**Evaluation of Goals and Objectives**

The goals and objectives for the PGY1 pharmacy residency have been selected from the goals and objectives published by ASHP (included above) as a part of the Residency Program Design and Conduct. If a goal is not selected by the program it does not indicate that it will not be covered or discussed during the year. It simply implies that it is not formally taught or evaluated. The following TE grid shows where specific goals are taught and evaluated by the program. The RPD will orient the resident to the Residency Program Design and Conduct. Information is also available on ASHP's web-site at [www.ashp.org](http://www.ashp.org).



## **Learning Experience Schedule**

Residents are scheduled for experiences throughout the year in order to allow for learning in various areas. Opportunities for electives are specifically intended to tailor the residency experience to the resident’s needs. Residents may elect to work in a required area for more time to gain more confidence and skills (e.g., ambulatory care or internal medicine). Any changes to this schedule need to be in agreement with all preceptors involved, the RAC, and/or the RPD. See learning experience descriptions for additional information.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | When Learning Experience May Fall | | | | | | | | | | | | | | | |
|  |  |  | July | | | Aug | Sept | | Oct | Nov | Dec | | Jan | Feb | Mar | Apr | May | Jun |
| Length | LNG | BLK |  | | |  |  | |  |  |  | |  |  |  |  |  |  |
| Required | | |  | | |  |  | |  |  |  | |  |  |  |  |  |  |
| 1 week |  | X | Orient | | |  |  | |  |  |  | |  |  |  |  |  |  |
| 4 weeks |  | X |  | | | ICP | | | | |  | |  |  |  |  |  |  |
| 5 weeks |  | X |  | | |  | IM | | | | | | | |  |  |  |  |
| 4 weeks |  | X |  | | |  |  | |  | | | | PM | | | | | |
| 4 weeks |  | X |  | | |  |  | |  | | | | SPACT | | | | | |
| 4 wks then 2 days/month | X |  | PC | | | | | | | | | | | | | | | |
| 6 weeks | X |  |  | | | PACT | | | | | | | | | | | | |
| 6 weeks |  | X |  | | | AC | | | | | | | | | | | | |
| 4 weeks | X |  |  | | |  |  | | HBPC | | | | | | | | | |
| 3 weeks | X |  |  | | | Pain | | | | | | | | | | | | |
| 3 weeks | X |  |  | | | CLC | | | | | | | | | | | | |
| Weekly X 12 months | X |  | PD | | | | | | | | | | | | | | | |
| 1 week then PRN x 9 mo | X |  |  | | |  |  | | MUP | | | | | | | | | |
| PRN X 12 months | X |  | Proj | | | | | | | | | | | | | | | |
| Elective | | |  |  | | |  |  | |  |  | |  |  |  |  |  |  |
| 12 months | X |  |  |  | | |  |  | |  |  | TC | | | |  |  |  |
| 6 weeks | X |  |  |  | | |  |  | |  |  | | \*Other Elective Experiences (Oncology, CSP, ASP, Extended Experience in a Required Area) | | | | | |
| Encouraged as available |  |  |  |  | | |  |  | |  |  | | Vacation (total of 13 days earned) | | | | | |
| Key: LNG = Longitudinal BLK = Block | | | | | When timing of rotation is longer then stated learning experience: bar is showing time when required experience may fall (i.e. to accommodate scheduling multiple residents, preceptor scheduling conflicts). \*Electives will be provided on a case-by-case basis. Residents should demonstrate sufficient progress in core rotations prior to completing electives. Other elective experiences may be developed based on resident interest and preceptor availability. | | | | | | | | | | | | | |

