

# Black Hills Health Care System

Department of Veterans Affairs

## **PGY2 Ambulatory Care Pharmacy Residency Manual**

**2015-2016**

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500 North 5th Street, Hot Springs, SD 57747-1497

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Welcome to the VA Black Hills Healthcare System! As a PGY2 Pharmacy Resident, you are in a unique group of pharmacy professionals. Our goal is “to provide you with opportunities to function independently as a practitioner by conceptualizing and integrating accumulated experience and knowledge and transforming both into improved medication therapy for patients.” You are entering a very exciting and special time in your career. The path you have chosen is filled with unique opportunity and responsibility.

The primary purpose of the PGY2 Ambulatory Care Pharmacy Residency Program is to develop individual skills in many areas of contemporary pharmacy practice. Our focus is on nurturing your proficiency in managing the complex medication therapies of various types of patients. To develop proficiency, you will have responsibilities for providing pharmaceutical care on a daily basis. Preceptors will assist and guide you in gleaning the greatest benefit from each experience. Goals will be set; however, we are confident that you will strive to exceed these expectations.

Your year as a resident should be challenging and busy. We are confident that with teamwork between you and our PGY2 residency staff, all benefit greatly by your residency training. Our preceptors are available and excited to assist you in reaching your highest potential. We look forward to working with you, watching your growth, and seeing your professional career develop not only as our resident, but as our colleague.

Sincerely,

Lynn Hickox, PharmD, CACP, BCACP  
Hot Springs PGY2 Residency Program Director  
Amy Doten, Pharm.D.  
Ft. Meade, PGY2 Site Coordinator

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## **Minimum Requirements of the Site**

### **Veterans Administration 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 VA in May of 1959.

### **Veterans Administration 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**

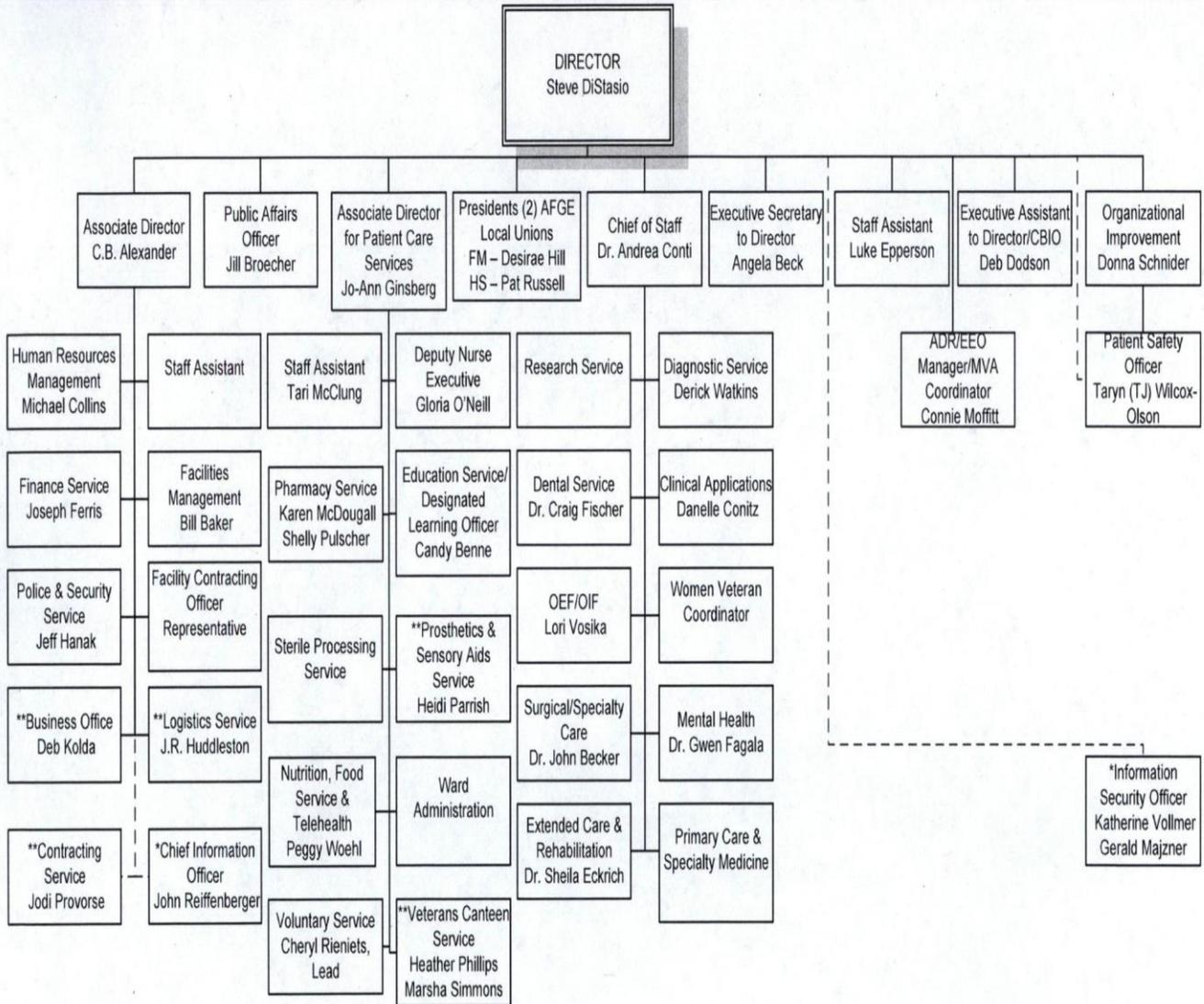
The VA Black Hills Health Care System is located in the beautiful Black Hills of western South Dakota, where we are known for our blue skies, pine forests, rich history, moderate climate and friendly western hospitality. VA Black Hills provides primary and secondary medical and surgical care, along with 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 is part of VA Midwest Health Care Network.

VA Black Hills supports services at the Black Hills National Cemetery, the Veterans Outreach Centers in Rapid City and Martin, SD, and serves as the primary health care provider for the State Veterans Home in Hot Springs. VA Black Hills has sharing arrangements with Ellsworth Air Force Base, South Dakota Army National Guard, and many other community partners.



# Black Hills Health Care System Organizational Chart January 2013

Fort Meade Medical Center  
Hot Springs Medical Center



  
 \_\_\_\_\_  
 Stephen R. DiStasio, FACHE (date) 1/7/13  
 Director, VA Black Hills Health Care System

\* Denotes OI&T Supervision  
 \*\* Denotes Matrix Relationship

\_\_\_\_\_  
 Janet P. Murphy, MBA (date)  
 Director, VA Midwest Health Care Network

## **Qualifications of the Pharmacy**

### **VA BHHCS Pharmacy Mission Statement**

The Black Hills VA Health Care System (VABHHCS) 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, Creighton University, University of Wyoming and University of Colorado. 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 Board**

Oversight of the VABHHCS PGY2 Ambulatory Care Residency program includes a Residency Advisory Board (RAB). This board is made up of the Residency Program Director (RPD), site coordinator and preceptors as assigned who work together to coordinate and oversee all aspects of the program. Residents will attend a portion of the RAB meetings to facilitate communication between the residents and the board. The RAB generally meets monthly to review the program, discuss any residency issues, and ensure that practice experience and self-evaluations are reviewed and discussed.

