

PHARMACY EDUCATION AND TRAINING

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook provides policy and guidance for the management of the Department of Veterans Affairs (VA) Pharmacy Education and Training Program.
- 2. SUMMARY OF MAJOR CHANGES:** This revised VHA Handbook incorporates the following: redefining the term Professional Staff; responsibilities of VHA Offices, VHA Executive staff (e.g., the Designated Learning Officer [DLO]), and Pharmacy Benefits Management Services (PBM) staff are updated; VHA education and training programs which are available to PBM staff and trainees are updated; and professional and scientific literature that need to be made available for reference are updated with available electronic and on-line formats.
- 3. RELATED ISSUES:** VHA Handbooks 1108.04, 1108.05, 1108.06 and 1108.07.
- 4. RESPONSIBLE OFFICE:** The Office of Patient Care Services, Pharmacy Benefits Management Service (10P4P) is responsible for the content of this Handbook. Questions may be addressed to the Chief Consultant at 202-461-7326.
- 5. RESCISSIONS:** VHA Handbook 1108.09, dated June 9, 2009, is rescinded.
- 6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of June 2021.

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PHARMACY EDUCATION AND TRAINING

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures, responsibilities, and guidance related to education and training of Pharmacy Service employees. **AUTHORITY:** 38 U.S.C. 7301(b).

2. SCOPE

This Handbook addresses Department of Veterans Affairs (VA) program opportunities for the ongoing education of Pharmacy Service employees. Specific subjects include: the planning and implementation of programs; the education and training of students, residents and current employees; funding for educational programs; and the maintenance and distribution of professional and scientific literature and of current drug information. Continuous professional development is a responsibility of every pharmacist and pharmacy technician. VHA pharmacy personnel in either staff or trainee positions are required to maintain professional and functional competence through continuous professional development programs that must strive to:

- a. Motivate the individual to serve the best interest of the patient;
- b. Schedule educational opportunities that support the individual's knowledge of direct patient care in an effort to remain professionally competent;
- c. Encourage pharmacy providers to participate in continuous education and staff development programs to advance their professional knowledge, skills, and abilities;
- d. Reinforce the expectation that the VA pharmacy personnel achieve and maintain a high level of professional competence; and
- e. Provide opportunities for pharmacy staff to interface with other health care professions and the public in an environment of mutual learning.

3. DEFINITIONS

a. **Continual Professional Development.** Continual professional development is a lifelong process of active participation in learning activities that develops and maintains competence, enhances professional practice, and supports career goals.

b. **Postgraduate Pharmacy Training.**

(1) **Pharmacy Resident.** A pharmacy resident is a graduate of a school or college of pharmacy accredited by Accreditation Council on Pharmacy Education (ACPE), is a United States Citizen, and appointed to a Department of Veterans Affairs (VA) Pharmacy Residency Program accredited by American Society of Health-System Pharmacists (ASHP). A resident must achieve licensure, within 90 days of the start date of the residency, in accordance with the applicable ASHP residency standards.

NOTE: The ASHP Residency Standards can be found at: <http://www.ashp.org/DocLibrary/Accreditation/Newly-approved-PGY1-Standard-September-2014.pdf>. This linked document is outside of VA control and may or may not conform to Section 508 of the Americans with Disabilities Act.

(a) A resident may be in a Post Graduate Year (PGY1) or Post Graduate Year (PGY2) Pharmacy Residency Program that requires successful completion of the program's goals and objectives. Programs must be a minimum of 12 months of full-time practice, or the equivalent, to receive a certificate of completion. In certain circumstances, a pharmacy resident can be concurrently enrolled in a post-graduate academic program (e.g., Master of Business Administration and a PGY2 in Pharmacy Administration).

(b) A resident position is specifically designated as a training position and cannot be utilized to supplement staffing vacancies or shortages.

(2) **Pharmacy Fellowship.** A Pharmacy Fellowship is a postgraduate training program, which is defined as research focused and having at least 75 percent of the time allocated to the didactic or practical aspects of research. The intent of program is to prepare the Fellow for a position as an independent researcher after graduation.

NOTE: A fellowship is typically a 2-year program.