**Summary of Learning Experiences**

**RESIDENCY PROJECT:**

A completed residency project is required during the residency program. The intent of the project is to provide the resident with the opportunity to develop the skills and processes necessary to complete a major project which will benefit the facility. VA BHHCS utilizes the inverted project model. The inverted model involves an altered project timeline. Incoming residents will complete data collection and analysis during the first half of their residency year for a project that was started by the previous residency class. The results of this project will be presented at the ASHP Midyear Clinical Meeting Resident Poster Sessions and at the Midwest Pharmacy Residents Conference. Residents will then develop and seek approval for a new project during the second half of their residency year to be completed the following year. If residents need assistance with project ideas, the preceptors do have some projects that we feel could be accomplished in the year.  Initially the resident should consider something that is most interesting to the resident rather than doing a project the preceptor is interested in completing.   The residents will also present the results of their projects to the Pharmacy Service and P&T Committee as assigned. The final written manuscript for the initial project must be submitted to the RAC in a format suitable for publication by the final day of the residency.

\*All resident projects must go through VA BHHCS Pharmacy and Therapeutics (P&T) Committee for approval prior to the data collection period. Residency project posters, presentations and/or publications must receive P&T Committee approval prior to being presented outside the facility.

**PROFESSIONAL DEVELOPMENT:**

The goal of the Professional Development learning experience is to equip residents for continued growth and success after residency completion. Residents will be exposed to a variety of skills and strategies that are essential for professional development. A weekly Professional Development Discussion will be held throughout the residency year. Discussions will be led by members of the RAC, invited speakers and each resident. Possible topics include: leadership books (*Good to Great. 21 Indispensable Qualities of a Leader*, etc.), important techniques (coaching/mentoring, communication, etc.), and pharmacy specific information (demographics in pharmacy leadership White Paper, etc.).

**MEDICATION USE PROCESS:**

Residents will gain exposure to multiple aspects of medication usage including formulary management, Pharmacoeconomics, protocol/procedure development, adverse drug event reporting, and informatics during the Medication Use Process learning experience. Projects will include preparation and presentation of P&T agenda items, construction of CPRS order menus, development of a Pharmacy Standard Operating Procedure or guidance document, completion of a medication-use evaluation, and evaluation of a reported medication error. Topics will be assigned based on facility and/or department needs and resident interests. Each resident will be scheduled for one week followed by one day per month of Medication Use Process after the initial orientation period. However, due to the nature of the learning experience and the associated projects, projects may require time outside of the scheduled time to complete.

**PRACTICE COVERAGE RESPONSIBILITIES:**

Each resident will be assigned to cover the service longitudinally as appropriate after completing a four week concentrated learning experience. The purpose of working as a pharmacist is to gain experience and improve skills in the medication use process. Understanding the process is part of leadership in the profession. Pharmacists must have a thorough understanding of the medication ordering/delivery system utilized by the individual institution to be fully successful. Residents will work with the unit-dose, IV admixture, and outpatient pharmacy systems. A pharmacist will always be available to assist the resident with any questions that arise during coverage. The resident should **never** hesitate to contact a pharmacist to discuss patient-specific drug related problems.

**RESIDENCY EVALUATION & PROGRESS TRACKING**

ASHP has assisted PGY1 Pharmacy Residency Programsby developing a set of goals and objectives. The goals and objectives are separated into four competencies listed on pages 11-22 of this manual. Each goal has an objective(s) that should be completed to successfully reach the goal. Residents must review these goals since they are the basis of the training experience. The goals and objectives are followed by criteria that have several components. The resident can review the criteria that are considered markers of reaching the objective as a guide to improving skills and as a basis for their success in the program.

At the beginning of every learning experience, the resident should review with the preceptor his/her goals and objectives, expectations that are established, and any specific plans for the resident during that time. The preceptor needs to discuss with the resident the plans and expectations for the experience in order to maximize the learning opportunity. There are activities paired with each objective to assist the resident in understanding what tasks need to be completed.

The criteria form the basis of formative and summative assessment. Formative and summative assessments are essential components of the resident training; there are important differences between them. Formative assessment (feedback) is given at short intervals to provide the resident with an ongoing assessment of individual tasks, patients, and problem solving exercises (e.g., having progress notes co-signed). Frequent feedback should be expected from the preceptor while the resident is completing various experiences. The resident should ask the preceptor for feedback on a regular basis. Feedback comes in many forms (verbal, written, etc.).