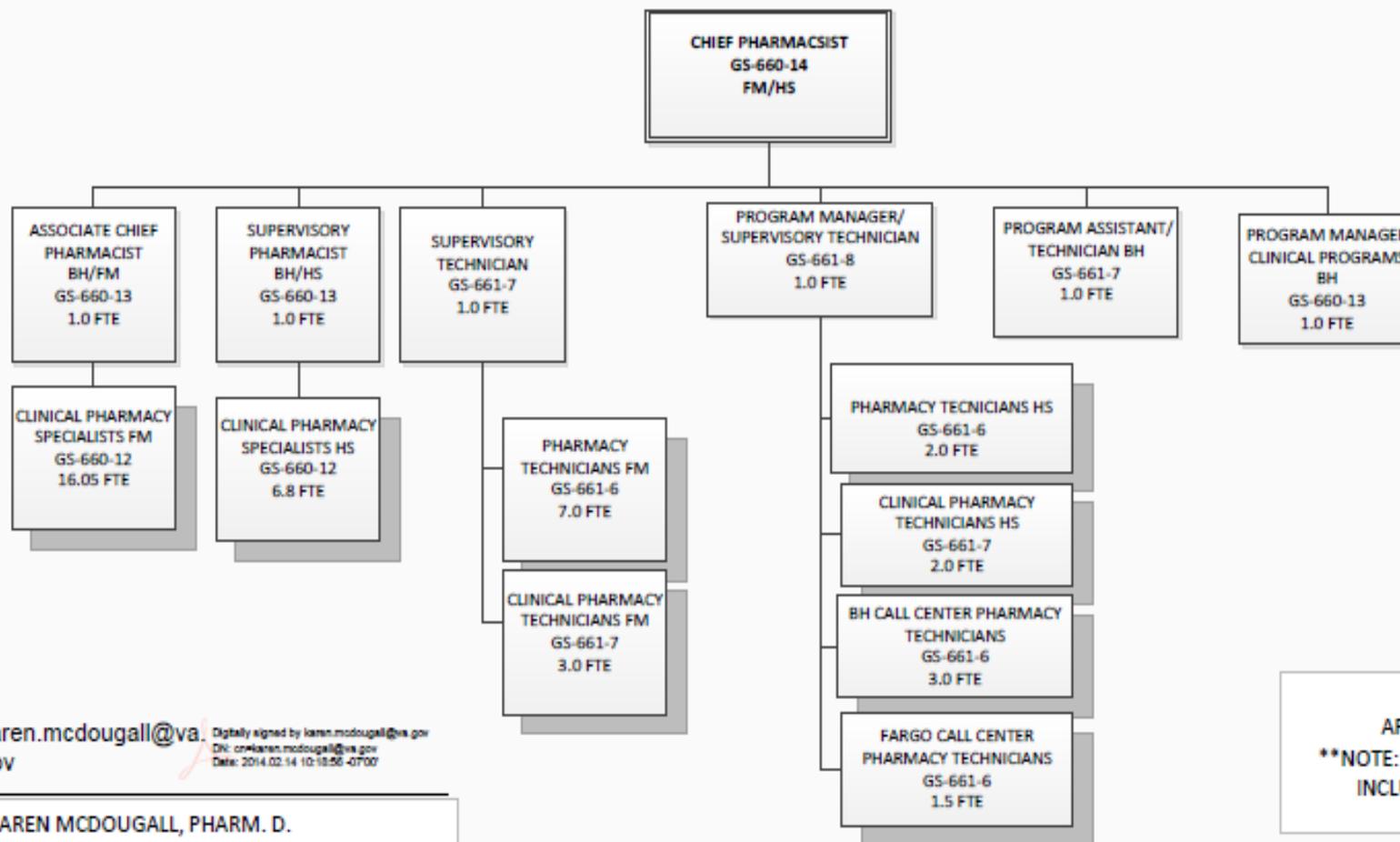
#### *Residents' Meeting with RPD*

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 an immediate need arises to discuss a topic regarding the residency, the resident should not hesitate to come to the RPD for a discussion. Site coordinator is also available to the resident when needed.

## VA BHHCS Pharmacy Service Organizational Chart



Fort Meade Medical Center  
Hot Springs Medical Center



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KAREN MCDUGALL, PHARM. D.  
CHIEF, PHARMACY

**FTEE TOTALS**  
 APPROVED- 47.35  
 \*\*\*NOTE: ORG CHART DOES NOT  
 INCLUDE SERVICE CHIEF

## Design and Conduct of the Residency Program

### Program Purpose

The VA BHHCS Ambulatory Care PGY2 Residency will further develop the resident's skills in direct patient care, leadership, and education through a variety of experiences tailored to the individuals' needs and goals. Upon successful completion of the program, graduates will be equipped to obtain an ambulatory care certification and serve as a clinical pharmacist in either an ambulatory care pharmacy clinical or academic setting.

### Outcomes

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

- Establish a collaborative interdisciplinary practice.
- In a collaborative interdisciplinary ambulatory practice provide efficient, effective, evidence-based, patient-centered treatment for chronic and/or acute illnesses in all degrees of complexity.
- Demonstrate leadership and practice management skills.
- Promote health improvement, wellness, and disease prevention.
- Demonstrate excellence in the provision of training or educational activities for health care professionals and health care professionals in training.
- Serve as an authoritative resource on the optimal use of medications.

Pharmacists completing this residency will be prepared to practice as a certified ambulatory care pharmacist in either the clinic setting or academia.

### Educational Outcomes and Goals

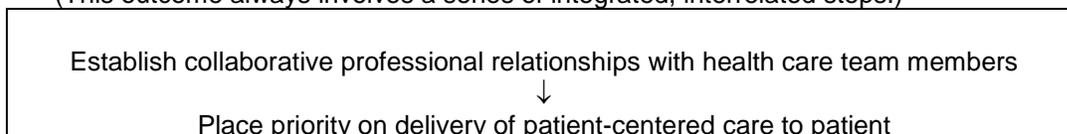
The residency program will provide the resident with specific experiences designed to enable them to improve their practice skills. These experiences will be varied in nature, but with an overall emphasis on patient care and the pharmacists' responsibility to patients for the outcomes of drug therapy. The goals for the PGY2 residency include:

**Outcome R1: *Establish a collaborative interdisciplinary practice.***

- Goal R1.1 Participate in the development and implementation of collaborative interdisciplinary practice agreements.
- Goal R1.2 Contribute to the development of a new ambulatory pharmacy service or to the enhancement of an existing service.

**Outcome R2: *In a collaborative interdisciplinary ambulatory practice provide efficient, effective, evidence-based, patient-centered treatment for chronic and/or acute illnesses in all degrees of complexity.***

(This outcome always involves a series of integrated, interrelated steps.)





- Goal R2.1 Establish collaborative professional relationships with members of the ambulatory health care team.
- Goal R2.2 Place priority on the delivery of patient-centered care to ambulatory patients.
- Goal R2.3 Establish health care partnerships with ambulatory patients.
- Goal R2.4 Collect and analyze information specific to an ambulatory patient.
- Goal R2.5 Appropriately triage patients.
- Goal R2.6 Design evidence-based medication, non-medication, health improvement, wellness, and/or disease prevention regimens for ambulatory patients presenting with a wide range of disease states or conditions.
- Goal R2.7 Design evidence-based monitoring plans for ambulatory patients.
- Goal R2.8 Design education for a specific ambulatory patient's regimen and monitoring plan.
- Goal R2.9 Recommend or communicate regimens and monitoring plans for ambulatory patients.
- Goal R2.10 Implement medication, non-medication, health improvement, wellness, and/or disease prevention regimens; monitoring plans; and education for ambulatory patients.
- Goal R2.11 Evaluate ambulatory patients' progress and redesign medication, non-medication, health improvement, wellness, and/or disease prevention regimens and monitoring plans.
- Goal R2.12: Communicate ongoing patient information.
- Goal R2.13 Document direct patient care activities appropriately.

