

Pharmacy Residency Post Graduate Year One (PGY1)

VA Central California Health Care System (VACCHCS)
Fresno, California

Accredited by the
American Society of Health-System Pharmacists



RESIDENCY PROGRAM GUIDE 2016-2017

Bruce Manzo, Pharm.D., BCPS
Residency Director

Responsible Officials for the Administration of the Program

Thomas J. Fitzgerald III
Acting Director

Rhonda Aday
Acting Associate Director

Wessel Meyer, M.D.
Acting Chief of Staff

Wafa Samara, Pharm.D.
Chief, Pharmacy Service

Bruce Manzo, Pharm.D., BCPS
Residency Director

Residency Board, Pharmacy Service

Bruce Manzo, Pharm.D., BCPS, *Chair* (PGY1 Director)

Wafa Samara, Pharm.D.

Brett Borba, Pharm.D.

Mona Sangha, Pharm.D.

Chris Hartz, Pharm.D., CPE

Lisa Adams, Pharm.D., BCPS, CPE

Audra DeGeorge, Pharm.D., CDE

Yen Nguyen, Pharm.D., BCPS

Kate Bastian, Pharm.D.

Jennifer Siilata, Pharm.D.

John Chang, Pharm.D.

Jon Malepsy, Pharm.D.

Anoli Patel, Pharm.D., BCPS

David Charlesthram, Pharm.D.

Mark Aparicio, Pharm.D.

Nikita Patel, Pharm.D.

Che Chang, Pharm.D.

Kamal Bhangoo, Pharm.D., BCPS, BCACP

Willie Eirich, Pharm.D.

Jeff McCamish, Pharm.D.

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VA Central California Healthcare System
2615 E Clinton Ave
Fresno, CA 93703

December 2, 2015

Hello (first) (last),

I would like to take this opportunity to welcome you to the Post Graduate Year One (PGY1) residency program at the VA Central California Health Care System (VACCHCS). We are pleased and proud that you have elected to spend the upcoming 12 months in our residency program.

We pride ourselves in providing a unique and innovative pharmaceutical care program in which all our pharmacists participate. Patients are our primary customers and we strive to establish a good pharmacist-patient relationship with them. You will find all our pharmacists and technical staff committed to providing good customer service for our veteran patients.

For the resident, we offer an opportunity to participate in an active pharmacy practice in a number of clinical settings, including our ambulatory care clinics and acute care environment. Our medical teaching environment allows residents to develop strong teaching skills. Our capable staffs are an excellent resource for assisting the resident in developing a solid foundation in research design and analysis.

Most of all, members of our staff are committed to supporting the residency program and assisting residents throughout the residency year. It is a year for tremendous learning! Please do not hesitate to ask them for any assistance. We hope you will enjoy your residency year at the Fresno VA Medical Center. We look forward to your many contributions to our program!

Sincerely,

Bruce Manzo, Pharm.D., BCPS
Residency Program Director

Listing of Current and Previous Residents

Residents 2015-2016

Pharmacy Practice Residents (PGY1)

Jenny Q. Nguyen, Pharm.D. (Western University of Health Sciences, College of Pharmacy)

Kathy Nguyen, Pharm.D. (Touro University)

Residents 2014-2015

Pharmacy Practice Residents (PGY1)

Nikita Patel, Pharm.D. (Western University of Health Sciences, College of Pharmacy)

Mark Aparicio, Pharm.D. (University of California San Diego, Skaggs School of Pharmacy and Pharmaceutical Sciences)

Residents 2013-2014

Pharmacy Practice Residents (PGY1)

Willie Eirich, Pharm.D. (Loma Linda University, School of Pharmacy)

Samantha Luk, Pharm.D. (University of California San Diego, Skaggs School of Pharmacy and Pharmaceutical Sciences)

Residents 2012-2013

Pharmacy Practice Residents (PGY1)

Nancy Nguyen, Pharm.D. (Midwestern University, Chicago College of Pharmacy)

Donna Sun, Pharm.D. (Roseman University of Health Sciences College of Pharmacy)

Residents 2011-2012

Pharmacy Practice Residents (PGY1)

Ho Yan (Karen) Yiu, Pharm.D. (University of Michigan College of Pharmacy)

Vanessa J Vaupel, Pharm.D. (Thomas J Long School of Pharmacy and Health Sciences)

Resident 2010-2011

Pharmacy Practice Resident (PGY1)

Yi Yu Liu, Pharm.D. (University of Michigan College of Pharmacy)

PGY1 Pharmacy Residency

Program Goal

The purpose of the PGY1 Residency Program at the VACCHCS is to produce highly skilled pharmaceutical care providers competent in a variety of direct patient care settings who will be prepared for patient care positions or for PGY2 training in the area of their choice.

Program Outcomes

Educational Outcomes:

- Patient Care (R1)
- Advancing practice and improving patient care (R2)
- Leadership and Management (R3)
- Teaching, education and dissemination of knowledge (R4)
- Provide medication and practice-related education/training (R5)
- Utilize medical informatics (R6)

Selected Elective Program Outcomes:

- Pharmacy Research (E1)
- Added leadership and practice management skills (E2)
- Managed Care Pharmacy (E4)
- Teaching and learning (E6)

Program Description

VA Central California Healthcare System's post graduate year one pharmacy residency (PGY1) produces highly skilled pharmaceutical care providers competent in a variety of direct patient care settings. Completion of the residency prepares its graduates to assume positions as patient care clinicians or to pursue second year post-graduate training in a focused area of practice.