Summative assessments or evaluations are a summation of the resident’s skill development over a longer time interval and should reflect the feedback provided during the time period. The purposes of evaluations are to provide the resident with an assessment of progress in the various experiences and to make recommendations for improvement in practice. Prior to each experience the resident should review the specific expectations and the evaluation form to understand the expectations and the specific goals and objectives. If additional objectives are needed or desired, they should be considered prior to or early in the experience. The evaluation is intended to review with the resident the progress made over the course of the experience.

At the end of each learning experience, each resident will be asked to give an honest appraisal of the preceptor and the experience. The resident should also do a self-evaluation of their performance, and identify areas of growth and areas for improvement. The purpose of doing a self-evaluation is to provide a mechanism to improve the quality of one’s performance through self-assessment. Professional development is a life-long process. Learning to do self-assessments assists in the development of personal skills.

After the resident and the preceptor have each completed an evaluation of the experience, they will meet to discuss the evaluations within 7 days of completing the rotation. It is the responsibility of the preceptor and the resident to schedule this meeting. The evaluations completed by the preceptor and residents are forwarded to the RPD after the residents and preceptor have discussed and reviewed them. These evaluations will be reviewed and deficiencies and/or disciplinary actions that are needed will be addressed by the RAC. Resident evaluation comments will also be utilized during the end of the year program assessment.

Evaluations in PharmAcademic will utilize the following scale:

* **Needs Improvement (NI):** resident is behind expected learning curve; significant improvement is needed to meet the objective during the residency year
* **Satisfactory Progress (SP):** resident is performing and progressing at a rate that should eventually lead to mastery of the objective during the residency year
* **Achieved (ACH):** resident has mastered this objective for this rotation and can perform the task independently or upon request for the experience/population
* **Achieved for Residency (ACHR):** resident consistently demonstrates mastery of the objective across learning experiences. This will be assessed by preceptors quarterly in conjunction with development plan updates, and marked as achieved by RPD in PharmAcademic.

**Application and Selection Process**

## The VA BHHCS PGY1 Pharmacy Residency participates in the ASHP Resident Matching Program. Program applications are available and accessible through the website. The deadline for application materials is January 10th.

Applicants for the PGY1 Residency Program must meet the following requirements:

* + Doctor of Pharmacy degree from ACPE accredited program
  + U.S. citizenship
  + Residency Matching Program participant
  + Willing to complete an interview (may be virtual or onsite)

The following must be submitted as part of the candidate’s application:

* + Three Letters of Recommendation
  + Letter of intent
  + Curriculum vitae
  + College Transcripts

## Once completed applications are received, the RPD and at least 1 other preceptor will pre-screen applications by an approved pre-screening tool. A total of 54 possible points may be granted for the application review. The point breakdown is as follows:

## GPA/Class Rank: 3 points

## Letters of Recommendation: 15 points

## Letter of Intent: 15 points

## Curriculum vitae: 21 points

For applicants attending a school or college of pharmacy that utilizes a pass/fail grading system, class rank or other alternative ranking scale will be utilized in lieu of GPA and letter grades. If no scale, a score of 0 will be given for any failed courses and a score of 2 will be given if all passing grades in core pharmacy classes as outlined in rubric.

## The scores from the pre-screening tool will be averaged and utilized to create an initial ranked list. This list will be reviewed and discussed by the RPD and preceptor(s) involved in the application review. Changes may be made to the list based on this discussion. The final list will be utilized to determine which applicants will be offered interviews. A minimum of 12 interview slots will be offered but the number may vary based on the number and quality of applications received and the availability of the interview panel. Applicants will not be invited for an interview if:

* Pre-screening score is less than 20
* Any recommendation states “do not recommend”
* 2 or more D’s or failed courses for pass/fail schools on transcripts
* The candidate’s stated interests are not part of the core curriculum of the residency program
* Written communication score is less than 2 (i.e. more than 5 significant errors in letter of intent.)