**Outcome R3: Demonstrate leadership and practice management skills.**

- Goal R3.1 Exhibit essential personal skills of a practice leader.
- Goal R3.2 Manage the operation of an ambulatory care pharmacy service.
- Goal R3.3 Conduct a clinical, humanistic or economic outcomes analysis of an ambulatory service.

**Outcome R4: Promote health improvement, wellness, and disease prevention.**

- Goal R4.1 Design and deliver programs that contribute to public health efforts.

**Outcome R5: Demonstrate excellence in the provision of training or educational activities for health care professionals and health care professionals in training.**

- Goal R5.1 Provide effective education or training to health care professionals and health care professionals in training.

**Outcome R6: *Serve as an authoritative resource on the optimal use of medications.***

Goal R6.1 Participate in the maintenance of the organization's formulary or prescribing process.

Goal R6.2 Strategize approaches to the use of special order medications (e.g., non-formulary, patient assistance, high risk, medications through specialty pharmacies).

Goal R6.3 Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.

Goal R6.4 Assure an effective relationship with regard to the pharmaceutical industry

**Outcome E5: *Demonstrate skills required to function in an academic setting.***

Goal E5.2 Exercise teaching skills essential to pharmacy faculty.

## **Evaluation Process**

The goals and objectives for the PGY2 pharmacy residency have been selected from the published goals and objectives published by ASHP as a part of the Residency Learning System (RLS). They are listed on the following pages. 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 grid shows where specific goals are taught or evaluated by the program. The RPD will orient the resident to the RLS. Information is also available on ASHP's web-site at [www.ashp.org](http://www.ashp.org). The resident will be responsible for reviewing the *Resident's Guide to the RLS* on the ASHP web-site.

## **Learning Experiences**

Goals and objectives for this residency program have been distributed throughout the required and elective learning experiences, as detailed below:

VA Black Hills PGY2 TE/TE+ Chart

	PACT	AC	Orient	Project	PM	DI	PC	HBPC	ED/UC	Dialysis	MH	Pain	Teaching
<b>R1.1</b>	<b>TE</b>												
<i>R1.1.1</i>	<b>TE</b>												
<i>R1.1.2</i>	<b>TE</b>												
<b>R1.2</b>					<b>TE</b>								
<i>R1.2.1</i>					<b>TE</b>								

R1.2.2	<i>(Synthesis) Participate in the writing of a proposal (may be hypothetical) for a marketable, new or enhanced ambulatory pharmacy service.</i>				TE							
R1.2.3	<i>(Synthesis) Formulate an effective strategy for promoting a proposal (may be hypothetical) for a new or enhanced ambulatory pharmacy service.</i>				TE							
R1.2.4	<i>(Synthesis) Devise effective plans (may be hypothetical) for marketing a new or enhanced service, including the recruitment of patients.</i>				TE							
R1.2.5	<i>(Synthesis) Formulate a plan (may be hypothetical) for full implementation of a new or enhanced ambulatory pharmacy service or program.</i>				TE							
R1.2.6	<i>(Synthesis) When applicable, manage the implementation of a new or enhanced ambulatory pharmacy service or program.</i>				TE							

<b>R2.1</b>	<b>Establish collaborative professional relationships with members of the ambulatory health care team.</b>			TE				TE	TE		TE		
<i>R2.1.1</i>	<i>(Synthesis) Implement a strategy that effectively establishes cooperative, collaborative, and communicative working relationships with members of interdisciplinary ambulatory health care teams.</i>			TE				TE	TE		TE		
<b>R2.2</b>	<b>Place priority on the delivery of patient-centered care to ambulatory patients.</b>						TE						
<i>R2.2.1</i>	<i>(Organization) Choose and manage daily activities so that they reflect a priority on the delivery of appropriate patient-centered care to each ambulatory patient.</i>						TE						
<b>R2.3</b>	<b>Establish health care partnerships with ambulatory patients.</b>		TE								TE	TE	
<i>R2.3.1</i>	<i>(Synthesis) Formulate a strategy that effectively establishes a health care partnership with a particular ambulatory patient.</i>		TE								TE	TE	

<b>R2.4</b>	<b>Collect and analyze information specific to an ambulatory patient.</b>	TE				TE		TE	TE	TE			
R2.4.1	<i>(Application) Exercise proficiency in the application of physical assessment skills commonly employed by ambulatory care pharmacists to secure needed patient-specific information.</i>	TE							TE	TE			
R2.4.2	<i>(Analysis) Collect and organize all patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered medication, non-medication, health improvement, wellness, and/or disease prevention recommendations.</i>					TE		TE	TE	TE			
R2.4.3	<i>(Analysis) Determine the presence of any of the following medication, non-medication, or adherence problems in a patient's current therapy:</i>	TE						TE	TE	TE			

R2.4.4	<i>(Analysis) Using an organized collection of patient-specific information, prioritize ambulatory patients' health care needs.</i>					TE		TE		TE		TE	
R2.5	<b>Appropriately Triage Patients</b>		TE										TE
R2.5.1	<i>(Evaluation) When presented with a patient with health care needs that cannot be met by the ambulatory care pharmacist, make a referral to the appropriate health care provider based on the patient's presenting problem and acuity.</i>			TE									TE
R2.5.2	<i>(Evaluation) Assure a plan for follow-up for a referred ambulatory patient.</i>			TE									TE
R2.6	<b>Design evidence-based medication, non-medication, health improvement, wellness, and/or disease prevention regimens for ambulatory patients presenting with a wide range of disease states or conditions.</b>				TE					TE		TE	TE

<p>R2.6.1</p> <p><i>(Synthesis) Specify therapeutic goals, compatible with long-term management of the ambulatory patient, incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, quality-of-life, and end-of-life considerations.</i></p>		TE							TE		TE	TE	
<p>R2.6.2</p> <p><i>(Synthesis) Design a patient-centered regimen, compatible with long-term management of an ambulatory patient, that meets the evidence-based therapeutic goals established for a patient; integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues; and considers pharmacoeconomic principles.</i></p>		TE							TE		TE	TE	
<p>R2.7</p> <p><b>Design evidence-based monitoring plans for ambulatory patients.</b></p>	TE	T								TE		TE	

<p>R2.7.1</p> <p><i>(Synthesis) Design a patient-centered, evidenced-based monitoring plan for an ambulatory patient’s medication, non-medication, health improvement, wellness, and/or disease prevention regimen that effectively evaluates achievement of the patient-specific goals.</i></p>	TE									TE		TE	
<p>R2.8</p> <p><b>Design education for a specific ambulatory patient’s regimen and monitoring plan.</b></p>					TE							TE	
<p>R2.8.1</p> <p><i>(Analysis) Accurately identify what education will be essential to the patient’s or caregiver’s understanding of the medication, non-medication, health improvement, wellness, and/or disease prevention regimen and monitoring plan; how to adhere to it; and the importance of adherence.</i></p>					TE							TE	