VACCHCS' Mission

Our mission is to provide quality health care services to our patients and, as an essential part of our educational affiliations, provide education and research. This mission will be realized through the development and utilization of the collective skills and abilities of all practitioners in our VA Community.

VACCHCS Pharmacy Service Mission and Vision:

Mission: *To provide the highest quality care to veterans by ensuring safe, effective, and medically necessary use of medications.*

Vision:

VA Pharmacy will provide highest quality, value added pharmaceutical care services to veterans.

- *We will be an essential component of the patient focused Health Care Team.*
- *We will create a practice environment that fosters education, research and professional development.*
- *We will advance the use of innovative technologies to ensure consistent, accurate and reliable medication distribution, education and information systems.*
- *We will provide pharmaceutical services during national emergencies, disasters and other events that adversely affect our veterans.*
- *We will be an employer of choice for pharmacists, pharmacy technicians and supportive staff by providing a compassionate, progressive work environment.*

Pharmacist Licensure

All pharmacy residents are expected to be licensed no later than October 1st of the residency year and will furnish VACCHCS with a copy of licensure. The residency experience is directly related to the status of licensure. The first month will be an orientation month and is not directly affected by licensure. However, the ensuing months will be actual rotation experiences. Without licensure, skill building will be minimized leading to a less than optimal residency experience. Please note that residents are welcome to pursue licensure in California, but it is not a requirement for working at the VACCHCS. The only requirement is that the resident be licensed in at least one state of choice.

Residents are expected to communicate early any barriers to obtaining licensure by August 1st. Failure to obtain licensure by October 1st may be condition for dismissal from residency. In addition, residents may be asked to use their electives to repeat core rotations when they were not yet licensed.

Professional Development

Professional development of residents is enhanced through membership and participation in local and national organizations. Residents are encouraged to become members of the American Society of Health-Systems Pharmacists (ASHP), California Society of Health-Systems Pharmacists (CSHP), or American College of Clinical Pharmacy (ACCP). Residents are **required** to attend one state or regional pharmacy organization meeting (i.e. Western States Residency Conference) and one national pharmacy organization meeting (i.e. ASHP Midyear Meeting).

General Benefits

Parking, laboratory coats, office space, and pagers are furnished. Computers are available for use by the residents in the pharmacy resident's office, inpatient and outpatient pharmacy, and clinical areas.

Pay

Residents are paid at the rate of \$41,098 per year. The resident's stipend is based on a 40-hour workweek; however, the very nature of a residency training program is such that additional time is required to complete training assignments. ACGME guidelines for duty hours must be observed (see "Duty Hours"). No additional compensation is available. When available, funding for travel and related meeting expenses are reimbursed for the one required state/regional and one required national meeting. It is the goal of the program to be able to provide full reimbursement, however this is not guaranteed.

Attendance

The residency is a full-time, temporary appointment of 12 months in duration. The resident is expected to be onsite for at least 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. The resident will be scheduled for rotations and staffing assignments and is expected in the location as scheduled. Additional hours 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.

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.

Annual Leave (AL)

Residents earn annual leave at the rate of 4 hours per 2 week pay period. Annual leave must be requested electronically, as far as possible in advance and at least 2 months prior, via the hospital computer system. An Outlook email should also be sent to the residency program director with the date(s) in the subject line. Scheduled leave must be **APPROVED** by the **Residency Program Director (RPD)**. Approval of the preceptor should be obtained prior to submitting leave request to the Residency Director. The resident should consider what impact the use of leave has on their educational experience before scheduling. Also, they should ensure that their weekend staffing requirements are covered before requesting.

Authorized Absence (AA)

Administrative or authorized absence to attend professional meetings is granted at the discretion of the Chief, Pharmacy Service. Authorized absence must be requested electronically at least two weeks prior to the scheduled event via the hospital computer. The request must be accompanied by an email using Outlook to the RPD and Chief of Pharmacy.

Sick Leave (SL)

Residents earn sick leave at the rate of 4 hours per 2 week pay period. Sick leave for scheduled doctor's appointments or elective procedures must also be electronically requested two weeks in advance if at all possible. **The RPD and current preceptor should be notified of any unscheduled absence due to illnesses prior to the scheduled tour of duty.** Entry of leave into the computer system should be completed upon the resident's return to work and timekeeper (Karen Davids) notified. The RPD may be contacted at home if needed.

Family Friendly Leave (CB)

Family leave or bereavement leave policies indicate that each employee can use up to 103 hours of family leave each year. Family leave must be requested electronically prior to planned event or immediately upon employee return if emergency. RPD approval is required. Family leave will be deducted from your sick leave balance.

Emergencies

Personal emergencies/accidents during tour of duty should be reported to the RPD and current preceptor as soon as possible so that appropriate action can be taken.

Inclement Weather

The hospital's inclement weather policy is that ***all personnel are required to report to work in the event of inclement weather. There may be a small allowance for travel delays due to severe weather; notify your RPD if this might be the case and enter appropriate leave upon arrival to work.*** If you are entirely unable to report for duty due to weather conditions, you will be charged the appropriate amount of annual leave.

Holidays

The RPD may excuse the residents from working on the paid federal holidays as appropriate. Residents are expected to work some holidays, including one major holiday (defined as: Christmas, Thanksgiving, or New Year's Day) and one minor holiday.