(a) The Pharmacy Fellow must be a licensed pharmacist, or a pharmacy graduate of a school or college of pharmacy that is accredited by the Accreditation Council on Pharmacy Education (ACPE). The fellow must be a United States Citizen and eligible for licensure, to receive postgraduate training at a VA medical facility, with the primary objective of doing research; which may or may not be part of an advanced academic degree program.

(b) A fellow position is specifically designated as a training position and cannot be utilized to supplement staffing vacancies or shortages.

c. **Professional Staff.** The professional staff is comprised of Administrative Pharmacists, Clinical Pharmacist Specialists, Clinical Pharmacists and Certified Pharmacy Technicians that are employed by VA medical facilities.

d. **Student Training.**

(1) **Clerkship.** A pharmacy clerkship is required training for professional or graduate pharmacy students. These individuals must be United States citizens and studying at an ACPE accredited school or college of pharmacy. These students are to be supervised by a VA pharmacist with an academic appointment at the school or college of pharmacy, or a faculty member of an affiliated school, or a college of pharmacy.

(2) **Intern.** An intern is a pharmacy student who is obtaining practical experience for purposes of licensure. Interns must be United States citizens and attending an ACPE accredited school or college of pharmacy. These individuals are supervised primarily by

VA pharmacists, but could be supervised by faculty from an affiliated school or college of pharmacy.

(3) **Student Employment.** A student enrolled in an approved training or educational program (Pharmacist or Pharmacy Technician educational program) may be appointed on a temporary full-time, part-time, or intermittent basis as a student technician in the occupation under the provisions of 38 U.S.C. 7405(a)(1)(D) for a period not to exceed the duration of the individual's program. Student technicians appointed under this authority may be centrally or locally funded and are supervised by VA pharmacists. **NOTE:** *Additional information on student employment under this authority may be found in VA Handbook 5005, Part II, Chapter 3.*

(4) **Graduate Pharmacist or Graduate Pharmacy Technician.** A graduate of an approved training or educational program (Pharmacist or Pharmacy Technician educational program), whose licensure or registration in a state, or certification by the appropriate national certifying organization, is pending may be appointed on a temporary full-time, part-time or intermittent basis under the provisions of 38 U.S.C. 7405(a)(1)(D). Graduates are typically locally funded and are supervised by VA pharmacists. **NOTE:** *For additional information on graduate technician appointments, see VA Handbook 5005, Part II, Chapter 3.*

(5) **VA Learning Opportunities Residency.** VA Learning Opportunities Residency (VALOR) is a pharmacy honors program for outstanding students who must have a 3.0 or higher grade point average (GPA) on a 4.0 scale. Students recruited for the program must have completed the second professional year (or completed 4 semesters equivalent in a year round program) of education at an ACPE-accredited school or college of pharmacy and a United States citizen.

(a) Students may be appointed on a full or part-time basis during the summer months and may continue during their final academic year on a part-time basis. Students are assigned preceptors who are expected to precept the student throughout the entire experience.

(b) The aggregate number of hours that a student may be funded by the Healthcare Retention and Recruitment Office (HRRO) in the program is 400 hours per year that is renewable one time (for a total of 800 hours). Any hours above 800 must be funded by the facility.

e. **Support Staff.** Support staffs are employees who support the mission of Pharmacy Service and include administrative officers, non-certified pharmacy technicians, program assistants, and office staff.

f. **Technician Trainee.** A technician trainee is a student receiving practical and/or didactic training at the VA medical facility in order to meet certain minimum standards required by state regulations or VA. This training can be completed through affiliation with a technician training program (e.g., vocational school, community college,

professional organization) or locally developed. The trainee must always be under the supervision of a qualified technician or pharmacist preceptor.

g. **VA Partners.** For the purposes of this Handbook, VA partners are affiliated medical centers or clinical learning centers where education and training of VA staff occur.