If an applicant declines an interview, the RPD may offer an interview to the next candidate on the list.

The RPD is responsible for scheduling the interviews. A team of preceptors and current residents will interview the selected applicants and complete a rating form at the end of the interview. The rating form results are utilized to create a ranking list. The RAC meet to review the preliminary ranking list and discuss any changes they feel should be made. Input from members of the interview team may also be considered. The RPD, in conjunction with RAC, makes the final decision regarding the rank order list. The RPD is responsible for submitting the final rank order list to the National Matching Service.

If all positions are not matched during Phase I of the Match, the VA BHHCS PGY1 Pharmacy Residency will participate in Phase II of the Match unless extenuating circumstances exist. The same application screening process will be utilized for Phase II as for Phase I. The number of applicants invited to interview during Phase II of the match will vary depending on the number of unmatched positions, number of applicants, and quality of applications received. Ideally, a minimum of four candidates per open position will be interviewed.

## In the event that the ASHP Matching program does not fill a residency position during either Phase I or Phase II, additional applicants may be considered. The RPD will review all submitted applications and determine which applicants should be offered an interview. After each interview, the RPD will gather input from members of the RAC and interview committee then make a decision regarding extending an offer. When an acceptable candidate is identified and accepts the position ,further applicants will not be considered. If a candidate is not selected, the residency position will be returned to the National Pharmacy Residency Program Office to be temporarily redistributed for the year.

Veteran residency candidates are likely to be more able to relate to the Veteran patient population and help Veterans achieve their healthcare goals due to their shared experiences as Veterans. For this reason and in the spirit of VA policies regarding Veteran preference, all things being equal, a Veteran candidate will be ranked/selected over a non-Veteran.

**Obligations of the Resident to the Program**

**Overall expectations:**

PGY1 Residents will:

* Make active use of constructive feedback from preceptors
* Have a primary professional commitment to the residency program
* Adhere to the values and mission of the training organization
* Ask for verbal and written feedback from preceptors
* Residents will adhere to and be subject to the VA BHHCS standards and policies. You will need to complete mandatory online training found on the VA BHHCS intranet website

**Licensure:**

PGY1 residents are **required** to take the North American Pharmacy Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Exam (MPJE) as required by state laws as soon as they are deemed eligible by the state board, preferably **prior** to starting the residency. Each resident must be licensed as a pharmacist in any state by October 1 or three months from their start date, whichever is later.  Resident's appointments are contingent upon this licensure. If this requirement is not met, the obligations of the residency cannot be completed and the resident will be removed from the program.

**Liability Insurance:**

Residents are covered by the Public Officers Law and will not need any practice liability insurance during your residency. While performing within your scope of practice and in conformance with VA rules and regulations, the VA will cover all liability issues. Your only risk would be if you exceed your scope of practice or violate VA policies.

**Professional Practice:**

1. Pharmacy residents are representatives of the Pharmacy Service and are expecting to uphold the high standards of professional conduct at all times, including professional meetings.

2. Patient confidentiality is essential. Any discussion of patients' therapies must be conducted privately with concern for the patient and his/her family. Another area of confidentiality that must be maintained is the computerized medical record. Employees should never leave a computer terminal open for access by other individuals.

3. Resident's and preceptor's activities should be coordinated in order to ensure optimal patient centered care. Residents are not expected to practice independently from the pharmacists, but should grow in their independence level throughout the residency year. Utilizing the knowledge, skills, and abilities of the preceptors to become more proficient at pharmacy practice is critical to the resident’s development. Residents can assist the Pharmacy Service by asking if the way things are done can be improved. These challenges to the staff are an important contribution to our improvement process.