R2.8.2	<i>(Synthesis) Design an effective and efficient plan for meeting the educational needs of a specific ambulatory patient, including information on medication therapy, adverse effects, adherence, appropriate use, handling, and medication administration.</i>						TE					TE	
R2.9	<b>Recommend or communicate regimens and monitoring plans for ambulatory patients.</b>	TE						TE	TE	TE			
R2.9.1	<i>(Application) Recommend or communicate a patient-centered, evidence-based medication, non-medication, health improvement, wellness, and/or disease prevention regimen and corresponding monitoring plan to other members of the interdisciplinary team, patients, and/or caregiver in a way that is systematic, logical, accurate, timely, and secures consensus.</i>	TE						TE	TE	TE			
R2.10	<b>Implement medication, non-medication, health</b>		TE					TE				TE	



R2.10.6	<i>(Application) Make follow-up appointments as specified in the monitoring plan.</i>		TE								TE		
R2.11	<b>Evaluate ambulatory patients' progress and redesign medication, non-medication, health improvement, wellness, and/or disease prevention regimens and monitoring plans.</b>	TE						TE		TE			
R2.11.1	<i>(Evaluation) Accurately assess the patient's progress toward the specified goal(s).</i>	TE						TE		TE			
R2.11.2	<i>(Synthesis) If necessary, redesign a patient-centered, evidence-based medication, non-medication, health improvement, wellness, and/or disease prevention regimen as necessary based on evaluation of monitoring data and outcomes.</i>	TE						TE		TE			
R2.12	<b>Communicate ongoing patient information.</b>	TE							TE				

R2.12.1	<i>(Application) When given an ambulatory patient who is transitioning to a different health care setting, communicate pertinent medication, non-medication, health improvement, wellness, and/or disease prevention information to the receiving health care professional(s).</i>	TE						TE				
R2.12.2	<i>(Application) Ensure that accurate and timely medication-specific information regarding a specific ambulatory patient reaches those who need it at the appropriate time.</i>	TE						TE				
R2.13	<b>Document direct patient care activities appropriately.</b>		TE				TE					
R2.13.1	<i>(Analysis) Appropriately select direct patient-care activities for documentation.</i>						TE					
R2.13.2	<i>(Application) Use effective communication practices when documenting a direct patient-care activity.</i>						TE					

R2.13.3	<i>(Comprehension)</i> Explain the characteristics of exemplary documentation systems that may be used in the ambulatory environment.		TE									
R2.13.4	<i>(Application)</i> Record patient outcomes according to the ambulatory organization's policies and procedures.					TE						
R3.1	<b>Exhibit essential personal skills of a practice leader.</b>	TE	TE	TE								
R3.1.1	<i>(Characterization)</i> Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.				TE							
R3.1.2	<i>(Characterization)</i> Demonstrate commitment to the profession through active participation in local, state, and/or national professional organizations.				TE							

R3.1.3	<i>(Characterization)</i> Demonstrate a commitment to advocacy for the optimal care of patients through the assertive and persuasive presentation of patient care issues to members of the health care team, the patient, and/or the patient's caregivers.	TE											
R3.1.4	<i>(Application)</i> Use effective negotiation skills to resolve conflicts.				TE								
R3.1.5	<i>(Comprehension)</i> Explain the nature of mentoring in pharmacy, its potential connection with achievement, and the importance of willingness to serve as mentor to appropriate individuals.			TE									
R3.1.6	<i>(Application)</i> Use group participation skills when leading or working as a member of a committee or informal work group.				TE								
R3.2	<b>Manage the operation of an ambulatory care pharmacy service.</b>	TE	TE		TE						T		

R3.2.1	<i>(Synthesis) Participate in the management of the service's manpower needs and scheduling of staff including backup plans for when assigned staff are not available.</i>				TE							
R3.2.2	<i>(Synthesis) Assure that the service operates in accord with legal and regulatory requirements.</i>				TE							
R3.2.3	<i>(Comprehension) Explain those things to consider when setting up an efficient and effective structure for scheduling patients.</i>		TE									
R3.2.4	<i>(Synthesis) Manage the day-to-day space needs required to serve patients appropriately.</i>		TE									
R3.2.5	<i>(Application) Maintain coding and billing activities according to the design of the service.</i>		TE									
R3.2.6	<i>(Application) Maintain the established system for securing service supplies (e.g., patient education materials, clinic supplies).</i>		TE									
R3.2.7	<i>(Synthesis) Implement effective plans for the ongoing marketing of the service including the recruitment of patients.</i>	TE										

R3.2.8	<i>(Synthesis) Identify and implement changes in the service based on changes in standards of practice.</i>				TE								
R3.2.9	<i>(Analysis) Apply the principles of performance improvement to the ongoing functions of the service.</i>					TE							
R3.2.10	<i>(Synthesis) Exercise skill in the systematic resolution of problems arising in the operation of the service.</i>					TE							
R3.2.11	<i>(Evaluation) Contribute to strategic planning for the service and/or practice.</i>					TE							
R3.3	<b>Conduct a clinical, humanistic or economic outcomes analysis of an ambulatory service.</b>				TE								
R3.3.1	<i>(Analysis) Identify a clinical, humanistic, or economic service issue that would be useful to study and can be completed in one year.</i>				TE								
R3.3.2	<i>(Application) Use a systematic procedure for performing a comprehensive literature search.</i>				TE								

R3.3.3	<i>(Analysis) Draw appropriate conclusions based on a summary of a comprehensive literature search.</i>			TE									
R3.3.4	<i>(Synthesis) Generate a research question(s) to be answered by the outcomes investigation.</i>			TE									
R3.3.5	<i>(Synthesis) Develop specific aims and design study methods that will answer the question(s) identified.</i>			TE									
R3.3.6	<i>(Synthesis) Use a systematic procedure to collect and analyze data.</i>			TE									
R3.3.7	<i>(Evaluation) Draw valid conclusions through evaluation of the data.</i>			TE									
R3.3.8	<i>(Synthesis) Use effective communication skills to report orally the study results and recommendations.</i>			TE									
R3.3.9	<i>(Synthesis) Prepare, using accepted manuscript style, the results of the outcomes study.</i>			TE									
R4.1	<b>Design and deliver programs that contribute to public health efforts.</b>					TE						TE	

R4.1.1	<i>(Comprehension)</i> Explain the pharmacist's role in public health, including specific contributions to public health efforts.					TE					TE	
R4.1.2	<i>(Synthesis)</i> Design and deliver programs for health care consumers that center on health improvement, wellness, and disease prevention.					TE					TE	
R4.1.3	<i>(Synthesis)</i> Participate in the development of organizational plans for emergency preparedness.					TE					TE	
R5.1	<b>Provide effective education or training to health care professionals and health care professionals in training.</b>		TE			TE						
R5.1.1	<i>(Comprehension)</i> Explain the differences in effective educational strategies when teaching colleagues versus residents versus students versus health professionals in other disciplines.					TE						
R5.1.2	<i>(Application)</i> Use effective educational techniques in the design of all educational activities.					TE						