4. RESPONSIBILITIES

a. **Healthcare Recruitment and Marketing Office.** The Healthcare Recruitment and Marketing Office (HR&M) is responsible for centralized program management of the Students Education Employment Program (SEEP) and VALOR programs and for forwarding program announcements to the Director, Pharmacy Recruitment and Retention Office, Pharmacy Benefits Management (PBM) Services.

b. **Office of Academic Affiliations.** The Office of Academic Affiliations (OAA) is responsible to provide funding for all centrally-funded pharmacy residency and fellowship programs.

c. **Office of the Pharmacy Chief Consultant.** The Chief Consultant, PBM Services, or designee is responsible for:

(1) Providing a baseline profile of the VHA pharmacy workforce to better describe workforce development needs;

(2) Providing support to VA Pharmacy through education and training, competency, and community development;

(3) Standardizing core training in the field to support improvement in the efficiency of organizational, operational, and other clinical processes;

(4) Improving the coordination and integration of pharmacy training in the field and between VA partners;

(5) Providing feedback to VA Employee Education System and other educational entities for development of future educational and training programs; and

(6) Utilizing innovative methods or technology (new and emerging) within the VA System as vehicles in delivering educational and training programming.

d. **Pharmacy Residency Program Office.** The Pharmacy Residency Program Office (PRPO) is responsible for the appointment of all centrally-funded pharmacy residency and fellowship programs, which are reviewed and approved by the PBM Chief Consultant and Deputy Chief Consultant.

e. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring that:

(1) The Chief or Manager, Library Service, or comparable position, maintains sufficient resources to support the patient care, education, and research missions of the Pharmacy Service;

(2) All funding for fees associated with the ASHP Residency Accreditation and review process are made available;

(3) Staffing, space, and time allotment for any educational activity ensures achievement of the stated pharmacy educational and training objectives;

(4) Provisions are made for pharmacy employees to have time available to devote to necessary educational and training activities on an ongoing basis; and

(5) Time and continuing education are made available to ensure the participation of pharmacy personnel in both the identification of their continuous professional development and for meeting competency requirements.

f. **Designated Education Officer (DEO) or Associate Chief of Staff for Education (ACOS/E).** The DEO or ACOS/E is responsible for:

(1) Providing leadership and collaboration in developing and deploying educational and training programs, resources, and services relevant and applicable to the practice of pharmacy;

(2) Interacting with local VA pharmacy management and service-level managers to ensure the VA education environment supports the curricular needs to trainees as well as the care needs of Veterans;

(3) Creating and sustaining an organizational work environment that supports learning, discovery, and continuous improvement to support facility's pharmacy and affiliate leaders; and

(4) Advocating changes in education that would implement new technologies and new learning methodologies within the pharmacy workforce.

g. **Facility Designated Learning Officer.** The facility Designated Learning Officer (DLO) is responsible for:

(1) Coordinating educational activities at the local level, as well as linking local activities with Veterans Integrated Service Network (VISN) and VA Central Office education and training endeavors;

(2) Serving as a conduit to educational resources available for employees and trainees; and

(3) Collaborating and assisting in the design, development, implementation, and evaluation of pharmacy learning activities based on Educational Needs Assessment in a

joint effort with the facility Chief of Pharmacy or Designated Education Officer/ACOS/E or Pharmacy Program Director.

h. **Facility Chief of Pharmacy Services.** The facility Chief of Pharmacy Services, or designee, is responsible for:

(1) Developing and implementing educational programs using a multidisciplinary approach for both professional and support staff;

(2) Supervising all pharmacy trainees;

(3) Establishing local medical center policy for training and continuous professional development for pharmacy staff;

(4) Ensuring that an “Educational Needs Assessment” is performed every 2 years for all pharmacy staff;

(5) Collaborating with the Library Chief or Manager to maintain sufficient resources to support the patient care, education, and research missions of the Pharmacy Service;

(6) Ensuring that all pharmacy staff are evaluated and credentialed prior to new duty assignments to ensure competency;

(7) Appointing a Residency Program Director (RPD) who meets established ASHP Standards for each accredited residency. **NOTE:** *In order to successfully implement and maintain an accredited pharmacy residency program, a minimum of 10 percent of the RPD’s time must be allocated for program administration.*

(8) Ensuring the quality of educational drug information; and

(9) Documenting the provision of drug information as required aspect of quality assurance activities.