4. Communication with preceptors, pharmacists, technicians, nurses, physicians and others is important to prevent or resolve patient-specific problems. Preceptors will also assist residents in identifying problems that they may not have found. If the resident cannot solve a specific problem via routine channels, the preceptor, or RPD should be contacted, including calling a preceptor at home.

5. Residents are expected to dress in an appropriate professional manner whenever they are in the institution or attending any function as a representative of VA BHHCS. Clean, white lab coats may be worn. Any specific problems with attire will be discussed with the RPD. All employees are required to wear identification badges when on duty.

**Customer Service:**

Everyone in health care has internal and external customers that are encountered every day. The pharmacy resident needs to consider that he/she is here to improve skills in providing pharmaceutical care while also helping everyone within the system. Residents have many opportunities to hone customer service skills. A basic tenet of customer service is treating someone else exactly the way the resident wants to be treated (e.g., respectfully).

Many encounters with other staff and patients are via the telephone. Having a greeting that reflects the nature of helping must be considered. A standard greeting when someone is calling the Pharmacy includes, the name of the person who is answering, and the offer to assist. One example of how to answer the telephone is:

Pharmacy, this is [RESIDENT’S NAME]. How can I help you?

**Clinical Meetings:**

Residents are engaged in local meetings including staff meetings, residency meetings, interdisciplinary team meetings, and Pharmacy & Therapeutics Committee meetings, at a minimum. Additionally, residents are required to attend ASHP Midyear Clinical Meeting and Midwest Pharmacy Residents Conference. Residents are encouraged to attend South Dakota State Pharmacy Association meeting(s). Financial assistance for travel expenses will be requested for meetings listed above. If funding is not available for travel expenses, residents will be notified as soon as possible. If virtual attendance is an option, consideration will be given to virtual attendance in lieu of in person attendance if travel funding is not available.

**Qualifications of the RPD and Preceptors**

## **PGY1 RPD:**

The PGY1 Residency Program Director (RPD) is responsible for the administration, oversight, and coordination of the program to ensure the standards for accreditation set by the American Society of Health-System Pharmacists are met or exceeded. The RPD accepts or rejects applicants, dismisses enrollees if necessary, and certifies enrollee's completion of the program. The RPD selects individuals to serve as preceptors for PGY1 residency training. The RPD will be a professionally and educationally qualified pharmacist who is committed to providing effective training of the PGY1 residents.

Responsibilities include:

1. Arrange for the incoming residents’ orientation to the Pharmacy Service and the residency program.
2. Develop and implement criteria for appointment and reappointment of preceptors.
3. Chair the Residency Advisory Committee (RAC)
4. In collaboration with the RAC, schedule the residents' learning experiences and assist in the development of a plan for special learning experiences and duties.
5. Monitor the residents’ progress and ensure completion of requirements is documented appropriately.
6. Assist in the resolution of problems or difficulties, which the resident may encounter.
7. Maintain an open line of communication between the resident and other members of the Pharmacy Service.
8. Certify that all requirements of the residency have been completed prior to certification, upon the recommendation of the RAC.
9. Design and execute a preceptor development plan.
10. Conduct continuous residency program improvement with the assistance of the RAC.

## **Learning Experience Preceptor**

Each residency learning experience is directed by a Preceptor with the following functions and responsibilities:

1. Develop and maintain learning experience description, which includes goals and objectives evaluated during learning experience and specific activities designed to meet assigned goals and objectives.

2. At the beginning of each learning experience orient the resident to the learning experience. Learning experience orientation will include a review of learning experience description. Once reviewed, the Resident and Preceptor will both sign the learning experience description. Signed learning experience descriptions will be scanned.

3. Extend sufficient assistance, guidance, and direction to the Resident in order for him/her to meet the goals of the learning experience. The Preceptor will meet with the Resident on a regular basis to determine progress.

4. Communicate with the next preceptor how the Resident is progressing from modeling, to coaching, to facilitating. This hand-off communication can take place verbally or over email.

