PHARMACY PRACTICE RESIDENCY (PGY-1)
VETERANS AFFAIRS MEDICAL CENTER
CHILLICOTHE, OHIO 45601

ASHP MATCH CODE: 177413

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ACOS Education and Research

RESIDENCY PROGRAM:

Duration/Type:	12 mo/residency
Number of Positions:	2
Application Deadline:	January 1
Starting Date:	July 1
Estimated Stipend:	$42,678
Interview Required:	Yes

FRINGE BENEFITS:

- Paid Leave Days: 13 vacation/13 sick/10 holidays
- Health Insurance
- Financial Assistance & Administrative Leave (For Selected Meetings)
- Computers (PC/Internet)
- Office (dedicated space/supplies)
- Medical Library
- Copying Service
- Free Parking
- Minimal Staffing Requirement (18 hours/month)

PLEASE UPLOAD ALL REQUIRE DOCUMENTS TO THE PhORCAS SYSTEM

- Curriculum Vitae
- Letter of intent
- Transcripts
- Three Letters of Recommendation (please have preceptors use the PhORCAS system)

PROGRAM'S STRUCTURE

Increasing stress on the health care industry, new pharmacotherapeutic modalities, novel new methods of drug delivery, increasing pressure to contain health care costs, heightened public awareness of drug therapies and effects continue to place demands on pharmacists for more services. These demands, coupled with internal efforts to improve efficiency, utilize automation and computerization to reduce costs and expand information utilization place pharmacists at the forefront of delivering healthcare. Within the VA Healthcare system, the shift from prolonged inpatient stays toward more extensive outpatient (primary) care and disease prevention have produced a fundamental change in the role of pharmacy services. Pharmacy Service is no longer seen as a means to limit access to expensive medications, but is now seen as a resource to improve patient health and prevent hospitalization. To meet those demands, pharmacists must strive to improve drug delivery, improve overall safety of drug use, improve patient and health care partners understanding of rational drug therapy, monitor patients' response to therapy and intervene appropriately, and provide surveillance to assure quality and promote efficient utilization of resources.

In keeping with these goals and the standards of residency training established by the American Society of Health-Systems Pharmacists, the following sections outline activities, training objectives and responsibilities of residents and preceptors for the year. More detailed descriptions of learning objectives can be found in later sections of the resident manual. These should be reviewed at the beginning of each experiential component, with an eye toward gaining as much experience as possible, as well as assuring that all required aspects of the program are completed.

I. LEARNING EXPERIENCES

A. Residents are required to complete the following learning experiences:

1. Inpatient Internal Medicine I - 1 month
2. Inpatient Internal Medicine II - 1 month
3. Ambulatory Care/ Primary Care I - 1 month
4. Ambulatory Care/ Primary Care II - 1 month
5. Orientation - 1 month
6. Administration - 1 month
7. Longitudinal Anticoagulation clinic – total of half day per week for 6 months
8. Psychiatry I - 1 month
9. Psychiatry II – 1 month
10. Geriatrics – 1 month
11. HomeBased Primary Care – 1 month
12. Longitudinal Drug Information–to be competed throughout year
13. Longitudinal Research– to be competed throughout year

B. Residents are allowed to choose two months of electives and one elective longitudinal experience from the following rotation options:

1. Spinal Cord Injury-half day per week for 6 months
2. Academic and Staff Development Experience- half day per week for 6 months
3. Home Based Primary Care (longitudinal) -half day per week for 6 months
4. Substance Abuse
5. Pain Management
6. Additional Primary Care, Geriatrics, Psychiatry, Internal Medicine, Administration
7. Additional rotations may be offered at a different facility based on resident interests (neurology, infectious disease, critical care)

II. ACTIVITIES

A. Journal Club – The clinical staff, staff pharmacists, residents and students meet to review current articles of interest from the medical/pharmacy literature. The resident will review and present an article. The resident is required to conduct 6 journal clubs. Journal club will be held every 3rd Thursday of the month for the PGY-1 residents.