5. PLANNING AND IMPLEMENTATION

a. The continuous professional development must be consistent with the overall goals and objectives of VHA OAA and the PBM Service. **NOTE:** *An interdisciplinary approach to sponsoring, planning, and implementing educational activities is encouraged. Efforts to coordinate with: the Employee Education System (EES) and other educational entities within the system (e.g., VeHU, SCAN ECHO, etc); VISN and facility DLOs; DEOs; VA medical facility staff; or professional organization resources, need to be considered as sources for support of education and training programs whenever feasible and appropriate.*

b. Facilities approved for use of tuition support program funds such as the Employee Incentive Scholarship Program (EISP) may use these funds to support pharmacist and technician continuing education needs. **NOTE:** *Pharmacists who are recognized as candidates in a management track for career advancement by the Chief*

of Pharmacy Service are eligible for post graduate degree funding (e.g., Masters in Public Health, Masters in Business Administration, etc.) utilizing EISP.

6. EDUCATION AND TRAINING PROGRAMS

a. All trainees are under the supervision of the Chief, Pharmacy Service or designee, and all post-graduate trainees must be United States citizens.

b. All residency programs are accredited through ASHP. ASHP is a sole source for accreditation and performs site visits for accreditation. There are accreditation fees for these services and these fees are the responsibility of the VA medical facility Director.

c. ASHP accredited residency programs are expected to follow the ASHP standards for the programs and include such standards as following the Accreditation Council for Graduate Medical Education (ACGME) duty hours, PGY1 standards or specialty PGY2 standards.

d. PGY1 residents may not have a Scope of Practice (SOP); however, they may hold a dual appointment for professional duties identified by licensure. PGY2 residents may have a SOP that would be defined by skills learned from previous training and through experience. For additional information regarding SOP refer to VHA Handbook 1108.11, Clinical Pharmacy Services.

e. PGY2 residents may hold a dual appointment for professional duties identified by licensure.

f. Pharmacy affiliations strongly support a broad policy of cooperation and professional interchange with academic institutions. Affiliated educational programs for the associated health professions assist in:

(1) Attracting students into student training programs and retaining them after graduation to provide quality health care to Veterans;

(2) Attracting students, and Veterans who are licensed pharmacists, into pharmacy post graduate residency and fellowship programs;

(3) Attracting students, residents, and fellows into professional pharmacy positions and retaining them within the VA system;

(4) Enhancing the continuous professional development of VA pharmacy personnel as a result of the student-teacher relationship;

(5) Utilizing VHA professional resources and clinical facilities to ensure an adequate supply of pharmacy personnel for the profession; and

(6) Establishing affiliated education and training programs for Pharmacy Service.

f. The types of students eligible for pharmacy academic affiliations are Doctors of Pharmacy, Masters in a related field, pharmacy residents and fellows, and pharmacy technicians. **NOTE:** *The pharmacist candidates must be from an ACPE accredited school or college of pharmacy and all candidates must be United States Citizens.*

g. A RPD must be a licensed pharmacist who has completed an ASHP-accredited residency and have a minimum of three years of pharmacy practice experience. Alternatively, the RPD may be a licensed pharmacist with five or more years of practice experience with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a residency.

h. The RPD and residency preceptors must have at least 1 year of experience in their area of practice or teaching responsibility. **NOTE:** *The ASHP Commission on Credentialing must vote to approve the RPD, who must meet ASHP criteria.*

i. All Pharmacy RPDs must have administrative time allocated to ensure that program development, preceptor development, and accreditation processes are fully met.

j. Administrative training classes and programs, necessary to ensure competency as staff move up the organizational ladder, are available from VA, other government agencies, and private institutions and organizations. **NOTE:** *Every effort should be made to identify staff educational needs and provide appropriate training.*

k. EISP helps VHA meet its needs for qualified health care staff in occupations for which recruitment or retention is difficult. Under this authority, VA may award scholarships to employees pursuing degrees or training in health care disciplines and also to pay their reasonable expenses, such as registration, fees, books, materials and supplies. Though the scope of the authority contained in EISP is substantial, it does have limitations. Individuals interested in participating in EISP may seek additional program guidance from their facility education office or EISP coordinator.

7. FUNDING

a. Approved VA-accredited Pharmacy Residency and Fellowship Programs are provided funding support by OAA.

b. VA facilities approved for VALOR students are provided funding through HR&M Office.

c. For all other pharmacy student educational training, trainees are appointed on a without compensation basis.