Dress Code

In brief, it requires professional attire & footwear during normal duty hours Monday-Friday, 8:00 a.m. – 4:30 p.m. During some rotations and staffing duties, more casual wear, including scrubs may be acceptable. A knee length, durable press, long sleeve white lab coat is the pharmacist uniform. Lab coats will be provided to you during residency training and are to be returned at the completion of training. Lab coats may be requested through Karen Davids, Administrative Assistant to the Chief of Pharmacy. It is expected that lab coats will be clean and well maintained.

Tour of Duty

Tour of duty for all residents is 8:00 a.m. – 4:30 p.m., Monday – Friday. Some rotations may require a change in tour. This 8.5 hour tour of duty allows for a 30 minute lunch break. The RPD and time keeper (Karen Davids) must be informed of all changes in tours of duty prior to the change being made (i.e. changing tours during inpatient orientation to work a late shift as part of training)

Qualifications of the Resident:

Applicants are interviewed in December through February. Each applicant interviews with the RPD and preceptors. All applicants must have a Pharm.D. or be enrolled in a College of Pharmacy in anticipation of receiving their Pharm.D. Each applicant must enroll in the Resident Matching Program in order to be considered for a resident position.

Minimum Qualifications of the Program Director and Preceptors

- RPD = Residency & 3 years or 5 years total
- Preceptors = Residency & 1 year or 3 years total
- Contribution to the profession

Confidentiality

Development of professional ethics and awareness of a patient's need for confidential and private counseling are important components of your clinical education. Residents will receive training on HIPAA guidelines. It is your responsibility to never mention patients by name at inappropriate times. You should never discuss patients with team members while in stairwells or on elevators. Paperwork containing patient or employee personal information must be placed in appropriate containers for shredding. The U.S. Government computer system is for official use only. The files on this system include federal records that contain sensitive information. All activities on this system may be monitored to measure network performance and resource utilization; to detect unauthorized access to or misuse of the system or individual files and utilities on the system including personal use; and to protect the operational integrity of the system. Use of this system constitutes your consent to such monitoring. Misuse of or

unauthorized access to this system may result in criminal prosecution and disciplinary, adverse, or other appropriate action.

Duty Hours

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

(Pharmacy Residents: note this information pertains to VACCHCS staffing requirements as well as any additional jobs outside of VACCHCS).

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period.
2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period.
3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods.

Source:

modified from

http://www.acgme.org/acWebsite/dutyHours/dh_ComProgrRequirmentsDutyHours0707.pdf

Program Description

This residency is a 12 month program designed to meet the standards set forth by the ASHP for Post-Graduate Year One Residencies (PGY1). Completion of the residency leads to a Certificate of Residency.

Requirements to Receive Residency Certificate

- Satisfactory completion of all rotations and required activities. If a rotation is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and program director
- Completion of 2080 hours of training
- Compliance with all institutional and departmental policies
- Satisfactory Progress (s/p) on all goals at the end of the residency
- Completion of all assignments and projects as defined by the preceptors and Residency Program Director
- Completion of a residency project with a **draft manuscript submitted in the journal format of choice to the Residency Program Director** no later than 3 weeks prior to the last day of residency
- Journal clubs, case presentations, drug monograph
- Attend at least one professional state or regional meeting and one national meeting (must be pharmacy-related) as approved by the RPD and Chief of Pharmacy
- Planning and participating in Pharmacy Week (usually third week in October)
- Participate in recruiting activities for the residency
- Contribute to optimal patient care and support the mission and goals of VACCHCS and the Pharmacy Service

Obligations of the Resident to the Program

- The resident will be committed to attaining the program's educational goals and objectives and will support the organization's mission and values.
- The resident's primary professional commitment must be to the residency program.
- The resident shall be committed to the values and mission of the training organization.
- The resident shall be committed to making active use of the constructive feedback provided by the residency program preceptors.

Residency Disciplinary Actions and 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 VACCHCS or VA policies and procedures, patient abuse, violating ethics or laws of pharmacy practice, and failure to obtain pharmacy licensure by expected deadlines. The following sequence of discipline actions are outlined:

1. *Minor or initial failure to adhere to requirements will result in a verbal counseling by the primary preceptor or the Residency Program Director. A note stating a verbal counseling has occurred will be sent to the Residency Executive Committee.*
2. *For repeated or more severe incidents, the Residency Program Director or Residency Executive Committee 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 Residency Executive Committee 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 Residency Executive Committee will be documented in writing by the preceptor, Residency Executive Committee, or Residency Director. The Residency Executive Committee, Chief of Pharmacy, and Residency Program Director 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.*

Scope of Practice

What is a Scope of Practice or Collaborative Practice Agreement?

Clinical pharmacy specialists may have a range of practice privileges that vary with their level of authority and responsibility. The specific practice should be defined within a scope of practice document or protocol developed by the health care institution. This protocol should define the activities that pharmacists will provide within the context of collaborative practice as a member of the interdisciplinary team, as well as any limitations that may be needed. Quality of care review procedures and processes to assure professional competency should also be included in the scope of practice.

At VACCHCS, all clinical staff (excluding physicians) that prescribes treatment in the medical record (dietitians, nurses, pharmacists, podiatrists, physician assistants, social workers, physical therapists, audiologists, speech/language pathologists and respiratory therapists) will function under a scope of practice approved by the Chief of Staff. Pharmacy Service has a peer review committee to assure high quality care is provided and that clinical pharmacy specialists are qualified to perform under their scope of practice.