R5.1.3	(Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.					TE						
R5.1.4	(Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).		TE									
R5.1.5	(Application) Use skill in case-based teaching.		TE									
R5.1.6	(Application) Use public speaking skills to speak effectively in large and small group situations.					TE						
R5.1.7	(Application) Use knowledge of audio-visual aids and handouts to enhance the effectiveness of communications.					TE						
R6.1	<b>Participate in the maintenance of the organization's formulary or prescribing process.</b>					TE						
R6.1.1	(Synthesis) When the organization uses a formulary, formulate effective strategies for communicating formulary restrictions					TE						

	and options to providers.												
R6.1.2	(Synthesis) Make or recommend pharmacoeconomically sound medication choices.					TE							
R6.1.3	(Analysis) When presented with a real or hypothetical drug shortage, identify appropriate alternative medications.					TE							
R6.2	<b>Strategize approaches to the use of special order medications (e.g., non-formulary, patient assistance, high risk, medications through specialty pharmacies).</b>	TE									TE		
R6.2.1	(Evaluation) When presented with a request for a special order medication, evaluate the appropriateness of the medication for the requested use.	TE									TE		
R6.2.2	(Synthesis) When a request for a special order medication is not appropriate, suggest an appropriate formulary alternative.	TE									TE		

R6.2.3	(Analysis) Identify sources for a requested special order medication.	TE									TE		
R6.2.4	(Synthesis) Facilitate procurement of the requested special order medication.	TE									TE		
R6.3	<b>Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.</b>						TE						
R6.3.1	(Characterization) Display initiative in preventing, identifying, and resolving pharmacy-related patient-care problems.						TE						
R6.4	<b>Assure an effective relationship with regard to the pharmaceutical industry</b>					TE							
R6.4.1	(Synthesis) Formulate effective academic detailing strategies that give providers accurate information upon which to base decisions.					TE							
R6.4.2	(Application) If appropriate, manage the use and storage of medication samples.					TE							

<b>E5.2</b>	<b>Exercise teaching skills essential to pharmacy faculty.</b>												<b>TE</b>
E5.2.1	<i>(Synthesis) Develop an instructional design for a class session, module, or course.</i>												<b>TE</b>
E5.2.2	<i>(Synthesis) Prepare and deliver didactic instruction on a topic relevant to the specialized area of pharmacy residency training.</i>												<b>TE</b>
E5.2.3	<i>(Application) Develop and deliver cases for workshops and/or exercises for laboratory experiences.</i>												<b>TE</b>
E5.2.4	<i>(Application) Serve as a preceptor or co-preceptor utilizing the four roles employed in practice-based teaching (direct instruction, modeling, coaching and facilitation).</i>												<b>TE</b>
E5.2.6	<i>(Synthesis) Design an assessment strategy that appropriately measures the specified educational objectives for the class session, module, course, or rotation.</i>												<b>TE</b>
E5.2.7	<i>(Evaluation) Create a teaching portfolio.</i>												<b>TE</b>



## Learning Experience Schedule

All PGY2 Ambulatory Care Residents at VA Black Hills will initially complete a concentrated 3-week Orientation experience, providing introduction to facility and department practices, policy, and requirements. Residents complete longitudinal “Core” experiences in Patient Aligned Care Team and Anticoagulation. These experiences commence with a blocked orientation period (2-4 weeks, depending on the resident’s incoming skill and experience) after which they convert to longitudinal experiences for the remainder of the residency year. Residents are also required to complete longitudinal rotations in Practice Management, Residency Project, and Drug Information. A Practice Coverage experience is required, whose structure (longitudinal vs. concentrated) will depend on the incoming background and skill of the resident.

Residents also select two elective experiences from the following: Emergency Department/Urgent Care, Dialysis, Mental Health, Home Based Primary Care, and Pain Management. Elective rotations begin no earlier than the second quarter of the residency program, and may be longitudinal, compressed, or rotational depending on resident interest, skill, and background. A longitudinal Teaching Certificate course is available as an optional experience, but does not count as one of the electives.

Should the PGY2 resident successfully master the skills taught in the selected rotations, additional electives may be considered during the latter portion of the year.

<b>Required Experiences</b>	<b>Elective Experiences</b>
<p><b><u>Core Rotations</u></b></p> <ul style="list-style-type: none"> <li>• Patient Aligned Care Team (Longitudinal)</li> <li>• Anticoagulation (Longitudinal)</li> </ul> <p><b><u>Other Required Experiences</u></b></p> <ul style="list-style-type: none"> <li>• Orientation (Concentrated)</li> <li>• Practice Management (Longitudinal)</li> <li>• Residency Project (Longitudinal)</li> <li>• Drug Information (Longitudinal)</li> <li>• Practice Coverage* (Concentrated or Longitudinal)</li> </ul> <p><small>*Requirement and structure of this rotation determined upon resident’s incoming background and skill.</small></p>	<p><b><u>Elective Options</u></b></p> <ul style="list-style-type: none"> <li>• Emergency Department/Urgent Care (Longitudinal)</li> <li>• Dialysis (Longitudinal)</li> <li>• Mental Health (Longitudinal)</li> <li>• Pain Management (Longitudinal)</li> <li>• Home Based Primary Care “HBPC” (Longitudinal)</li> </ul> <p><b><u>Additional Experiences</u></b></p> <ul style="list-style-type: none"> <li>• Teaching Certificate (Longitudinal)</li> </ul>

### **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 hone the skills and processes necessary to complete a large project. While VA BHHCS does not participate in research, we do participate in quality improvement. As such, resident projects are completed under the auspice of quality improvement and will meet the criteria as outlined in “VHA Operations Activities That May Constitute Research” per VHA Handbook 1058.05. . This project can be completed in conjunction with *Goal R1.2: Contribute to the development of a new ambulatory pharmacy service or to the enhancement of an existing service.*

The resident leads their residency project concept and implementation. The RPD, RAB, and/or preceptors can assist with idea generation, upon resident request. However, the resident should consider topics based on personal interests and strengths rather than basing this decision solely on preceptor interest or recommendation. After deciding upon a topic, a preceptor and project advisor will be responsible for guiding the resident through the entire project. Each resident is expected to have made sufficient progress to present a poster at the ASHP Miyear Clinical Meeting and a presentation at the Midwest Pharmacy Residents Conference. The PGY2 resident

will also present the results of their project to the Pharmacy Service and Pharmacy and Therapeutics Committee as appropriate.

The final written report for the project must be submitted to the RPD in a format suitable for publication by the end of the residency. Residents are encouraged to submit their completed projects to ASHP for presentation at the Midyear Clinical Meeting the December after completing residency as a professional poster.

**Project Deadlines:**

	<u>Task completed</u>
Month 1	Topics reviewed. Topic and advisor choices due by end of the month
Month 2	Draft protocol due
Month 3	Proposal packets due to P&T Committee for approval
December	Poster presentation at ASHP Mid-Year Clinical Meeting
Spring	Collection of data completed, Initial draft of project results and conclusions
May	Present at Midwest Pharmacy Residents Conference
By end of residency	Submission of the final project write-up to the Residency Program Director in a format suitable for publication in the <u>American Journal of Health-System Pharmacy</u> . (Required for completion of residency program)

**The “Information Security 201 for Research & Development Personnel”**

The Information Security 201 for Research & Development Personnel course is available through the Talent Management System (TMS).

Copies of the training's certification of completion will be kept in the resident's residency binder.

**DRUG INFORMATION/PRESENTATIONS:**

*Journal Club:*

The ability to briefly analyze and review data being published is extremely valuable to other health care providers. Journal Club provides a venue to discuss and analyze medical literature for the purpose of understanding clinical trials, interpretation of evidence based medicine, and the application of new knowledge for providing patient care. The resident is expected to clearly communicate the findings of a particular trial and its application to clinical practice, and to do this within the constraints of other work responsibilities.