8. PROFESSIONAL AND SCIENTIFIC LITERATURE

Information is central to the practice of modern pharmacy. Pharmacy has become a profession where clinical pharmacists apply clinical drug information that directly impacts patient care. Pharmacy is evolving into a clinical knowledge-based profession

where the clinical pharmacist interprets and uses drug data aimed at the optimal utilization of drugs in patients. Pharmacy Service gathers and maintains current information on drug products, pharmaceutical techniques, clinical drug therapeutics, adverse events, and other developments in the use of drugs.

a. **Professional References.** As much as possible, electronic databases, textbooks, and primary literature need to be available to all pharmacy personnel. In cooperation with the Library Manager, the Chief of Pharmacy Services must maintain sufficient resources to complete the patient care, education, and research missions of the pharmacy program. The following are recognized as authoritative electronic web-based references that are recommended for use by Pharmacy Services. **NOTE:** *Uniform Resource Locators (URL) change constantly. The following referenced URLs were available as of July 26, 2016.*

(1) ACPE accredited programs for continuing education, in conjunction with the Employee Education System (EES), are available on VA LMS through the VA Learning Catalog at: <http://vaww.sites.lrn.va.gov/vacatalog/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(2) Access Pharmacy at: <http://accesspharmacy.mhmedical.com/index.aspx>
NOTE: *Provided nationally by VA Library Network Office (LNO).*

(3) American Hospital Formulary Service at: <http://www.ahfsdruginformation.com/>.
American Society of Health-System Pharmacists 7272 Wisconsin Avenue, Bethesda, MD 20814 www.ashp.org

(4) Approved Drug Products with Therapeutic Equivalence Evaluations "The Orange Book" accessible at: <http://www.fda.gov/cder/ob/>

(5) ASHP PGY1 Residency Accreditation Standards at:
<http://www.ashp.org/menu/Residency/Residency-Program-Directors/Accreditation-Standards-for-PGY1-Pharmacy-Residencies.aspx>

b. **NOTE:** *This linked document is outside of VA control and may or may not conform to Section 508 of the Americans with Disabilities Act.*

(6) ASHP PGY2 Residency Accreditation Standards at:
<http://www.ashp.org/menu/Residency/Residency-Program-Directors/Accreditation-Standards-for-PGY2-Pharmacy-Residencies.aspx>

c. **NOTE:** *This linked document is outside of VA control and may or may not conform to Section 508 of the Americans with Disabilities Act.*

(7) Facts and Comparisons online at: <http://www.wolterskluwer CDI.com/facts-comparisons-online/>. Wolters Kluwer 77 Westport Plaza, Suite 450 St. Louis, MO 63146

(8) The New England Journal of Medicine at: <http://content.nejm.org/> **NOTE:** *Provided nationally by LNO*

(9) The VA Office of Quality and Performance provides resources related to accreditation education by The Joint Commission on their Web site at: http://www.index.va.gov/search/va/va_search.jsp?NQ=URL%3Ahttp%3A%2F%2Fwww.vehu.va.gov%2FCalendar.cfm&NQ=URL%3Ahttp%3A%2F%2Fwww.va.gov%2F&QT=Joint+Commission+Accreditation&submit.x=0&submit.y=0. **NOTE:** This is an internal VA Web site that is not available to the public. This information may be available through the Office of Quality, Safety & Value website.

(10) Up-To-Date Incorporated at: <http://www.uptodate.com/home/index.html>

(11) The US National Library of Medicine Drug Information Portal at: <http://druginfo.nlm.nih.gov/drugportal/drugportal.jsp>

b. **Professional Journals.** Annually after checking availability through the National Core Collection of Online Resources, the Chiefs of Library and Pharmacy Service will work together to determine journals that need to be maintain locally in print or made available online. Some examples of critical titles are:

- (1) American Journal of Health-System Pharmacy.
American Society of Health-System Pharmacy
4630 Montgomery Avenue
Bethesda, MD 20814
<http://www.ajhp.org/>
(NOTE: Provided nationally by LNO)
- (2) Clinical Drug Information.
Wolters Kluwer
77 Westport Plaza, Suite 450 St. Louis, MO 63146
<http://www.factsandcomparisons.com/hospitalpharm/>
- (3) Journal of the American Pharmacists Association.
American Pharmacists Association
2215 Constitution Avenue, NW Washington, DC 20037
<http://www.japha.org/>
- (4) The Medical Letter on Drugs and Therapeutics.
The Medical Letter, Inc.
56 Harrison Street
New Rochelle, NY 10801
<http://www.medicalletter.org/>
- (5) Clin-Alert Online Sage.
SAGE Journals
2455 Teller Road
Thousand Oaks, CA 91320
Publications <http://cla.sagepub.com/>
- (6) Annals of Pharmacotherapy.