B. Case Presentations – Residents, preceptors, students, nurses, other health care professionals, and possibly staff pharmacists will meet to discuss patient cases, therapy and other pertinent concerns related thereto. The resident will present and discuss a case at least four times throughout the year. The case presentation format, objectives and evaluation forms are outlined in the appendix.

C. Staffing – Each resident will staff the Inpatient and/or Outpatient Pharmacy 18 hours per month. No holiday or weekend coverage is expected. Resident will staff in 2 hour blocks from 5 pm to 7 pm for a total of 9 shifts/month

D. Interdisciplinary Training– Each Thursday, interdisciplinary training and didactics occur with the PGY-2 pharmacy residents, D.O Psychiatry Residents, and Psychology Interns. PGY-1 residents are invited to attend if rotation time allows for participation.

E. Pharmacy and Therapeutics Committee – Every month and time is subject to change. The resident is expected to attend.

III. TEACHING RESPONSIBILITIES

A. Each resident will precept two Pharm.D students on clinical rotations during the year. The first student teaching experience will be conducted under the direction and supervision of the resident's rotation preceptor. The intent of the "co-preceptorship" is to provide the resident with guidance, support and feedback on performance. The resident will precept the second student alone; however, any clinical pharmacist may be consulted for assistance if necessary. Responsibilities of preceptorship include observing, teaching and directing the student in the clinical setting, evaluating performance and assisting the student with case presentations, etc.

B. Teaching Certificate: Residents have the opportunity to complete a teaching certificate program at a local College of Pharmacy (Ohio State or Cedarville). This experience is considered to be an elective experience. The program consists of several full day programs at the beginning of the residency year to orient the resident to the program and then several days at the college teaching students in various practice labs. The resident is expected to complete a portfolio of teaching done throughout the year in order to receive the certificate for completion of the teaching program.

C. Other teaching activities include the following:

1. Inservice education programs for the Pharmacy Service – the resident will be assigned either specified topics to present or may present a topic of choice depending upon the immediate needs of the department.
2. Inservice education programs for Nursing Service – Nursing Service frequently requests inservice education lectures, demonstrations or other programs. Some of these programs are provided on an ongoing basis, whereas others are provided as needed. The resident will participate in inservice programs for nurses on the wards to which s/he is assigned. Subject matter will be left to the discretion of the resident and involved nursing staff exclusively.

3. The resident will present in a Grand Round Presentation and VISN Pharmacy Educational Teleconference once during the year. These formal presentation will be done in the second half of the residency. This presentation is to be approximately 45 minutes in length and should ideally cover a controversial topic or case. This presentation will be done for an audience of various backgrounds (pharmacists, nurses, physicians etc.) and is designed to help the resident develop a talk that can be taken to an interview. This presentation will also be presented to the medical students and staff and taped for use as continuing education.

IV. PROJECT

A. Successful completion of an original project is required. The project must be of benefit to pharmacy and of relevance to patient care. It may be either be a quality improvement project or a research project. The resident is also responsible for a Mediation Use Evaluation (MUE) which is SEPARATE from the research project. However, the MUE can help identify a project idea, thus the project can encompass an MUE. Both the MUE and an original project must be completed in order to receive the residency certificate.