The resident is expected to share articles from assigned journals with other residents, preceptors, and pharmacists. At least two articles will be presented in depth by the PGY2 resident. It is important that everyone has access to the journal article to be reviewed to ensure a good discussion. Articles to be reviewed and handouts are required to be provided to attendees prior to presentation.

Additionally, the PGY2 resident is to serve as a mentor to PGY1 residents by serving as a role model in their journal club presentations, providing edible feedback to PGY1 residents after PGY1 journal club and assisting with questions/advising as appropriate.

*Continuing Education Presentation:*

The purpose of this presentation is to provide experience for residents in giving a professional presentation, to learn to write learning objectives and assessment questions, to become proficient in the use of PowerPoint, and to hone time management skills. Residents will be required to give a presentation in the style of an ACPE accredited continuing education program for healthcare professional staff. The presentation should be a complete, evidence-based overview of a topic of the resident's choice which is approved by the RPD. Examples of topics could include a review of updated guidelines, description of a best practice and how to enact it, information on a new medication and its role in patient management, etc. The topic should be in line with desired interest areas identified in the Customized Residency Plan. RPD is to serve as the mentor for this process. The lecture consists of a PowerPoint presentation, with handout, and a question/answer session. The RPD must review and approve slides prior to presentation.

### ***Medication Use Evaluation (MUE):***

The PGY2 resident will be expected to perform one MUE and may be requested to assist with VISN-wide MUE(s) as needed throughout the year. If an MUE is to be presented at a local or national meeting, P&T approval will need to be obtained.

### ***Pharmacy Inservices:***

Pharmacy inservices are specifically intended to increase the resident's ability to analyze and present information to other residents, students, and staff. The inservices are intended to be presentations of timely topics. Topics can be derived from patients for whom care is given during various experiences throughout the year, unusual pharmacotherapy issues or drug information questions posed to the resident. The RPD, site coordinator, and/or preceptor(s) providing oversight to the rotation on which the topic was generated will assist in coordinating the inservice, and reviewing its content prior to delivery. Timeline for each presentation will be determined with the preceptor; questions should be anticipated and planned for accordingly. At a minimum, the goals for the presentations are to improve one's confidence in the specific topic, field questions from staff on applicability with current practices and improve verbal communication skills. The preceptor may assign additional goals specific to the learning needs of the resident or audience. The use of audiovisuals is important to summarize the information. Each resident will be expected to be fully prepared by the assignment date. Any circumstances that would prevent a presentation from being given must be discussed with the preceptor at the earliest possible time. Any rescheduling needs should be coordinated with the preceptor and resident.

### ***Pharmacy Newsletter:***

"*InPharmation*" is distributed to medical, pharmacy, and nursing staff at VABHHCS to provide contemporary pharmacotherapy information. Newsletters are especially important in communicating with CBOC providers. The RPD/site coordinator will read the draft newsletter for content before publication.

The first page of the newsletter should contain education highlighting anticoagulation. Other primary topics should include information from the VISN P&T Committee, local P&T Committee and the national formulary. PGY1 residents will be responsible for evaluating and summarizing recent articles for the newsletter. PGY2 resident will be responsible for brainstorming appropriate topics, assisting with writing articles, working with PGY1 residents for assignments of topics/responsibilities, reviewing newsletter drafts, providing feedback to the PGY1 residents and getting a final copy to RPD/site coordinator for final approval and distribution.

The pharmacy newsletter will be published at least quarterly based on P&T Committee meetings.

- Fall (no later than September 30)
- Winter (no later than December 31)
- Spring (no later than March 31)
- Summer (no later than June 30).

### ***Adverse drug reaction and medication errors reporting:***

All health-care providers monitor for adverse drug reactions and medication errors, with the goal of improving patient outcomes and pharmaceutical care. This monitoring also helps to ensure

safe and effective drug therapy. Participating in surveillance and reporting of adverse reactions is an area in which residents will have involvement throughout their careers. If the resident suspects an adverse drug reaction has occurred it should be reported to the preceptor. The preceptor will guide the resident through the process of entering the ADR into VISTA/CPRS and submitting the report via VA-ADERS (VA Adverse Drug Experience Reporting System), and FDA Med Watch, if appropriate. Adverse drug reactions are reported by hospital staff to the P&T committee and are reviewed on a quarterly basis.

Preventing medication errors is also a critical skill each resident will use during their careers. VABHHCS supports a culture of safety by having an established, encouraged, non-punitive reporting system. If a medication error has occurred, an incident report must be completed and submitted to the appropriate facility incident reporting system (ePER). Additionally, as errors occur, pharmacy residents are encouraged to discuss them with preceptors, RPD, Pharmacy Chief, and the Patient Safety Officer as appropriate. Patient Safety Officer may request a Root Cause Analysis and resident will be expected to participate.

***Resources available:***

When in need of medical literature, there are several options available to the resident. The VABHHCS medical libraries are designed to be working libraries rather than major research libraries. Residents may utilize the library for reviewing new journal issues, solving patient specific therapeutic problems and preparing presentations. A photocopy machine is available in the library.

Online computer searches of biomedical literature can be performed through the networked computer system. Multiple reference databases are available online. Access to the references will be taught during orientation. This can be found at:

<http://vaww.vhaco.va.gov/VALNET/VAFundedResources.asp>

Preceptors can be a resource of journal articles as well, but are not solely responsible for providing literature to residents. Preceptors have many articles saved electronically and in paper form. For paper copies, each preceptor has a filing system that is available for residents to use. Before using the preceptors' files the resident should contact the individual preceptor. If the resident borrows an article, they are responsible for replacing it.

The pharmacy also contains resources that are not available in the medical library. These texts are available to the entire staff and any text removed from the pharmacy must be accounted for. The resident is responsible for any texts removed from the pharmacy.

For additional information on references, please see Pharmacy Drug Information, PHARM 101-29.

**PRACTICE MANAGEMENT:**

*Pharmacy Leadership Council (PLC)*

Pharmacy Leadership Council consists of the key members of pharmacy leadership. It serves as a forum to review and discuss projects and processes which affect the quality and efficiency of the VABHHCS pharmacy service. Residents will attend PLC as assigned. Assigned presentations must be completed prior to meeting with the expectation that the resident participates fully in the discussion.

### *Leadership Discussions*

In order to improve upon the residents' understanding of leadership topics, a weekly Leadership Discussion will be held throughout the second half of the residency year. Leadership Discussions will be led by members of the RAB, invited speakers and each resident. Possible topics include: FISH model, coaching/mentoring, time management, demographics in pharmacy leadership, Toastmasters, "*Good To Great*", etc.

### **PRACTICE COVERAGE RESPONSIBILITIES**

Practice Coverage is the VA BHHCS version of the "service" component of residency training. Work as a pharmacist covering an area provides experience to improve skills in the medication use process. Understanding the process is part of being a well-rounded leader in the profession. Pharmacists must have a thorough understanding of the medication ordering/delivery system utilized by the individual institution to be fully successful. A pharmacist will be available to assist the resident with any questions that arise during practice coverage. The resident should **never** hesitate to contact the pharmacist to discuss patient-specific drug related problems.

## **RESIDENCY EVALUATION & PROGRESS TRACKING**

ASHP has assisted PGY2 Ambulatory Care Pharmacy Residency Programs by developing a set of goals and objectives. The goals and objectives are separated into six required areas as listed on pages 8 and 9 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 may have several components. The resident can review the criteria that are considered markers of reaching the objective as a guide to improving skills. The goals and objectives form the basis of each periodic evaluation.