5 Keep the RPD apprised of any difficulties which a resident may be having in a rotation or in the overall residency.

1. Provide criteria based feedback to the resident by completing formative and summative evaluations. The preceptor will discuss the summative evaluation as often as indicated in the learning experience syllabus.
2. Facilitate practice sites that promote residency responsibility for direct patient care activities.
3. Preceptors may develop and maintain an appropriate reading library or bibliography of readings for residents that will aid in competency in the learning experience disease states.
4. Participate in preceptor development activities and the residency program’s continuous quality improvement process

**Preceptor appointment will be made using the following criteria:**

* Express interest in and desire to precept either verbally or in writing
* Meet ASHP eligibility requirements or be willing to take steps to meet requirements
* Complete ASHP Preceptor Academic and Professional Record
* Willing to meet attendance and participation requirements set forth in re-appointment criteria

**Re-appointment criteria:**

* Express desire to continue precepting and completion of the following:
* Preceptor Academic and Professional Record updated annually
* Annual self-assessment completed annually
* Attendance at a minimum of 50% of preceptor meetings during the residency year. If unable to attend, notify RPD to be excused from the meeting.
* At least 1 of the following: attend and provide feedback at resident CE practice presentation, present a preceptor development topic at a monthly preceptor meeting, participate in resident project, provide staff education at a staff meeting or quarterly education day, conference attendance, serve as a poster judge, serve as a presentation judge

Review of PharmAcademic evaluations, preceptor self-assessment forms, Academic and Professional Records, direct observation, and discussion may be used for preceptor assessment.

Preceptors will be re-appointed annually and preceptor list will be approved by RAC.

**Awarding a Residency Certificate**

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

**Requirements to receive a Residency Certificate:**

* Satisfactory completion of all learning experiences. If a learning experience is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and program director.
* Competency Areas, Goals, and Objectives (CAGOs)
* Earn “Achieved for the Residency” for all objectives listed under Competency Area R1: Patient Care.
* Earn “Achieved for the Residency” for at least 80% of all remaining objectives.
* A minimum of “Satisfactory Progress” must be achieved for ALL required objectives.
* Completion of a residency project with a manuscript that is submittable for publication.  The residency project will be presented at a formal meeting and at Midwest Pharmacy Residents Conference.
* Completion of all assignments, presentations and projects as defined by the preceptors and residency program director.
* Presentations will include at least two journal clubs and two in-services to include one continuing education presentation.
* Completion of a medication use evaluation and an order set, protocol, drug class review, or drug monograph.
* Compliance with all institutional and departmental policies.

**Benefits**

**STIPEND:**

$48,608

**LEAVE:**

* 13 paid accrued annual days per year
* 13 paid accrued sick days per year
* 7 - 11 paid holidays

**OTHER BENEFITS:**

* Office workspace with telephone and supplies.
* Access to a personal computer with word processing, spreadsheet, slide-making and drug information retrieval capabilities. Access to a MedLine searches and the Internet.
* Free parking, copying and lab coats with laundry service.
* Health, dental, vision and life Insurance are available as in the Federal Benefits package.
* Liability insurance is not required. The United States Government accepts responsibility and liability for the actions of its employees during the exercise of their official duties. Employees performing within the course and scope of their duties in or for the Department of Veterans Affairs (VA) are afforded the protection of the Federal Tort Claims Act.
* Year counts toward future Federal position benefits (for residents choosing to also work Dual Appointment).
* Employee Assistance Program

## **Residency Policies**

## **Attendance**

The residency is a full-time temporary appointment of 12 months in duration. The resident is expected to be onsite for 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 will not be onsite, the program director and preceptor must approve the time off or away and procedures for leave must be followed. At times, the resident will be expected to attend other residency-related conferences or experiences off site during regular working hours. The resident will be scheduled for rotations and staffing assignments and is expected to be in the designated location.