In order to be granted prescriptive authority, clinical pharmacy specialists must possess:

1. A current state license, and
2. A Pharm.D. or M.S. degree (or equivalent). Examples of equivalent qualifications include (but are not limited to):
 - a. Completion of an American Society of Hospital Pharmacists accredited residency program,
 - b. Specialty board certification, or
 - c. One year of specialized clinical experience.

VACCHCS Pharmacy Service has clinical pharmacist specialists practicing in a wide variety of clinical settings and has various protocols in place to cover these activities.

What is a pharmacist/resident WITHOUT a Scope of Practice ALLOWED to do?

Upon receiving a pharmacist's license, a resident can perform any function typically performed by a pharmacist such as processing prescriptions written by providers, pulling refills, discontinuing medications, limited partial prescriptions, providing patient education, and documenting patient allergies. All activities must be accomplished within the guidelines, policies and procedures set forth by the hospital and Medication Use Committee (P&T). Residents will document their activities in the patient medical record with a progress note that will need to be cosigned by the preceptor.

What is a pharmacist/resident WITHOUT a Scope of Practice PROHIBITED from doing?

A Scope of Practice is required for writing (most prescriptions at the VA are electronically entered not written) or renewing prescriptions and ordering labs. A pharmacy resident may perform these functions under the supervision of their rotation

preceptor but must be cosigned. Progress notes that document these activities must be electronically cosigned by the supervising pharmacist on a timely basis. This may be accomplished by the addition of a cosigner or additional signer to the note.

Note: Prescriptions for antineoplastic agents and controlled substances (ex narcotics, benzodiazepines) are excluded and shall not be written by pharmacists.

References:

1. VHA Directive 2008-043
2. VHA Handbook 1400.04
3. American College of Physicians position statement on collaborative practice agreements with pharmacists at <http://www.annals.org/issues/v136n1/abs/200201010-00014.html>

Pharmacy Residency Executive Committee

The Pharmacy Residency Executive Committee, chaired by the RPD and composed of residency preceptors, is established for these goals:

1. To assure that each resident meets the goals and objectives of the pharmacy practice residency over the course of the year.
2. To assess and improve the residency program, including the program manual, required activities and elective offerings.
3. To assure that the residency surpasses the standards as set by the ASHP and the Department of Veterans Affairs.
4. To foster the resident's professional and personal growth.
5. To assist preceptors in meeting and/or maintaining their status as preceptors in accordance with the requirements set forth by ASHP.
6. To assure a balance between clinical activities/learning and administrative/staffing is maintained throughout the residency year.

The committee will meet at least quarterly to review quarterly reports, rotation evaluations, project proposals, and evaluate resident project progression. Residents may be asked to meet with the residency committee quarterly as required to review their evaluations, as well as discuss the residents' progress, areas for improvement, project, career goals and feedback about the residency program.

Committee members take an active role in the professional development of the residents.

Residents are expected to take an active role in meeting their program goals and assessing their rotations.

Rotations and Activities

In order for the resident to attain competency in the levels of practice as required by the pharmacy practice standards, residents will complete the following:

Required Rotations

Orientation (3 weeks in inpatient and 3 weeks in outpatient)
 Ambulatory Care (6 weeks)
 Internal Medicine (6 weeks)
 Administration (4 weeks)

Longitudinal rotation experience in anticoagulation (half of one day per week throughout the residency year)

Required Activities and examples

Resident Research Project

Proposal example: Yi Yu Liu, Pharm.D. residency year 2010-2011



Research Proposal
 2-11 Yi Yu Liu.doc

Journal Club

Example: Willie Eirich, Pharm.D. and Samantha Luk, Pharm.D. residency year 2013-2014



JournalClub_testosterone-V3.docx

Monograph

Example: Samantha Luk, Pharm.D. residency year 2013-2014



Dolutegravir_Drug Monograph2013-V2 SLuk

VA ADERS (monthly) : Bruce Manzo, Pharm.D., BCPS

Website: https://vaww.cmop.med.va.gov/MedSafe_Portal/

Training Link:

<http://vaww.visn21.portal.va.gov/cencal/pharmacy/Staff%20Training%20%20General/FY2015%20Pharmacist%20Competencies/Adverse%20Drug%20Event%20Overview%20Nov%202014.pptx>

Required Meetings and Assignments

- Local P&T Meetings (unless excused by RPD prior to the meeting) - The resident will assist in minutes for P&T and chair one meeting along with the Clinical Coordinator, Brett Borba, Pharm.D.
- At least one VISN meeting (MUM or PBM).
- Review one national drug monograph with assigned preceptor and submit written comments.
- Monthly Staff Meetings (Last Thursday of the month at 2pm)
- One local or state meeting and one national professional meeting (must be pharmacy-related)
- Inpatient Staffing (1 weekend per month)
- Helping to plan pharmacy Week (Usually 3rd week in October)
- Weekly attendance to longitudinal clinic.
- Weekly completion of assigned adverse drug event/allergy reports
- Assigned resitrak evaluations as well as initial and quarterly self-evaluations

The resident may be excused from some of these programs with permission from the Residency Director if they conflict with scheduled patient care activities on assigned rotations.

