

PGY-1 PHARMACY RESIDENCY

A FOCUS ON AMBULATORY CARE

Overview



This ASHP accredited, Post Graduate Year 1 program is designed to develop practitioners with high levels of skills required to manage patient care as integral members of interdisciplinary teams. Graduates of this program will be successful in both clinical and academic positions. The VA clinics provide primary care as well as a wide variety of medical subspecialty care for veterans throughout the Pacific Basin. Pharmacists manage patients with physicians and nurse practitioners in a practice that has evolved over 30 years. Residents will provide patient care as members of interdisciplinary teams. Residents will write progress notes, make pharmacotherapy adjustments and recommendations, order laboratory and other diagnostic tests, consult other services when indicated, and develop therapeutic and monitoring plans for patient follow-up. All clinical duties will be conducted under direct preceptor supervision. Most patients are managed by outpatient clinic visits, but telephone, and V-Tel follow-up is also part of the care provided. Residents will take an active, direct role in patient care in primary care teams through the medication management service. Patients are seen in these clinics for a wide variety of medical problems. Residents will also provide care as part of a Home-Based Primary Care, Mental Health, Long-Term Care, and Hospice and Palliative Care teams. Residents will have the opportunity to develop formulary management, pharmacy informatics, and administrative skills. Residents may choose electives from various other clinics, including Hepatitis C, Erythropoietin / Anemia, Women's Health, and Rural Health.

Completion of a project of the resident's choosing is a longitudinal requirement of this program. Residents work with a pharmacy staff mentor to plan, carry out, and evaluate the results of these projects. The resident's findings are presented at the Hawaii Pharmacists Association and / or Western States Pharmacy Residency Conference each year. A final manuscript of the project's results is a requirement for completion of the residency.

All goals and objectives of the PGY1 residency as specified by the American Society of Health-System Pharmacists accreditation standards are met by this Residency .



INSIDE THIS ISSUE:

<i>Application Procedures</i>	2
<i>Required Rotations</i>	3
<i>Elective Rotations</i>	5
<i>Longitudinal Rotations</i>	7
<i>Other Activities</i>	8



ALL application materials must be uploaded to

PhORCAS no later than Monday, January 5th, 2015

Application Procedures

Applicants must be a US Citizen, graduate of an American Council of Pharmaceutical Education accredited School of Pharmacy with a Doctor of Pharmacy degree. Applicants must have an aptitude and motivation for ambulatory patient care.

Some of the criteria considered in choosing residents include knowledge of professional practice, communication skills and ability to apply theory to practice, leadership ability, interest in the program, confidence, and professionalism.

Candidates are required to submit the following:

- A "letter of intent" stating why you are pursuing a residency position in our program (maximum 1 page in length)
- Current curriculum vitae
- Current OFFICIAL transcript from an accredited College of Pharmacy
- Three letters of recommendation. These should be from individuals capable of commenting on your professional capabilities, including: academic ability, communication skills, behavioral attributes (leadership, initiative, dependability, ability to handle multiple tasks, etc.), clinical problem solving skills, an assessment of potential capability to perform research, etc. All comments and information will be held in strictest confidence.

ALL application materials must be uploaded to PhORCAS (Pharmacy Online Residency Centralized Application Service) no later than Monday January 5th, 2015. The program will not notify the applicant of their application status (e.g., complete or incomplete). However, the applicant is welcome to inquire if their application is complete. The Residency Program Director or designee will advise applicants with completed applications of their interview status (invite for interview or no interview) by **January 16th, 2015**. Phone interviews will be conducted from January 19th through January 23rd. Onsite interviews will be conducted from January 26th through February 13th.

Please address all correspondence to: Chad Kawakami, Pharm.D., BCPS, CDE, PGY1 Residency Program Director, Pharmacy Service (119), VA Pacific Islands Health Care System, 459 Patterson Road, Honolulu, Hawaii, 96819. If you have any questions, please contact me at chad.kawakami@va.gov or (808) 433-0772



**Program Code Number:
171513**



Required Rotations:

PATIENT CARE— The patient care rotation focuses on the development of skills for designing and monitoring drug therapy as well as establishing a working relationship with members of the health care team. Developing skills in patient education is an important part of the patient care experience. Drug information is also a routine part of these experiences. By the end of the year, the resident should be able to provide complete pharmacy services on any one of the teams.

The resident will have daily contact with the preceptor or designee. (Less frequent contact may occur for repeat rotations, rotation off site and after the resident has developed a high level of independence. The resident will always have at least weekly contact with the preceptor or designee even in cases of a high level of independence.) The content for the rotation is knowledge of the processes and team interactions, patient care monitoring skill development, problem solving for medication related problems and patient/disease specific knowledge. Diseases will include but not be limited to (generally in the areas specified but this may be altered based on the patient experience gained):

Ambulatory Care: anticoagulation, hypertension, diabetes, dyslipidemia, tobacco cessation, preventative medicine, mental health, pain management, and other diseases as appropriate based on patient population encountered.