SAGE Journals
 P.O. Box 42696
 Cincinnati, OH 45242
<http://www.theannals.com/>
 (**NOTE:** Provided nationally by LNO)

c. **Professional Drug Literature Databases.** Pharmacy Service must maintain an organized drug information system to ensure accessibility. Examples are:

- (1) International Pharmaceutical Abstracts
 American Society of Hospital Pharmacists
 4630 Montgomery Avenue
 Bethesda, MD 20814
<https://health.ebsco.com/products/international-pharmaceutical-abstracts>
- (2) Drugdex Information System
 Micromedex, Inc.
 660 Bannock St. -Suite 300
 Denver, CO 80204
<http://micromedex.com/compendia>

d. **Drug Information Access.** Pharmacy Service must have the means to access electronic databases for rapid retrieval of primary source drug information (e.g., National Library of Medicine accessible at <http://www.pubmed.gov> and the VHA National Desktop Library at http://www.va.gov/LIBRARY/Find_a_Database.asp). In addition, Pharmacy Service must have the services of a Drug Information Center readily available for consultation and the telephone number for such a center must be prominently located. Pharmacists are advised to use the service to obtain information as necessary. **NOTE:** *The MyAthens Remote Access site provides access to most resources that are part of the National Core Collection of Online Resources (<http://www.va.gov/library/>) when working outside the VA network. Accounts are available at:*
https://auth.athensams.net/?ath_returnurl=%2Fmy%2F&ath_dspid=ATHENS.MY

e. **Textbooks.** Pharmacy Service should work with Library Service to obtain a print copy of the most recent edition of following textbooks. Funds may need to be transferred to Library Service to cover the purchase. The textbooks will be maintained in Pharmacy Service as “Administrative References.”

- (1) American Hospital Formulary Service, American Society of Health-System Pharmacists;
- (2) Facts and Comparisons, Wolters Kluwer Health;
- (3) Handbook of Nonprescription Drugs, American Pharmacists Association;
- (4) Handbook on Injectable Drugs, 15th Edition, by L A. Trissel.

(5) The United States Pharmacopeial Convention (USP) NF, Rockville, MD;

(6) United States Code (USC), Title 21 Code of Federal Regulations (CFR) 1300-End. <http://www.deadiversion.usdoj.gov/21cfr/cfr/index.html>

f. **A Textbook of Therapeutics**, A print copy of one of the following, in its most recent edition, is to be provided by your local Library Services and maintained in Pharmacy Service as an “Administrative Reference:”

(1) Applied Therapeutics: The Clinical Use of Drugs. Ed. M A Koda-Kimble et al;

(2) Goodman and Gilman, The Pharmacological Basis of Therapeutics Ed. L Brunton, J Lazo and K Parker;

(3) Pharmacotherapy: A Pathophysiologic Approach; J. DiPiro, et al.; or

(4) Pharmacotherapy Principles and Practices; M Chisholm-Burns et al.

9. ACTIVE DRUG INFORMATION DISSEMINATION

a. Pharmacy Service endeavors to actively disseminate information to physicians, pharmacists, nurses, and other health care providers. This may be accomplished through the use of an institutional or national newsletter distributed to health care providers. Information may consist of pharmacy prescribing regulations, warnings on new or unusual adverse drug reactions, drug side effects, new drug reviews, current literature reviews, cost comparisons, and other information that will enhance or improve prescribing practices.

b. In addition to newsletters, accepted methods for active drug information dissemination include in-service training and education, conferences, and formal lectures.

10. DRUG INFORMATION SERVICES

a. Pharmacy Service is responsible for the provision of drug information to health care professionals at the facility. Drug information can be provided with the use of the resources described in the preceding sections.

b. Pharmacy Service must document the provision of drug information as part of the quality assurance activities.

c. Pharmacy Service must provide drug information to patients. This information is intended to increase patient understanding of the importance of their drug therapy and to increase patient adherence to drug therapy.

11. REFERENCE

ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals at

<http://www.ashp.org/DocLibrary/BestPractices/SettingsGdlMinHosp.aspx>