Electives

Electives may be selected from well-established pharmaceutical care areas or developed for unconventional areas. Any of the core areas may be selected as an advanced elective rotation. Other opportunities include, but are not limited to:

Oncology	Psychiatry	Emergency Medicine
Pharmacoeconomics	Informatics	Geriatrics (CLC)
Managed Care	Academic Detailing	Infectious Diseases
Drug Information	Pharmacy Call Center	

The resident is responsible for arranging all electives with the preceptor and the RPD. It is recommended that this be accomplished as early as possible in the residency year to facilitate planning of all involved.

PRECEPTOR CONTACT INFORMATION**LEARNING EXPERIENCE PRECEPTORS**

Learning Experience	Preceptor(s)	Contact Information
Ambulatory Care	Brett Borba, Pharm.D. Audra DeGeorge, Pharm.D., CDE Chris Hartz, Pharm.D., CPE Bruce Manzo, Pharm.D., BCPS Mona Sangha, Pharm.D. Jennifer Siilata, Pharm.D.	Ext 5767 or via pager system via pager system/email Ext 7410 or via pager system/email Ext 4811 or via pager system Ext 5922 or via pager system Ext 5689, 3384 or via pager system
Internal Medicine	Jennifer Siilata, Pharm.D. John Chang, Pharm.D.	Ext 5689, 3384 or via pager system Ext 5689, 3384 or via pager system
ICU	Bruce Manzo, Pharm.D., BCPS Jennifer Siilata, Pharm.D. John Chang, Pharm.D.	Ext 4811 or via pager system Ext 5689, 3384 or via pager system Ext 5689, 3384 or via pager system
CLC/Geriatric Medicine	Lisa Adams, Pharm.D., BCPS	Ext 5595 or via pager system
Orientation	Kate Bastian, Pharm.D. (Outpt) Yen Nguyen, Pharm.D., BCPS (Inpt)	Ext 5744/5745/5746 or via pager system Ext 5685 or via pager system
Anticoagulation Longitudinal	Kamal Bhangoo, Pharm.D, BCPS, BCACP	Ext 5450 or via pager system
Managed Care	Brett Borba, Pharm.D.	Ext 5767 or via pager system
Informatics	Jennifer Yahnian, BS, RN	Ext 6338 or via Lync
Infectious Disease	Jon Malepsy, Pharm.D.	via pager or Lync system
Academic Detailing	Anoli Patel, Pharm.D., BCPS	via pager or Lync system
Pharmacy Call Center	Kate Bastian, Pharm.D.	via pager or Lync system
Emergency Medicine	Adam Saleh, Pharm.D., BCPS	via pager or Lync system
Oncology	Che Chang, Pharm.D.	via pager or Lync system
Psychiatry Pharmacy Practice	David Charlesthram, Pharm.D., BCPS	via pager or Lync system
Pharmacoeconomics	Mark Aparicio, Pharm.D.	Ext 5767 or via page/email system

Rotation Evaluations

Residents are assigned to preceptors for training and guidance. Preceptors will meet with the resident on a regular basis and review the resident's accomplishments. Midway through a rotation the preceptor will determine if the resident is likely to meet all goals and objectives of the rotation. If the resident has not met the goals and objectives necessary to pass the rotation, the preceptor will discuss this with the resident so corrective actions can be taken. If the resident does not meet these goals and objectives by the end of the rotation, the board will discuss and plan the course of action at that time.

At the conclusion of each rotation, required timely evaluations will be completed in PharmAcademic. These include a resident summative self-evaluation, and preceptor evaluation. Preceptors will also perform a summative evaluation at the end of the rotation. The evaluations for rotations are performed online, on the PharmAcademic website (<https://www.pharmacademic.com/>). The resident will enter a summative self-evaluation and a preceptor evaluation. After completion, these will be sent to the preceptor to sign. If the preceptor has questions or comments about the evaluations, the preceptor will discuss this with the resident during the face to face evaluation and discussion. After the face to face meeting, the preceptor may send these back to the resident for review or edits, or they may sign it if it is complete. The preceptor and resident will discuss the residents progression through the rotation. Once this summative face to face evaluation is complete, the preceptor enters and signs a summative evaluation, and an alert will be sent to the resident via Outlook e-mail. The resident will then need to sign off on the evaluation in a timely manner.

Required ASHP Accreditation Standard Outcomes/Goals for PGY1 Pharmacy Residency

Competency Area R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Competency Area R2: Advancing Practice and Improving Patient Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

Goal R3.2: Demonstrate management skills.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

Goal R4.2: Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

ASHP Elective Outcome/Goal for VACCHCS PGY1 Pharmacy Residency Program

Competency Area E1: Pharmacy Research

Goal E1.1 Conduct and analyze results of pharmacy research.

Competency Area E2: Added Leadership and Practice Management Skills

Goal E2.1 Apply leadership and practice management skills to contribute to management of pharmacy services.

Goal E2.2 Contribute to the management and development of pharmacy staff.

Goal E2.3 Understand the process of establishing a pharmacy residency program.

Competency Area E4: Managed Care Pharmacy

Goal E4.1 Maintain confidentiality of patient and proprietary business information.

Goal E4.2 Understand the interrelationship of the pharmacy benefit management company, the health plan, and the delivery system functions of managed care.

Goal E4.3 Understand unique aspects of providing evidence-based, patient-centered medication therapy management with interdisciplinary teams in the managed care environment.