Inpatient—Long-Term Care, Hospice and Palliative Care

PATIENT CARE I

Patient Care I is designed for residents to begin to develop their skills in the provision of pharmaceutical care, to increase their data base and to become familiar with working on a health care team as an active participant. Patient Care I can take place in a variety of settings including ambulatory care or long term care. The skills gained are foundational. The patient care rotation focuses on the development of skills for designing and monitoring drug therapy as well as establishing a working relationship with members of the health care team. Developing skills in patient education is an important part of the patient care experience. Drug information is also a routine part of these experiences. Patient Care I evaluations focus on the foundational skills.

PATIENT CARE II

This rotation will be providing pharmaceutical care in ambulatory or long term care settings.

Patient Care II follows significant progress in patient care I rotations. The evaluations build on the evaluations from Patient Care I. Patient Care II will expand upon the breadth and/or depth regarding therapeutics. It will also generally have a higher level of independence than Patient Care I. One of the main focus points of Patient Care II will be the development of pharmaceutical care plans and therapeutic drug monitoring.



Mental Health – Residents will be involved in daily activities and direct patient care in the outpatient Mental Health Clinic in collaboration with other mental health clinic providers. Residents will be providing direct patient care through counseling opportunities, psychiatric assessment, disease state management, and acting as a drug information resource for mental health providers. Residents will also assist with VISN performance measures related to mental health including smoking cessation. Residents may also gain experience in pain management in the opioid renewal clinic. Residents also will have opportunities to participate morning rounds with attending physicians and psychiatry residents in an inpatient psychiatric unit.

Long Term Care / Palliative Care - This rotation is designed to give the resident an understanding of disease states and the associated treatment encountered in the geriatric patient. This rotation will stress the application of therapeutics in the care of the elderly patient as well as the hospice patient and require the resident to develop the skills in proper drug therapy selection, medication therapy monitoring, and patient / staff education. Successful completion of this rotation will require development of intellectual independence, initiative, and appropriate interactive skills with other health care professionals. Areas of involvement include: Community Living Center and Hospice inpatient unit.

Outpatient Operations – This learning experience requires the resident to gain fundamental knowledge of outpatient pharmacy and mail order pharmacy operations. This outpatient pharmacy rotation orients the resident to the outpatient pharmacy, the technology used to fill prescriptions, the processing of prescriptions and final check. Understanding the role of the pharmacist and the technician is also part of this rotation. Problem solving skills begin to develop and form the basis of understanding the systems which support the pharmacy services to the ambulatory care clinics. Basic proficiency is to be achieved during this rotation and built upon in ambulatory and staffing experiences.

The resident will have daily contact with the preceptor or designee. The content for the rotation is prescription processing and filling procedures, basics of patient counseling, basic understanding of consults, roles of the pharmacist, technician and clinical pharmacy specialist. Informal formative feedback will be provided on a daily basis. Documented formative feedback will be performed at least once around the middle of the rotation by both the preceptor and the resident. Summative evaluation will be performed at the end of the rotation by both the preceptor and the resident. The resident will also evaluate the preceptor and the experience at the end of the rotation.



Elective Rotations:

Home Based Primary Care - The Home Based Primary Care team is an interdisciplinary care team serving patients that are primarily home-bound. The team consists of a physician, psychiatrist, nurse practitioners, nurses, social workers, dietician, occupational therapist, and clinical pharmacist. Medical residents, interns, and students train with the HBPC team throughout the year. The HBPC team cares for patients where they reside with goals of reducing hospitalizations, keeping patients functioning safely at home, assessing and treating acute conditions, and improving the management of chronic conditions, and improving quality of life. The HBPC patients are predominantly elderly patients. The pharmacy resident will gain valuable clinical experience managing this complex patient

Research – The resident will be working with investigators, study coordinators, research pharmacist, and research administrative staff in the care of research patients. The resident will learn about FDA and local regulatory requirements for investigational drugs by managing the use of investigational drug products (medications, devices, and biological). The resident may also assist in preparing research pharmacy and related source documents for inspection by sponsors or other regulatory agencies. The resident will review interactions of investigational drugs for each patient. The resident will also assist in reviewing new research-proposals for approval by the Service Chief and IRB Committee. The resident will also be assigned to resolve any issues related to research protocols.

Women's Health – This rotation prepares the pharmacy resident to acquire the skills to perform the responsibilities of a PACT pharmacist with specialized focus in Women's Health. Pharmacy residents will be actively involved in direct patient care including conducting patient interviews, some physical assessment, counseling on medications, medication reconciliation and serving as a liaison and resource to primary care providers. Other activities may include weekly topics and presentations to staff during the rotation. After completion of this rotation, the pharmacy resident should build upon his or her knowledge base of primary care disease states and expand into diseases states or

Hepatitis C - The clinical pharmacy specialist participates in the Hepatitis C treatment clinic twice weekly. Primary functions include patient evaluation for hepatitis C virus (HCV) treatment and follow-up, treatment initiation for HCV and management of adverse effects related to treatment, monitoring patient adherence to prescribed medications, evaluating treatment efficacy and adverse effects, medication adjustments per approved protocol, counseling patients on the proper use of prescribed medications and providing drug information. The pharmacy resident will spend two daily per week in this clinic precepted by a clinical pharmacy specialist and will participate in the hepatitis C patient education class as assigned.