B. The resident will be responsible for:

1. Development of the project, including identification and evaluation of pertinent previous work. The clinical pharmacy staff and others will assist in identifying relevant projects and hypotheses that may be investigated. It is imperative that the limited time available to complete the project must be kept in mind.
    a. The resident must select at least one clinical pharmacy staff member to work with on this project to assist in identifying and/or enlisting any persons appropriate to assist with the project.
    b. The resident and clinical staff member will determine if other team members are needed and define their role(s) on the project.
    c. The resident and clinical staff member will discuss (co)authorship of any publications or presentations derived from the project at the outset, and with any potential team members before the project is begun. Roles and duties of all parties involved should be defined before the project is begun so as to avoid misunderstanding later.
2. The project, including background information, objectives, methodology, statistical analyses, timetable and proposed budget (if warranted) will be written by the resident. While the assistance of others may be enlisted, completion of the project is the responsibility of the resident.
3. Data collection and validation – the resident is responsible for assuring that all data is collected accurately. The resident is expected to personally gather a substantial portion of the data; however, the assistance of others may be needed. The role(s) and responsibilities of everyone regarding data collection should be clearly defined as early as possible.
4. Data analysis – the resident is expected to analyze and draw conclusions from the data gathered. The clinical pharmacist and the other team members may assist with data analysis and conclusions; however, responsibilities of each potential party should be determined in advance.
5. Presentation of results – the resident is responsible for presentation and defense of the results from the research project. The resident is expected to present the results in such a manner that it would be suitable for publication. This includes appropriate format and organization, review of previous pertinent literature, clearly explained methodology, results, appropriate statistical analysis and conclusions. All

team members and potential co-authors should mutually agree to co-authorship on any papers resulting from the project before the paper is written.

C. The resident may solicit assistance and/or participation in the project from any of the Medical Center staff.

D. Extramural funding, if needed, is the responsibility of the resident. The Clinical Staff will assist in any way possible, but neither internal nor external funding can be guaranteed.

E. Publication of results while not required is strongly encouraged. A final manuscript of the project must be completed in order for the residency project to be considered completed.

F. The project will be presented a major pharmacy conference. The clinical staff will assist in helping the resident prepare and practice for the conference.

G. In order to assure that every opportunity to complete the project is afforded the resident, a series of deadlines are presented. The resident will be assessed quarterly on summative evaluations to assure the project is developing appropriately.

V. ONGOING ACTIVITIES

A. Drug Information Requests

1. Drug and drug therapy related questions are generally received on rounds or on the wards, but may be encountered at any time. If there is confidence in the response, it should be provided immediately. If uncertain of the correct response, the resident should determine the urgency with which the response is needed, then appropriately prioritize and research the question to provide a timely response.
2. The resident will be responsible for completing other drug information requests as needed

B. Adverse Drug Reaction Reporting

1. All adverse effects related to drugs or drug therapy are to be reported to the rotation preceptor.
2. The resident is responsible for completing the Adverse Drug Reaction Report in the hospital computer system. This information will be used to generate reports to the medical services, P&T Committee and FDA.

C. Evaluations

1. The preceptor will keep the resident apprised of his/her performance during the respective rotation. Such "formative evaluations or progress reviews" will most likely be informal, verbal discussion as part of normal discourse.
2. At the completion of each rotation, the preceptor will provide to and discuss with the resident an written appraisal of his/her overall performance, specific strengths and weaknesses. This is known as summulative feedback.
3. At the completion of each rotation, the resident will provide to and discuss with the preceptor an appraisal of the rotation, specific strengths and weaknesses of the rotation site and preceptor.
4. Self-evaluations by the resident will be done at the beginning of the residency and then on a monthly basis to assess progress towards the resident's own personal goals.
5. Quarterly evaluations will be completed by the program director in conjunction with the rotation preceptors using the PharmAcademic Quarterly

evaluation forms. These evaluation forms will be used to assess progress towards achievement of the stated goals and objectives of the residency program.

D. Nonformulary Requests

1. The resident will evaluate the nonformulary (n/f) requests along with the clinical staff on an ongoing rotation.
2. Guidance on n/f requests can be found on the pharmacy benefits management website.

VI. MINIMUM REQUIREMENTS FOR THE RESIDENT TO OBTAIN THE RESIDENCY CERTIFICATE

A. Completion of 75% of all objectives in ASHP Standards at the level of being achieved for residency determined by the Residency Advisory Committee

B. Six journal club article reviews

C. Four case presentations (one of the presentations can be your residency project, however one project must be a new drug review/monograph)

D. One completed project. Project is not considered complete until the manuscript is written and approved by the RPD

E. One completed MUE/DUE for the VA hospital/VISN

E. At least one monograph review with comments sent to VISN office for review