Competency Area E6: Teaching and Learning

- Goal E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.
- Goal E6.2 Develops and practices a philosophy of teaching.

Resident Research Project

Project Timeline:

First couple weeks of residency

Solicit Ideas

July:

- First half:
 - Select ideas; meet with program director (RPD) and resident project advisor
 - Complete training requirements for research (scheduled for you)
- Second half:
 - Literature search
 - Begin research project proposal:
 - Prepare Introduction (includes objectives, null hypothesis)
 - Gain approval of Introduction from RPD and project advisor

August:

- First half:
 - Revise Intro of research project and begin preparing methods and stats
- Second half:
 - Obtain approval from RPD and project advisor
 - Present project proposal to entire preceptor staff for edits and feedback.

September:

- First half:
 - Finalize research project proposal
- Second half:
 - Begin preparing IRB paperwork (if necessary)
 - IRB and R&D paperwork available at:
<http://vaww.visn21.portal.va.gov/cencal/research/Forms%20for%20Conducting%20Research/Forms/AllItems.aspx>
 - Contact Elizabeth Stolpman (Elizabeth.Stolpman@va.gov) for submission dates or IRB/R&D questions

September - February

- Submit paperwork to IRB.
- Submission depends on study design
 - Prospective studies requiring informed consent should be submitted in September (**no later than October**)
 - Retrospective studies should be submitted as soon as possible (**absolutely no later than February**)

Following Only After IRB and R&D Approval:

- Data Collection
- Statistical analysis

February:

- Register for Western States Conference (website: <http://www.wsc-rx.org>)
Submit project abstract to Western States Conference

March:

- Prepare presentation

April:

- Present research presentation to preceptor staff (appointments will be scheduled)
- Make corrections/revisions

May:

- Present research at the Western States Conference
- Select journal for publication
- Complete/prepare journal checklist
- Finalize manuscript

June:

- Submit residency project draft manuscript (in journal format of choice) to RPD for approval for publication
- Close study

Format for Proposal/Manuscript (Also follow IRB requirements)

Introduction

- Clear statement of the question/problem to be addressed
- Rationale and background information (including literature review) necessary to justify the project
- Significance of the problem
- Possible solutions
- Study objectives/purpose
- Hypothesis

Methodology

- Study Design
 - Selection and/or inclusion/exclusion criteria, randomization, blinding, sample size and population represented
 - Control and treatment groups
 - End points—definition and method of measure
- Data collection
 - What data will be collected, when, how often and by whom
- Analysis
 - Objective
 - Subjective
 - Statistical analysis

Resources

- Resources available
- Resources needed
- Budget

Patient consent form if required

Investigators

- Resident's role
- Role of others

Timetable for completion

Results*

- Data Presentation
 - Outcome
 - Subjects completing the study—number included, etc.
 - Drop outs, reasons for dropouts
 - Demographics
- Response rates/other means of reporting results
- Statistical analysis and significance
- Subjective results and trends

Discussion*

- Interpretation of results
 - Comparison with other studies
 - Implications
 - Other findings

Conclusions*

References/Bibliography

*Only required for final paper (not for proposal)

Implementation/Data Collection

The resident must receive approval from the Residency Committee prior to initiating the project. The project advisor and program director must be apprised of the progress and all problems encountered in a timely manner. The resident must meet with the project advisor at least monthly to discuss the progress and report on progress to the program director.

Presentation

For both the proposal and the presentation of the results, the resident must demonstrate to the Residency Committee a thorough understanding of the topic, the methods, any shortcomings of the study and the results and conclusions supported by the project. The prepared presentation should be 15 minutes with the remainder of the time left for questions and answers (5 minutes). Audiovisuals should be used to enhance the presentation as appropriate with handouts of the presentation provided to facilitate feedback from preceptors.

Quality

The resident must meet scientific standards for quality in all aspects of the project. The resident may be required to repeat any or all aspects of the project if the standards are not met. The resident will not receive a residency certificate if the project is not completed or if a final paper suitable for publication is not submitted. Suitability will be determined by the residency advisor and program director with the advice of the Residency Committee.

Examples of forms for Evaluation/Assignments

Journal Club Evaluation

VACCHCS Journal Club Presentation Evaluation

Title:

Resident:

Please use the following scale to rate the performance of the resident presenting the journal club. **Please give specific examples or comments in the space provided.**

Return to Director when complete.

1= Strongly Disagree 2= Disagree 3=Satisfactory 4= Agree 5= Strongly Agree

- | | |
|---|-----------|
| 1. The resident used the appropriate format for the journal club presentations. | 1 2 3 4 5 |
| 2. The resident demonstrated a thorough understanding of the journal article. | 1 2 3 4 5 |
| 3. The resident was able to critically assess the study design, methods, and outcome. | 1 2 3 4 5 |
| 4. The resident correctly interpreted the clinical significance of the results. | 1 2 3 4 5 |

5. The resident identified the limitations of the journal article.

1 2 3 4 5

6. The resident was able to draw an appropriate conclusion from the article chosen.

1 2 3 4 5

Overall Performance _____/30 x 100 = _____ (70% or better = passing)

Evaluator signature _____

Journal Club Presentations - Literature Evaluation

1. Reason for doing a journal club.
 - a. **To encourage the student to keep up with the literature.**
 - b. **To teach the student to analyze the validity of an article and not to just accept it as fact.**

2. Choosing an article: Explain why you chose this article.
 - a. **Original article (not a review article) from a reputable journal.**
 - b. **Human studies.**
 - c. **It is preferable to choose an article published within the last 12 months.**
 - d. **Subject that could impact your practice or be of special interest to you.**
 - e. **Who sponsored the article.**
 - f. **A study should contain the following: Title, abstract, introduction, methods, results and discussion.**

3. Analyzing an article.
 - a. **Validity of an article: How precisely and accurately was the outcome measured.**
Example: Was the outcome measured in the same way for all patients.
Internal Validity: How well the study was done. Can the results stand up to scrutiny?
 - Were the patients equal throughout the study?
 - Were the means of measuring the outcome the same throughout the study?