EPO / Hemodialysis – The VA PIHCS Dialysis Unit provides dialysis services to veterans requiring chronic dialysis treatment and also acute dialysis treatment to inpatients requiring dialysis at Tripler Army Medical Center (TAMC). The dialysis unit is located on the 4th floor at TAMC.

In addition to maintaining a Dialysis Unit, pharmacists are involved in anemia and erythropoietin management. This is a medication management clinic specifically for those patient receiving either erythropoietin therapy for treatment of anemia. Patients are managed by a pharmacist and therapy is adjusted based on patient's symptoms and laboratory tests. Some patients require administration of the injections at their clinic visit. This experience includes managing patient's anemia, with a primary emphasis in anemia with chronic kidney disease or anemia of chronic diseases





Longitudinal Rotations

Pharmacy Administration—This longitudinal experience further exposes the resident to the role of the Chief, Pharmacoeconomics, and Drug Informatics Pharmacists. Personnel and financial/operational management is covered with the Chief of Pharmacy. Reports are also covered.

The resident will gain experience in Drug Informatics by developing a basic understanding of a Computerized Patient Record System (CPRS); Computerized Prescriber Order Entry (CPOE); Bar Code Medication Administration (BCMA); pharmacy order entry systems; medication storage and retrieval devices; remote dispensing through tele-pharmacy; and automated filling, packaging, and dispensing systems. In addition, the resident may be exposed to system databases, system interfaces, clinical drug databases, and clinical decision support. Depending on the service's initiatives during the rotation, the resident may be involved with the planning and implementation of new systems or upgrades of existing systems.

Resident will gain pharmacoeconomics knowledge through involvement in a variety of duties during this rotation, including the implementation of pharmacoeconomic (PE) conversions; review of non-formulary drug requests for appropriateness, safety, and cost-effectiveness, compiling monthly non-formulary reports; monitoring medication utilization to identify areas for improvement and potential cost-savings; management of national and VISN (Veterans Integrated Service Network) cost-savings initiatives; and managing the required tasks needed locally to attain goals of pharmacy performance measures. Requirements for completion of this rotation include completion of criteria for drug use, clinical reviews pertaining to non-formulary or restricted medication requests, and a medication use evaluation.

The longitudinal experiences include practice management projects, performance improvement activities, performance measures, drug use evaluation, policy development/improvement, P&T committee participation and other relevant experiences that occur and are good opportunities for the resident to learn about and participate in practice management.

Pharmacy Service —This learning experience requires the resident to gain fundamental knowledge of outpatient pharmacy and mail order pharmacy operations. This outpatient pharmacy rotation orients the resident to the outpatient pharmacy, the technology used to fill prescriptions, the processing of prescriptions and final check. Understanding the role of the pharmacist and the technician is also part of this rotation. Problem solving skills begin to develop and form the basis of understanding the systems which support the pharmacy services to the ambulatory care clinics. Basic proficiency is to be built upon in this staffing experience.



Other Resident Activities

Residency Project: The major project teaches the resident project management skills. It requires the development of an idea into a feasible project, writing a proposal, obtaining the necessary approvals, implementing the project, analyzing the results, writing a manuscript suitable for publication and completing the documents required for manuscript submission to the selected journal. The project manuscript is the culmination of the year long project which is evaluated throughout the year in the longitudinal experience. The manuscript is required for graduation.

The resident will have periodic contact with the preceptor or designee to choose an idea, develop it into a proposal, prepare for IRB, implement the proposal, analyze the data and select the forum for presentation/publication and prepare the presentations/publications. The content for the rotation is knowledge of the process for project management, IRB requirements, statistical analysis and good writing and presentation skills.

Informal formative feedback will be provided at each of the steps when the resident presents a concept or draft. Documented formative feedback will be performed some of the time when drafts are provided but a minimum of least once on the proposal and once on the presentation/publication. Summative evaluation will be performed quarterly as part of the longitudinal evaluation and at the completion of the project/manuscript. The resident will also evaluate the preceptor and the experience as part of the longitudinal experience evaluation quarterly and at the completion of the manuscript when it is acceptable by the scheduled end date of the residency.

In-Services - Residents presents a minimum of one formal presentation for each rotation during the year on a topic of the resident's choosing. The purpose of the formal presentations is to improve the Resident's ability to prepare for a formal presentation with handouts, to provide an oral presentation to peers, to provide an opportunity for education for the other residents and staff, and to increase the resident's familiarity with various types of literature associated with pharmacotherapy.

Journal Club - Residents are required to attend and participate in the Pharmacy Residency Journal Club. This activity is coordinated by the Residency Director. Residents present journal articles and support interactive discussions of presented articles.