At the beginning of every resident's experience, he/she needs to review with the preceptor his/her goals and objectives and 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.

The goals and objectives form the basis for feedback (formative) and evaluation (summative). While feedback and evaluations are both essential components of the resident training, there are important differences between them. 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, and may take several forms including verbal or written. Feedback may be provided on a formal or informal basis. Residents are encouraged to ask the preceptor for feedback on a regular basis, and to communicate to the RPD or site coordinator with concerns about feedback.

Evaluations are a summation of the resident's skill development over a longer time interval and should reflect the feedback provided during some time period. The purposes of evaluation 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.

Residents will also do a self-evaluation of their performance, and identify areas of growth and areas for improvement. 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 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, and learning to do self-assessments assists in the development of personal and clinical skills. By the end of the residency year, residents should have had ample opportunity to hone their self-assessment skills and be prepared to self-monitor performance throughout their career.

Residents will also be asked to give an assessment of the preceptor and the learning experience. This information will be used to help tailor the program to the resident's needs, and to continuously improve the residency program.

Residents are expected to give honest appraisals in all evaluations in order for the most useful information to be collected and utilized. The resident's self-evaluation, experience evaluations completed by the preceptor, and learning experience evaluation are forwarded to the RPD after the residents and preceptor have discussed and reviewed them. Follow-up will be made through RAB as appropriate throughout the year. At the end of each residency year, preceptors and RAB will review evaluation materials from that year and work to make changes and improvements to the program as needed.

## **Qualifications of the Resident**

### **Selection of Residents**

The VA BHHCS PGY2 Ambulatory Care 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. Once completed applications are received, the RPD and site coordinator will pre-screen applications by an approved pre-screening tool. The pre-screening tool outlines the criteria against which candidates are evaluated, and based on scoring through this tool applicants may be offered an on-site interview.

The RPD is then responsible for scheduling the interviews. Preceptors and current residents are scheduled to interview the applicants and complete an interview score card at the end of the interview. The RPD and site coordinator then rank the candidates based on results, discuss the rank list with RAB, and submit the final rank order list to the National Matching Service.

In the event that the National Matching Service does not fill a VA BHHCS residency position, additional applicants will be considered. For details on this process, please refer to the VA BHHCS Post-Match Process.

- Application Requirements (submitted via ASHP PhORCAS: [www.ashp.org/phorcas](http://www.ashp.org/phorcas))
  - Academic
    - Doctor of Pharmacy degree from ACPE accredited program
    - Completion of or currently completing a PGY1 residency program
    - Hold an active pharmacist license in any US state or territory
  - U.S. citizenship
  - Residency Matching Program participant
  - Onsite interview required
  - Paperwork
    - 3 Letters of recommendation
    - Letter of intent
    - Curriculum vitae
    - College transcripts

## **Obligations of the Resident to the Program**

### ***Overall expectations***

PGY2 Resident will:

- Complete the educational goals and objectives established for the program
- 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
- Adhere to and be subject to the VA BHHCS standards and policies.

### ***Licensure:***

Each resident must be licensed as a pharmacist in any US state or territory. Residents' appointments are contingent upon this licensure according to the Veteran's Health Administration Office of Academic Affairs. (M-8, Part II, Chapter 2, paragraph 2.34d)

### ***Professional Practice:***

- Pharmacy residents are representatives of the VA BHHCS Pharmacy Service and are expected to uphold the high standards of professional conduct at all times, including during attendance at professional meetings.
- 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.
- Resident's and preceptor's activities should be coordinated in order to ensure optimal pharmaceutical care. The PGY2 may not be directly supervised by the preceptor if they have been deemed to have proficient skill and understanding in that area. 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.
- 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 the resident may not have been aware of. If the resident cannot solve a specific problem via routine channels, the preceptor, site coordinator or RPD should be contacted, including calling a preceptor at home.
- 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 and/or site coordinator. All employees are required to wear clearly visible identification badges when on duty.

- Residents will enhance their professional career by attending seminars and conferences. The resident is expected to be a member of ASHP and attend and present a poster at the ASHP Midyear Clinical Meeting in December and Midwest Pharmacy Residents Conference in May. The resident is encouraged to attend state professional pharmacy organization meetings. VA funding for attendance at these events cannot be guaranteed, but resident participation and attendance is still expected.

### ***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 increase their skills in providing pharmaceutical care while 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 you would want 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 such example is:

*“Pharmacy, this is RESIDENT’S NAME. How can I help you?”*

## **Qualifications of the Residency Program Director (RPD) and Preceptors**

### **Ambulatory Care PGY2 Residency Program Director**

The PGY2 RPD is responsible for the administration, oversight, and coordination of the program to ensure it is sufficient to meet or exceed the standards for accreditation set by the American Society of Health-System Pharmacists. 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 PGY2 residency training. The RPD will be a professionally and educationally qualified pharmacist, according to the ASHP Standards for PGY2 Residency Programs, who is committed to providing effective training of the PGY2 resident.

Responsibilities include:

1. Arrange for the incoming residents' orientation to the Pharmacy Service and the residency program.
2. Select preceptors for PGY2 learning experiences
3. Co-Chair of the RAB
4. In cooperation with the RAB, schedules the residents' learning experiences and assist in the development of a plan for special learning experiences and duties.
5. Monitor the residents' progress through review of evaluations
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. Assure evaluation sessions are held by the Preceptor and the Resident.
9. Certify that all requirements of the residency have been completed prior to certification, upon the recommendation of the RAB.

A residency site coordinator is also available to assist with program administration and execution. The site coordinator will be a professionally and educationally qualified pharmacist according to the ASHP Standards for PGY2 Residency Programs, who is also committed to providing effective training of the PGY2 resident.

Responsibilities include:

1. Provides day-to-day assistance and support to resident(s) regarding issues, concerns, needs, and schedule.
2. Available to preceptors and other staff as needed regarding the same.
3. Communicates issues as appropriate with RPD.

### **Learning Experience Preceptor**

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

1. Develop specific objectives for the learning experience in conjunction with the RPD that are designed to help the resident meet the Residency's overall goals.
2. At the beginning of each rotation, orient the Resident to the learning experience and develop a plan for meeting the goals and competencies of the rotation.

3. Extend sufficient assistance, guidance, and direction to the Resident in order for him/her to meet the goals of the rotation. 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 direct instruction to modeling, to coaching, to facilitating. This hand-off communication can take place verbally, written, or via other effective means.
5. Keep the RPD and/or the site coordinator apprised of any difficulties, which a Resident may be having in a rotation or in the overall residency.
6. 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. The preceptor will also provide feedback on the resident's ability to self-assess.
7. Facilitate practice sites that promote residency responsibility for direct patient care activities.
8. 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.
9. Preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents.

### **Awarding a Residency Certificate**

The program has the responsibility to determine whether a resident has satisfactorily completed the requirements of the PGY2 residency. A 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 when 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, RAB, and the Chief of Pharmacy.

### **Requirements to receive a Residency Certificate:**

- Meet all ASHP PGY2 Residency Requirements including achieving 80% of the required goals and objectives. Satisfactory progress of all required goals and objectives will be obtained.
- 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.
- 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 Midwestern Pharmacy Residency Conference.
- Completion of all assignments, presentations and projects as defined by the preceptors and residency program director.
- Presentations will include at least 2 case presentations, 2 journal clubs and 2 in services.
- Compliance with all institutional and departmental policies.