Was there bias?

External Validity: **Can the results of the study be extrapolated to patients outside the study?**

b. Study design: To answer a hypothesis.

May vary depending upon cost, time, sample, size, disease state, outcomes measured, etc.

Should anticipate, eliminate or minimize any potential sources of *bias*. **Bias is a systematic error that enters a study through study design and distorts the data obtained.**

Strategies to minimize bias:

Double blinded study > Single Blinded > Open label

Placebo controlled

Randomization

Prospective > Retrospective

Reader bias:

Over critical evaluation of the study

Reader has preconceived idea of what the results of the study should demonstrate

Draw your own conclusion as to whether the study answered the hypothesis before reading the discussion

4. Handout (Provide a one page handout and the first page of the article)
 - **Objectives of the article**
 - **Pertinent points of the article**
 - **Patient population**
 - **Study design**
 - **Results of the study**
 - **Presenters critique of the article**

5. Presentation: Should run about 15-30 minutes and include the following in the same order:
 - **Explain why you chose the article**
 - **Briefly discuss the type and results of the study.**
 - **Critique the article: Do you agree with the study design. Does it have internal and external validity? Was there study bias?**

Case Presentation Evaluation

Name: _____

Case Presented: _____

Each Section should be given a point total	7-8	Very Good to Excellent (A)
	5-6	Good to Very Good (B)
	3-4	Average to Good (C)
	1-2	Below Average
	0	Fail

I. Case Chosen

Points: _____

Appropriate case to demonstrate resident's use of pharmaceutical care in their current resident rotation.

II. Presentation

Points: _____

Resident demonstrated mastery of the patient case. Presented patient in appropriate case presentation format (easy to follow and complete in detail)

III. Content

Points: _____ X 3 = _____

Case completely presented addressing pertinent disease states and treatment options. Laboratory and other diagnostic measures evaluated and addressed as appropriate.

IV. Questions and Answers

Points: _____

Answered questions appropriately? Demonstrated in-depth knowledge of subject?

Overall Assessment of Case**Points:** _____

Point Average (add sections and divide by 6)

VACCHCS Drug Information Request and Response

Have your preceptor review your draft response. Only final versions are to be circulated.

Section 1 - General Information

1. Student: _____

2. Preceptor: _____

3. Date: _____

4. Initial information request (i.e., the initial question received):

5. Actual information needed/requested:

6. Category of request: Patient Specific (complete section 2)

Non-patient-specific drug information

requests (do not complete section 2)

Academic or educational information

requests (do not complete section 2)

7. Type of information requested (choose only one)

___ Adverse drug event

___ Formulary issue

___ Pharmaceutics (stability, etc.)

___ Alternative agent (e.g. herbal)

___ Foreign drug identification

___ Pharmacokinetics

___ Availability of drug

___ General information

___ Pregnancy/lactation

___ Dosage and administration

___ Identification of product

___ Therapeutics

___ Drug interaction

___ Investigational drug

___ Toxicology

___ Other _____

8. Method received:

___ telephone

___ rounds

___ hand written

___ email

___ other

9. Requestor information:

a. Name: _____

b. Affiliation/practice site name: _____

c. Telephone #: _____

d. Pager #: _____

e. E-mail address: _____

f. Fax #: _____

g. Background and practice site:

_____ House staff physician

_____ Hospital

_____ Attending physician
_____ Nurse
_____ Patient
_____ Family/Caregiver
_____ Other background

_____ Ambulatory care clinic
_____ Community/retail
_____ Managed care organization
_____ Long-term care facility
_____ Other practice site

PHARMACY SERVICE RESIDENCY PROGRAMS

POLICIES AND PROCEDURES
FOR RESIDENT REQUESTED
EXTENDED LEAVE OF ABSENCE

SEPTEMBER 2006

Prepared By: Randell K. Miyahara, Pharm.D.
Clinical Coordinator, Pharmacy Service
VA Palo Alto Health Care System

Reviewed By: Melissa Dragoo, Pharm.D., BCPS
PGY1 Residency Program Director
VA Northern California Health Care System

Nancy E. Korman, Pharm.D., FCSHP
Education Coordinator, Pharmacy Service
VA San Francisco Medical Center

Julio Lopez, Pharm.D.
Chief, Pharmacy Service
VA Northern California Health Care System

Scott Mambourg, Pharm.D.
Clinical Pharmacy Coordinator, Pharmacy Service
VA Sierra Nevada Health Care System

Jannet M Carmichael, Pharm.D., FCCP, BCPS
VISN 21 Pharmacy Executive
VA Sierra Pacific Network

Approved By: Bruce Manzo, Pharm.D.