**Discipline/Dismissal Policy**

It is not expected that any disciplinary actions will be needed during the residency. However, criteria have been established to avoid making an unpleasant situation more difficult. Each resident is expected to perform in an exemplary manner. If a resident fails to meet the requirements of the program, disciplinary action will be taken. Examples of inadequate or poor performance include dishonesty, repetitive failure to complete assignments, being late for clinical assignments, plagiarism, abuse of annual and/or sick leave, violating VA BHHCS or VA policies and procedures, patient abuse, and violating ethics or laws of pharmacy practice. The following sequence of discipline is outlined:

1. Minor or initial failure to adhere to requirements will result in a verbal counseling by the primary preceptor or the RPD. A note stating a verbal counseling has occurred will be sent to the RAC. If a resident is late to work more than one time the resident will be considered absent without leave and a pay reduction will be assessed for the time missed.
2. For repeated or more severe incidents, the RPD or RAC will give residents a formal written warning of failure to meet the requirements of the residency program. A list of actions and/or additional assignments required to continue in the program will be determined by the RAC and must be signed by the resident. The RAC will follow the resident’s compliance with the required actions. Failure with compliance may lead to the dismissal of the resident from the program.

Failure to comply with the required actions set forth by the RAC will be documented in writing by the preceptor, RAC, or RPD. RAC, Chief of Pharmacy, RPD will decide whether dismissal is necessary after reviewing the situation with the resident and preceptor. If dismissal is necessary, the proper process will be initiated.

**Pharmacy Residency “Chain of Command”**

Conflict in the workplace is very common and needs to be dealt with in a healthy, productive fashion. When conflicts go unaddressed, they can have a negative impact on productivity and teamwork. Because of this, conflict resolution is a necessary component of the workplace. Successful conflict resolution requires a mature, non-confrontational approach and should always begin with the involved parties. If the resident is unable to resolve a conflict with the involved party, the residency chain of command should be employed to effectively communicate and resolve conflicts that may arise during the residency year. It is the resident’s responsibility to explain, understand, and utilize the appropriate chain of command within the department. The residency chain of command generally consists of:

1. Preceptor
2. Residency Program Director
3. Chief of Pharmacy
4. National Director of Pharmacy Residency Programs and Education

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## **Leave Policy (vacation, authorized absence, sick time, etc.)**

Leave must be planned and consideration must be given to the other members of the service. It is expected that annual leave will not interfere with responsibilities of the residents and other duties that are required. It is understood that residents will need time in the spring for interviews; leave should be planned for accordingly. No specific times are set aside for vacations; therefore, the resident and preceptor must agree about leave. A request for leave must be sent via Outlook electronic mail to the specific experience preceptor and the RPD for approval, which should be noted in the leave request in the comment field. If a leave request is entered without preceptor approval, it will be automatically cancelled. Requests must be entered into the VA Time and Attendance System (VATAS) PRIOR to any planned leave being taken. If all of a resident’s annual leave is not taken prior to finishing the residency the resident will receive pay equal to the number of hours of unused annual leave.

If sick, residents are responsible for calling the pharmacy secretary (605-720-7060) within one hour of the time they were to report for work. A call is expected on **each** day of sick leave unless discussed with the preceptor previously. A leave request must be entered on the day of your return. If a resident is ill on a day of a scheduled conference or presentation, the resident must make arrangements to make up the presentation as soon as possible upon return.

###### **Application for Leave**

There are four types of leave granted during the residency. Leave requests will only be accepted electronically in VATAS. Leave classes are as follows:

1) **Annual leave**- This type of leave is used for vacations and time off for any personal reasons. Four hours of annual leave are earned each pay period (every two weeks). Requests for use of annual leave are made per pharmacy policy and through VATAS.