## **Benefits**

### **STIPEND:**

\$44,522

### **LEAVE:**

- 13 paid accrued annual days per year
- 13 paid accrued sick days per year
- 10 paid holidays

### **OTHER BENEFITS:**

- Office workspace with telephone and supplies.
- Access to a personal computer or laptop with word processing, spreadsheet, slide-making and drug information retrieval capabilities. Access to a MedLine search and the Internet.
- Free parking, copying and lab coats.
- Health and Life Insurance is available as detailed 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.
- The Residency year counts toward future Federal position benefits (for residents choosing to also work Dual Appointment – refer to the Dual Appointment section below for additional information).

## **Residency Policies:**

### **Role Model**

The PGY2 ambulatory care resident is expected to act as a practice role model for PGY1 residents, pharmacy students, pharmacy staff and other professionals with whom they come into contact.

### **Attendance**

The residency is a full-time temporary appointment of 1 year and 1 day in duration. The resident is expected to be onsite for a minimum of 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Additional time requirements are 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, abuse of annual and/or sick leave, violating VABHHCS 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 RAB. If a resident is late to work more than one time (without notifying the RPD or site coordinator) 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 RAB 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 RAB and must be signed by the resident. The board will follow the resident's compliance with the required actions. Failure with compliance may lead to the dismissal of the resident from the program.
3. Failure to comply with the required actions set forth by the RAB will be documented in writing by the preceptor, RAB, or RPD. The RAB, Chief of Pharmacy, and 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.

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

Leave must be planned and consideration given to the other members of the section. 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 accordingly. No specific times are set aside for vacations, therefore, the resident and preceptor must agree about leave. Residents must discuss potential leave dates with both the RPD and affected preceptor(s). Once approved by the RPD and preceptor(s), the resident will submit an official leave request to the department timekeeper. Leave requests will not be approved if this process is not followed. Requests must be submitted **PRIOR** to any planned leave being taken. If all of the resident 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.

In the event of illness, residents are responsible for calling the RPD/site coordinator and affected preceptor(s) within one hour of the time to report for work. This communication is expected on **each** day of sick leave unless discussed with the RPD/site coordinator/preceptor previously. Leave requests must be completed on the day of the resident's return. If a resident is ill on a day of a scheduled conference, the resident will be required to present at the earliest possible time upon returning. The resident must make arrangements with the preceptor for a specific time.

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

There are 4 types of leave granted during your residency. Leave requests will only be accepted electronically in the VISTA computer system. All time off must be accounted for with a leave request to the timekeeper, regardless of reason.

Leave classes are as follows:

- 1) **Annual leave-** This type of leave is used for vacations and time off for any personal reasons. You will earn 4 hours of annual leave each pay period (every 2 weeks). Requests for use of AL are made per pharmacy policy and through the computer.
- 2) **Sick Leave-** This leave is for illness and physician appointments. You will earn 4 hours of Sick Leave each Pay Period (every 2 weeks). Excessive use of SL could negatively affect performance and the achievement of the goals of the residency. In the event that an extended sick or family leave is necessary, the facility will consider the arrangements on an individual case basis. Human Resources will become involved in the arrangements. VA policies will be followed. The Pharmacy PGY2 Residency Program Director will advocate for the resident but will not excuse the resident from meeting the goals and objectives of the Pharmacy PGY2 Residency or the ASHP requirements.
- 3) **Administrative Leave-** This leave may be granted to attend official outside functions such as conferences and seminars (administrative absence requires advanced approval and residents must complete the appropriate forms at least 30 days before the meeting). The forms that are needed are available from the pharmacy secretary. This is granted on a case-by-case basis. While the overall experience and unique social networking opportunities at various conventions, etc., is important, support to attend off-site functions is a privilege and should not be confused with vacation time. When sent to convention or on official travel it is **mandatory that you attend the convention and obtain all possible CE hours**. Records of CE earned will be required to verify participation. Failure to comply with the above could result in expenses not being reimbursed, if applicable.
- 4) **Leave Without Pay (LWOP)-** This class of leave is used 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:** In the event that a resident requires leave for an extended period of time, the following processes apply. Any sick or personal leave used beyond the earned amount will result in 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]. If an extended absence occurs (i.e. extended family or sick leave), extension of the residency program may be necessary. Opportunity to extend the program with pay will depend on the decision of the VA regarding extending the funding.

### **"Moonlighting":**

VABHHCS realizes a residency stipend can be limiting for a resident. Supplementing the residency stipend is acceptable unless the resident demonstrates an inability to function at the expected level. Guidelines include:

- 1) "Moonlighting" will be considered any hours worked using VA Dual Appointment or at a pharmacy service outside the VA system.
- 2) No more than 35 hours/month of "moonlighting" will be accepted.
- 3) All "moonlighting" needs to be brought to the RPD/site coordinator's attention prior to commencement. Hours worked outside of the resident's normal tour of duty will be tracked by the RPD/site coordinator as appropriate.
- 4) Resident's overall performance will be evaluated by RPD/site coordinator and preceptors to ensure that "moonlighting" does not impact their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
- 5) If a resident fails to meet deadlines, is unprepared for conferences, is using sick or annual leave excessively, or has scheduled "moonlighting" time as a priority over any residency activity the resident will be presented the options of resigning from the residency program or resigning from the secondary employment.

**Dual Appointment:**

Dual appointment is available to residents. Dual appointment is defined as working as a pharmacist for the VA during the residency year. This is additional to residency duties and should not encumber residency responsibilities in any way. Dual appointment time is paid at pharmacist salary for the amount of time worked. Dual appointment time counts toward retirement benefits and seniority.

**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, Probationary Periods, Trial Periods and Placement Follow-up, Compliance, Organizational Ethics: Code of Ethical Behavior, and Standards of Ethical Conduct.

**Pharmacy Specific Duty Hours Requirements  
For the ASHP Accreditation Standards for  
Pharmacy Residencies**

***As Applied to the VA Black Hills PGY2 Ambulatory Care Pharmacy Residency  
Program***

**Definitions:**

**Duty Hours:** Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the

goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

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

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

**Moonlighting:** Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

**Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

## **DUTY HOURS**

Residents, program directors and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The RPD must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patient safety and resident's well-being. Therefore, programs must comply with the following duty hour requirements:

### **I. Personal and Professional Responsibility for Patient Safety**

A. Residency program director must educate residents and preceptors concerning their professional responsibilities to be appropriately rested and fit for duty to provide services required by the patients and health care.

B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self interest. At times, it may be in the best interest of the patient to transition the care to another qualified, rested provider.

D. If the program implements any type of on-call programs, there must be a written description that includes:

- 1) The level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period
- 2) Identification of a backup system, if the resident needs assistance to complete the responsibilities required of the on-call program.

E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

## **II. Maximum Hours of Work per Week and Duty Free Times**

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

B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

- 1) All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
- 2) Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
  - a) The type and number of moonlighting hours allowed by the program.
  - b) A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
  - c) A mechanism for evaluating residents overall performance that may affect residents' judgment while on scheduled duty periods or impact their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
  - d) A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.

C. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

## **III. Maximum Duty Period Length**

A. At-Home or other Call Programs

- 1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

- 2) Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
- 3) Program directors must define the level of supervision provided to residents during at-home or other call.
- 4) At-home or other call hours are not included in the 80 hours a week duty hour's calculation, unless the resident is called into the hospital/organization.
- 5) If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
- 6) The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.