1.0 Background

A Postgraduate Year One (PGY1) or Postgraduate Year Two (PGY2) Pharmacy Resident is offered a unique opportunity to be trained in a well organized health care system, but is only given a temporary appointment at the facility. This temporary appointment does not allow the resident full access to certain leave policies (e.g., Family and Medical Leave Act). Nonetheless, a resident may find him/herself in a situation that requires that they request an extended period of time off. In the event that the Residency Program Director (RPD), Chief of Pharmacy or facility Human Resources service cannot utilize established policies or procedures to adequately accommodate a resident's request for extended leave, this policy and procedure has been established to provide guidance.

The RPD, Chief of Pharmacy, or Human Resources service is in no way obligated to exercise this policy and procedure. This policy and procedure does not supersede, negate or otherwise nullify any standing national, regional (e.g, VISN 21) or local policy regarding leave.

2.0 Policy

In the event that a resident requests an extended period of time off and is granted leave without pay (LWOP) to accommodate this request, the resident will have their temporary appointment extended beyond one year, in the amount of time necessary to complete their training. This extended amount of time is typically the same amount of time as the LWOP granted to the resident.

3.0 Definitions

3.0.1 Extended Leave Request

A leave request will be considered an extended leave request when the time off requested is for longer than 3 working days, but shorter than 6 months. Requests shorter than 3 working days that cannot be covered by accrued annual leave (AL), sick leave (SL) (if appropriate), or at the discretion of the Chief of Pharmacy, leave without pay (LWOP) are not considered significant enough to extend a residency beyond the scheduled one year appointment and will not be addressed in this policy & procedure. It is recognized that a resident gains experience throughout the course of the year. If a resident is unable to return to the residency after 6 months, the resident is unable to build upon their experience gained prior to the leave. In this case, it is recommended that the resident voluntarily withdraw or resign from the residency.

4.0 Procedure

Trainees such as pharmacy residents who have legitimate reasons for extended leave can be placed on Leave Without Pay (LWOP) after using their accrued annual and sick leaves. It would be a rare occasion for a facility to grant advanced leave. Most facilities won't agree to put trainees in the Voluntary Leave Sharing Program but it has been approved for special circumstances. The resident who goes on LWOP may return to complete the program in a paid status for a time extension equal to the time of the LWOP. If additional time is needed beyond the extension to meet the training objectives that will not be met because of the extended absence on annual and sick leave, any additional time will be without pay. VA's Office of Academic Affiliations (OAA) will only pay for the equivalent of 12 months.

4.1 Resident requests leave

The resident must submit her/his leave request to the RPD in writing. If at all possible, the resident is encouraged to submit the request 2 months prior to requested time off. In the event of an emergent request, the resident should submit the request to the RPD as soon as possible. The written request should include:

- Dates requested off
- Reason for leave
- Amount of AL and SL accrued

4.2 RPD review of leave request

Upon receipt of resident's extended leave request, the RPD has (X number of hours? Days?) to review the request for completeness.

4.2.1 RPD meets with resident to discuss request

RPD discusses request with resident, presents alternative options (e.g., use of AL, or SL) to accommodate request. Depending on length of requested leave, RPD may need to advise resident that they will be responsible to pay their share of benefits (portion that is normally deducted from paycheck), or risk losing

benefits. (Government will typically continue to pay its portion of benefits, though facility's Fiscal department will have to be advised and a plan will have to be in place to secure this funding prior to leave being approved.)

4.2.2 RPD discusses request with Chief of Pharmacy

Based on written request and discussion with resident, RPD meets with Chief of Pharmacy to review request and potential ways to accommodate request. If RPD and Chief of Pharmacy refuse to accommodate request, RPD will present this decision to the resident and document decision in writing. If RPD and Chief of Pharmacy wish to determine accommodation to request using a LWOP and extending the residency, the RPD will contact the following sections to advise of situation and develop plan.

4.2.3 RPD contacts facility HR, Fiscal

4.2.4 RPD contacts VA PBM and OAA

VA PBM Contact: Lori Golterman, Bill Jones

OAA Contact: Linda D. Johnson, Ph.D., R.N., Director, Associated Health Education

4.3 Based on guidance, RPD develops accommodation to leave request

4.3.1 Approval of accommodation by Chief of Pharmacy

4.4 RPD reviews approved accommodation with resident

4.4.1 RPD documents resident review and acceptance of approved accommodation

4.4.2 Approved accommodation not accepted by resident

4.5 RPD notifies Chief of Pharmacy, facility HR and Fiscal, VA PBM and OAA of accepted, approved accommodation

4.5.1 Notification of OAA

If the extension goes into the next fiscal year (after September 30), the Office of Academic Affiliations (OAA) will send next fiscal year's funds to pay for the extension in the next year.

When a resident goes on LWOP, the program director should discuss this situation with the facility fiscal people to

- (1) tell them that the person is on LWOP but will be returning so fiscal won't send all of the unused money back to OAA ;
- (2) tell them the anticipated date of return so they'll know how much, if any, of the money should be returned to OAA that won't be used in the fiscal year; and
- (3) let them know that OAA will be sending additional funds in the next fiscal year to pay for the period of extension that goes into the next fiscal year.

The facility residency program director should let the Office of Academic Affiliations, Director of Associated Health Education know of the situation and how much funding, if any, will be needed in the next fiscal year to pay for the extension.

4.6 Resident goes on extended leave

4.7 Resident returns from extended leave