2) **Sick Leave**- This leave is for illness and physician appointments. Four hours of sick leave is earned each pay period (every two weeks). Excessive use of sick leave could negatively affect performance and the achievement of the goals of the residency. In the event that an extended sick or family leave is necessary, the facility will consider the arrangements on an individual, case-by-case basis. Human Resources will become involved in the arrangements. VA policies will be followed. The RPD will advocate for the resident but will not excuse the resident from meeting the goals and objectives of the Pharmacy PGY1 Residency or the ASHP requirements.

3) **Administrative Leave**- This leave is granted to attend official outside functions (administrative absence requires advanced approval). This is the leave status used to attend conventions and seminars and is granted on a case-by-case basis. When sent to convention or on official travel it is mandatory that the resident attend the convention and obtain all possible CE hours. This leave may also be used for licensing exams and VA interviews at the discretion of the RPD and Chief of Pharmacy.

4) **Leave Without Pay**- This class of leave is for emergency use only. Examples would be a death in the family or some other crisis. It would not be used to extend annual leave for purposes of weddings, vacations, or family reunions. It can only be used after all annual or sick leave has been used up.

**Extended Leave**:

The residency year is a minimum of twelve months (52 weeks) and a full-time practice commitment per ASHP standards. If an extended absence occurs (i.e. extended family or sick leave), extension of the residency program may be necessary to ensure the resident completes the minimum practice commitment.

Any sick or personal leave used beyond the earned amount will result in leave without pay [LWOP]. Any time a resident takes as LWOP will need to be made up at the end of the residency year. [E.g., If two weeks of LWOP are used, then 2 weeks must be made up at the end of the residency year]. Opportunity to extend the program with pay will depend on the decision of the National Director of Residency Programs and Education. The RPD will also inform the local Chief of Pharmacy of the potential extension. If extended leave is granted, a resident must use all earned leave prior to going on leave without pay (LWOP). LWOP would be in effect until the resident returned to the program at which time pay would resume until completion of the one year of residency. There are not circumstances that would allow more than one year of pay for a residency program.

With an approved extension of the residency program under these circumstances, completion of all requirements of the residency and the number of hours that exceeded the allotted leave must be accomplished within 1 year of the initially scheduled completion date.

For military leave, residents called to active duty may request an exemption from the National Director of Residency Programs and Education for the requirement to complete the 2080 hours within 1 year of the initially scheduled date of completion. Such exemption will be considered on an individual basis in collaboration with the local Residency Program Director.

All time off must be accounted for with a leave request, regardless of reason.

**Telework:**

Residents are expected to be on site during normal business hours. Rare exceptions are allowed when it is unsafe to travel due to inclement weather as defined in the inclement weather SOP or extended illness. Use of telework in lieu of being on site will require review, coordination, and approval by RPD.

**Duty Hours/Moonlighting:**

VA BHHCS adheres to the Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies (available at [Duty-Hour Policy (ashp.org)](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf)). Duty hours attestation is completed monthly in PharmAcademic and reviewed by RAC.

External moonlighting is not encouraged. Any external moonlighting requires approval through the RAC prior to engaging in that activity.

**Dual Appointment:**

Dual appointment (i.e., internal moonlighting) is defined as working as a pharmacist for the VA during the residency year. Dual appointment time is paid at pharmacist salary for the amount of time worked and counts toward VA retirement benefits and seniority. Dual appointment will be pursued for residents, but is not guaranteed. If dual appointment is approved, the timekeeper should be notified by electronic mail of scheduled dual appointment hours on weekends and holidays the Monday prior to ensure proper posting of timecards.

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# Organizational Policies:

The resident will be protected by and abide by all VA Directives, policies and procedures of the Medical Center and pharmacy team and the by-laws of the medical staff when applicable. Such policies include but are not limited to policies on Sexual Harassment, Employee Grievances, Equal Employment Opportunity (EEO) Complaint Process, Compliance, Organizational Ethics: Code of Ethical Behavior, Standards of Ethical Conduct, Drug Testing, and Vaccination. See below for drug testing information and the conduct and courtesy policy, which will be reviewed during on-boarding.